

**Return of Organization Exempt From Income Tax**

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

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2007 calendar year, or tax year beginning **OCT 1, 2007** and ending **SEP 30, 2008**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>POINT REYES NATIONAL SEASHORE ASSOCIATION</b>	<b>D</b> Employer identification number <b>94-2228894</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1 BEAR VALLEY ROAD, BUILDING 70</b>	<b>E</b> Telephone number <b>415-663-1200</b>
		City or town, state or country, and ZIP + 4 <b>POINT REYES, CA 94956-9703</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

Hand I are not applicable to section 527 organizations.

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

**H(b)** If "Yes," enter number of affiliates ▶ **N/A**

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

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

**G** Website: ▶ **WWW.PTREYES.ORG**

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

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

**I** Group Exemption Number ▶ **N/A**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **4,644,018.**

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	<b>1,314,155.</b>		
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>			
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>	<b>2,421,517.</b>		
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>3,690,332.</b> noncash \$ <b>45,340.</b> )	<b>1e</b>			<b>3,735,672.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			<b>763,266.</b>
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			<b>24,442.</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>			<b>5,519.</b>
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>				
<b>7</b> Other investment income (describe ▶ )	<b>7</b>				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	<b>109,472.</b>	<b>8a</b>			
	<b>109,663.</b>	<b>8b</b>			
	<b>&lt;191.&gt;</b>	<b>8c</b>			
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>	<b>STMT 1</b>		<b>&lt;191.&gt;</b>	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>				
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	<b>5,647.</b>			
	<b>b</b> Less: cost of goods sold <b>STATEMENT 3</b>	<b>10b</b>	<b>5,647.</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a <b>STMT 2</b>	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>			<b>4,528,708.</b>	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>5,283,556.</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>140,096.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>147,178.</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	<b>17</b>			<b>5,570,830.</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		<b>&lt;1,042,122.&gt;</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>2,431,299.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 4</b>	<b>20</b>		<b>&lt;26,366.&gt;</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>			<b>1,362,811.</b>

**POINT REYES  
NATIONAL SEASHORE ASSOCIATION**

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**Part II Statement of Functional Expenses**

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) ..... (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>			<b>STATEMENT 6</b>	
<b>22b</b> Other grants and allocations (attach schedule) ..... (cash \$ <u>4540392</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	4,540,392.	4,540,392.		
<b>23</b> Specific assistance to individuals (attach schedule) .....				
<b>24</b> Benefits paid to or for members (attach schedule) .....				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A .....	66,487.	5,410.	61,077.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B .....	41,774.	0.	0.	41,774.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c .....	334,106.	296,084.	14,555.	23,467.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c .....				
<b>28</b> Employee benefits not included on lines 25a - 27 .....	24,359.	21,137.	<244.>	3,466.
<b>29</b> Payroll taxes .....	55,002.	41,668.	6,819.	6,515.
<b>30</b> Professional fundraising fees .....				
<b>31</b> Accounting fees .....	7,300.		7,300.	
<b>32</b> Legal fees .....				
<b>33</b> Supplies .....	69,402.	58,381.	6,953.	4,068.
<b>34</b> Telephone .....				
<b>35</b> Postage and shipping .....	12,343.	7,332.	725.	4,286.
<b>36</b> Occupancy .....	37,968.	31,332.	2,742.	3,894.
<b>37</b> Equipment rental and maintenance .....				
<b>38</b> Printing and publications .....	57,524.	20,286.	242.	36,996.
<b>39</b> Travel .....	12,646.	12,200.	312.	134.
<b>40</b> Conferences, conventions, and meetings .....				
<b>41</b> Interest .....	2,905.		2,905.	
<b>42</b> Depreciation, depletion, etc. (attach schedule) .....	4,171.	2,410.	587.	1,174.
<b>43</b> Other expenses not covered above (itemize):				
a .....				
b .....				
c .....				
d .....				
e .....				
f .....				
g <b>SEE STATEMENT 5</b> .....	304,451.	246,924.	36,123.	21,404.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) .....	5,570,830.	5,283,556.	140,096.	147,178.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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

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

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 11</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a SEE STATEMENT 7</b>	
(Grants and allocations \$ <b>4,540,392.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>4,540,392.</b>
<b>b SEE STATEMENT 8</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>188,536.</b>
<b>c SEE STATEMENT 9</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>187,616.</b>
<b>d SEE STATEMENT 10</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>271,931.</b>
<b>e Other program services (attach schedule) SEE STATEMENT 12</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>95,081.</b>
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>5,283,556.</b>

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**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing .....	2,400.	71,457.
	46 Savings and temporary cash investments .....	2,055,504.	827,274.
	47 a Accounts receivable .....	10,903.	
	b Less: allowance for doubtful accounts .....		
	48 a Pledges receivable .....		
	b Less: allowance for doubtful accounts .....		
	49 Grants receivable .....	81,551.	1,354,118.
	50 a Receivables from current and former officers, directors, trustees, and key employees .....		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....		
	51 a Other notes and loans receivable .....		
	b Less: allowance for doubtful accounts .....		
	52 Inventories for sale or use .....	132,247.	134,622.
	53 Prepaid expenses and deferred charges .....	11,126.	114,256.
	54 a Investments - publicly-traded securities .....		
	b Investments - other securities .....	194,028.	176,988.
	55 a Investments - land, buildings, and equipment: basis .....		
	b Less: accumulated depreciation .....		
	56 Investments - other .....		
	57 a Land, buildings, and equipment: basis .....	45,763.	
b Less: accumulated depreciation .....	39,502.		
58 Other assets, including program-related investments (describe .....	0.	55,584.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	2,491,680.	2,751,463.	
Liabilities	60 Accounts payable and accrued expenses .....	24,223.	835,981.
	61 Grants payable .....		
	62 Deferred revenue .....	31,419.	50,580.
	63 Loans from officers, directors, trustees, and key employees .....		
	64 a Tax-exempt bond liabilities .....		
	b Mortgages and other notes payable .....	4,739.	502,091.
	65 Other liabilities (describe .....		
66 <b>Total liabilities.</b> Add lines 60 through 65 .....	60,381.	1,388,652.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	704,048.	719,937.
	68 Temporarily restricted .....	1,722,251.	637,874.
	69 Permanently restricted .....	5,000.	5,000.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds .....		
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		
	72 Retained earnings, endowment, accumulated income, or other funds .....		
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	2,431,299.	1,362,811.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	2,491,680.	2,751,463.	





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<b>Part VI Other Information</b> <i>(continued)</i>		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....	<b>82a</b>	<b>X</b>
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) .....		
	<b>82b</b>		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	<b>83a</b>	<b>X</b>
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? .....	<b>83b</b>	<b>X</b>
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? .....	<b>84a</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>84b</b>	
<b>85 a</b>	<b>501(c)(4), (5), or (6).</b> Were substantially all dues nondeductible by members? .....	<b>85a</b>	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>85b</b>	
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members .....	<b>85c</b>	<b>N/A</b>
<b>d</b>	Section 162(e) lobbying and political expenditures .....	<b>85d</b>	<b>N/A</b>
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....	<b>85e</b>	<b>N/A</b>
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) .....	<b>85f</b>	<b>N/A</b>
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....	<b>85g</b>	
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....	<b>85h</b>	<b>N/A</b>
<b>86</b>	<b>501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12 .....	<b>86a</b>	<b>N/A</b>
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities .....	<b>86b</b>	<b>N/A</b>
<b>87</b>	<b>501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders .....	<b>87a</b>	<b>N/A</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>87b</b>	<b>N/A</b>
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX .....	<b>88a</b>	<b>X</b>
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI .....	<b>88b</b>	<b>X</b>
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0.</u> ; section 4912 ▶ <u>0.</u> ; section 4955 ▶ <u>0.</u>		
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction .....	<b>89b</b>	<b>X</b>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization .....		
<b>e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....	<b>89e</b>	<b>X</b>
<b>f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....	<b>89f</b>	<b>X</b>
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....	<b>89g</b>	<b>X</b>
<b>90 a</b>	List the states with which a copy of this return is filed ▶ <b>CA</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 .....	<b>90b</b>	<b>12</b>
<b>91 a</b>	The books are in care of ▶ <b>ANDREW LOWRY</b> Telephone no. ▶ <b>415-663-1200</b> Located at ▶ <b>1 BEAR VALLEY ROAD, BUILDING 70, POINT REYES, CA</b> ZIP + 4 ▶ <b>94956-9703</b>		
<b>b</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)? .....	<b>91b</b>	<b>X</b>
	If "Yes," enter the name of the foreign country ▶ <b>N/A</b>		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		

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<b>Part VI</b>	<b>Other Information</b> (continued)		<b>Yes</b>	<b>No</b>
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country <span style="float:right">N/A</span>				
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <span style="float:right"><input type="checkbox"/></span>				
and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">92</span>		N/A		

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a SEE STATEMENT 18					763,266.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	24,442.	
96 Dividends and interest from securities			14	5,519.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<191.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			05		
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		29,770.	763,266.
105 Total (add line 104, columns (B), (D), and (E))					793,036.

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

<b>Part VIII</b>	<b>Relationship of Activities to the Accomplishment of Exempt Purposes</b> (See the instructions.)
Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 19

<b>Part IX</b>	<b>Information Regarding Taxable Subsidiaries and Disregarded Entities</b> (See the instructions.)			
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

<b>Part X</b>	<b>Information Regarding Transfers Associated with Personal Benefit Contracts</b> (See the instructions.)
(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
<b>Note:</b> If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).	

Form **990** (2007)

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

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

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

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

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

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

Yes	No

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>Please Sign Here</b>	Signature of officer _____ Date _____ Type or print name and title _____																				
<b>Paid Preparer's Use Only</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Preparer's signature</td> <td style="width: 15%;">Date</td> <td style="width: 20%;">Check if self-employed <input type="checkbox"/></td> <td style="width: 25%;">Preparer's SSN or PTIN (See Gen. Inst. X)</td> </tr> <tr> <td>Firm's name (or yours if self-employed), address, and ZIP + 4</td> <td>03/25/09</td> <td></td> <td></td> </tr> <tr> <td colspan="2">WILSON MARKLE STUCKEY HARDESTY &amp; BOTT</td> <td>EIN</td> <td></td> </tr> <tr> <td colspan="2">101 LARKSPUR LANDING CIRCLE, #200</td> <td>Phone no.</td> <td>415-925-1120</td> </tr> <tr> <td colspan="2">LARKSPUR, CA 94939-1750</td> <td></td> <td></td> </tr> </table>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)	Firm's name (or yours if self-employed), address, and ZIP + 4	03/25/09			WILSON MARKLE STUCKEY HARDESTY & BOTT		EIN		101 LARKSPUR LANDING CIRCLE, #200		Phone no.	415-925-1120	LARKSPUR, CA 94939-1750			
Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)																		
Firm's name (or yours if self-employed), address, and ZIP + 4	03/25/09																				
WILSON MARKLE STUCKEY HARDESTY & BOTT		EIN																			
101 LARKSPUR LANDING CIRCLE, #200		Phone no.	415-925-1120																		
LARKSPUR, CA 94939-1750																					

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2007**

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

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOSEPH KINYON 1 BEAR VALLEY ROAD, BUILDING 70, POIN	GIS SPECIALIST 40.00	58,651.	0.	0.
SCOTT WOLLAND 1 BEAR VALLEY ROAD, BUILDING 70, POIN	DIRECTOR-CMEC 40.00	61,634.	0.	0.
Total number of other employees paid over \$50,000	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
ARGONAUT CONSTRUCTION P O BOX 639, SANTA ROSA, CA 95402-0639	CONSTRUCTION	1303983.
HANFORD ARC 23195 MAFFEI ROAD, SONOMA, CA 95476	CONSTRUCTION	945,744.
KAMMAN HYDROLOGY & ENGINEERING, INC 7 MOUNT LASSEN DRIVE, SUITE B250, SAN RAFAEL, CA	HYDROLOGY	307,156.
WINZLER & KELLY 495 TESCONI CIRCLE, SANTA ROSA, CA 95401	CONSTRUCTION MANAGEMENT	303,323.
CONSERVATION CORPS NORTH BAY 27 LARKSPUR STREET, SAN RAFAEL, CA 94901	VEGETATION CONTROL	92,196.
Total number of other contractors receiving over \$50,000 for other services	0	

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

Table with columns for question number, description, and Yes/No responses. Includes questions 1 through 4g regarding lobbying, compensation, and donor advised funds.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

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

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

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

POINT REYES

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,900,678.	743,254.	435,540.	723,009.	3,802,481.
16 Membership fees received	157,817.	170,710.	162,741.	154,715.	645,983.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	746,850.	771,831.	744,412.	723,201.	2,986,294.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	47,543.	18,610.	13,439.	3,965.	83,557.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	10,000.	10,000.	10,000.	10,000.	40,000.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			SEE STATEMENT 21 448.		448.
23 Total of lines 15 through 22	2,862,888.	1,714,405.	1,366,580.	1,614,890.	7,558,763.
24 Line 23 minus line 17	2,116,038.	942,574.	622,168.	891,689.	4,572,469.
25 Enter 1% of line 23	28,629.	17,144.	13,666.	16,149.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 91,449.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 1,796,314.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 4,572,469.
d Add: Amounts from column (e) for lines: 18 83,557. 19 22 448. 26b 1,796,314.					26d 1,880,319.
e Public support (line 26c minus line 26d total)					26e 2,692,150.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 58.8774%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? ..... If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32a	Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
32d	d Copies of all material used by the organization or on its behalf to solicit contributions? .....		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____			
33	Does the organization discriminate by race in any way with respect to:		
33a	a Students' rights or privileges? .....		
33b	b Admissions policies? .....		
33c	c Employment of faculty or administrative staff? .....		
33d	d Scholarships or other financial assistance? .....		
33e	e Educational policies? .....		
33f	f Use of facilities? .....		
33g	g Athletic programs? .....		
33h	h Other extracurricular activities? .....		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____			
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
34b	Has the organization's right to such aid ever been revoked or suspended? .....		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

(a) Affiliated group totals

(b) To be completed for all electing organizations

N/A

Table with 4 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows 36-44.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2007, (b) 2006, (c) 2005, (d) 2004, (e) Total. Rows 45-50.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

Table with 4 columns: Description, Yes, No, Amount. Rows a-i.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with columns Yes/No and rows 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c. All 'No' boxes are checked with an 'X'.

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. The table is mostly empty with a large 'COPY' watermark.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No (No is checked)

b If "Yes," complete the following schedule: N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. The table is empty.

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2007**

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

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ► \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

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FORM 990                      GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES                      STATEMENT    1

---

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SOVERN BANK CD 5.1%	100,000.	99,970.	0.	30.
AMERICAN EXPRESS 91	5,142.	5,145.	0.	<3.>
CITIGROUP 31	1,024.	1,078.	0.	<54.>
KIMBERLEY CLARK 39	2,430.	2,504.	0.	<74.>
WASH TRUST BANCORP 46	876.	966.	0.	<90.>
TO FORM 990, PART I, LINE 8	<u>109,472.</u>	<u>109,663.</u>	<u>0.</u>	<u>&lt;191.&gt;</u>

COPY

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

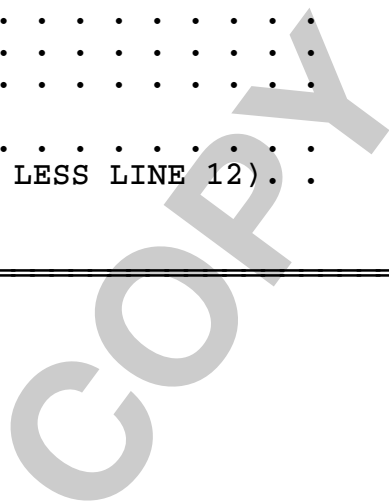
STATEMENT 2

INCOME

1. GROSS RECEIPTS . . . . .	5,647	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		5,647
4. COST OF GOODS SOLD (LINE 13) . . . . .	5,647	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	0	
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .	5,647	
11. ADD LINES 6 THROUGH 10 . . . . .		5,647
12. INVENTORY AT END OF YEAR . . . . .	0	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		5,647



FORM 990	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	3
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DESCRIPTION	AMOUNT
FAIR VALUE OF CONTRIBUTED CARS	5,647.
TOTAL INCLUDED ON FORM 990, PART I, LINE 10B	5,647.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
UNREALIZED GAINS AND LOSSES ON INVESTMENTS CARRIED AT MARKET VALUE	<26,366.>
TOTAL TO FORM 990, PART I, LINE 20	<26,366.>

FORM 990	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	1,012.	1,012.	0.	0.
BANK AND INVESTMENT FEES	1,387.	0.	1,387.	0.
CONTRACT SERVICES	43,166.	7,155.	25,082.	10,929.
DUES	2,325.	400.	1,925.	0.
EVENTS	8,999.	0.	0.	8,999.
HOSTING	1,210.	51.	1,159.	0.
INSTRUCTOR FEES	35,872.	35,872.	0.	0.
INSURANCE	32,098.	25,678.	6,420.	0.
INVENTORY REDUCTION	4,916.	4,916.	0.	0.
MERCHANT SERVICE CHARGES	8,376.	7,383.	0.	993.
ROYALTIES	346.	346.	0.	0.
TAXES AND PERMITS	778.	628.	150.	0.
TRAINING	773.	290.	0.	483.
COST OF GOODS SOLD - BOOKSTORES	163,193.	163,193.	0.	0.
TOTAL TO FM 990, LN 43	304,451.	246,924.	36,123.	21,404.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT 6
----------	--	-------------

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
BIODIVERSITY AND ENDANGERED SPECIES U S DEPARTMENT OF THE INTERIOR, NATIONAL PARK SERVICE 1849 C STREET NW WASHINGTON, DC 20240	179,697.
GENERAL SUPPORT U S DEPARTMENT OF THE INTERIOR, NATIONAL PARK SERVICE 1849 C STREET NW WASHINGTON, DC 20240	85,888.
GIACOMINI WETLANDS RESTORATION PROJECT U S DEPARTMENT OF THE INTERIOR, NATIONAL PARK SERVICE 1849 C STREET NW WASHINGTON, DC 20240	4,142,537.
OCEAN EDUCATION CAMPAIGN U S DEPARTMENT OF THE INTERIOR, NATIONAL PARK SERVICE 1849 C STREET NW WASHINGTON, DC 20240	77,692.
PARK ADDITIONS U S DEPARTMENT OF THE INTERIOR, NATIONAL PARK SERVICE 1849 C STREET NW WASHINGTON, DC 20240	<5,422.>
TRAILS U S DEPARTMENT OF THE INTERIOR, NATIONAL PARK SERVICE 1849 C STREET NW WASHINGTON, DC 20240	60,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	<u>4,540,392.</u>

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE ONE

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.

DURING THE YEAR ENDED SEPTEMBER 30, 2008, IN PARTNERSHIP WITH THE NPS, PRNSA COMPLETED THE GIACOMINI WETLANDS RESTORATION PROJECT. PRNSA RAISED OVER \$6 MILLION DOLLARS FOR THIS PROJECT, WHICH RESTORED 550 ACRES OF CRITICAL WETLANDS AT THE HEADWATERS OF TOMALES BAY. THESE RESTORED WETLANDS WILL IMPROVE WATER QUALITY IN TOMALES BAY AND PROVIDE HABITAT FOR NUMEROUS THREATENED AND ENDANGERED SPECIES.

TO FORM 990, PART III, LINE A

GRANTS

EXPENSES

4,540,392.

4,540,392.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE TWO

FIELD SEMINARS - PRNSA OFFERS A WIDE VARIETY OF FIELD SEMINARS IN AREAS SUCH AS BIRDING, PLANT AND WILDLIFE OBSERVATION AND STUDY, ARTS, CRAFTS AND PHOTOGRAPHY FOCUSING ON THE ENVIRONMENT OF THE PARK. THESE SEMINARS PROVIDE AN OPPORTUNITY TO CONNECT TO NATURE, STRENGTHEN UNDERSTANDING OF THE ENVIRONMENT AND HAVE FUN. EXPERTS LEAD FIELD SEMINARS THAT TAKE PARTICIPANTS OUT OF THEIR EVERYDAY LIVES AND INTO THE NATURAL WORLD. WHETHER YOU ARE INTERESTED IN FLORA OR FAUNA, HIKING OR HISTORY, WEAVING OR WATERCOLOR, FIELD SEMINARS OFFERS SOMETHING FOR EVERYONE.

DURING THE YEAR ENDED SEPTEMBER 30, 2008, PRNSA OFFERED 116 CLASSES, WITH OVER 1,600 PARTICIPANTS, IN THE FIELDS OF NATURAL HISTORY, BIRDING, PHOTOGRAPHY, THE ARTS AND FAMILY FUN.

TO FORM 990, PART III, LINE B

GRANTS

EXPENSES

188,536.

COPY

DESCRIPTION OF PROGRAM SERVICE THREE

SUMMER CAMP - SUMMER CAMP PROVIDES TWO CAMP EXPERIENCES: NATURE SCIENCE CAMP, WITH SEPARATE SESSIONS FOR AGES 7-9, 9-11 AND 10-12, AND ADVENTURE CAMP FOR AGES 13-16. MAKING FRIENDS, IMMERSING IN THE NATURAL WORLD AND STEWARDSHIP ARE KEY COMPONENTS OF SUMMER CAMP. CAMPER LEARN HOW TO TAKE RESPONSIBILITY FOR THEIR INDIVIDUAL ACTIONS AND TO HAVE FUN WORKING TOGETHER AS A TEAM. PRNSA ALLOWS CAMPER TO CHOOSE THEIR ACTIVITIES, INCLUDING TIDE POOLING, HIKING, BIRD WATCHING, EXPLORING MUDFLATS, IMPROVISATIONAL THEATER, EARTH ART, CRAFTS AND LOTS MORE. A CAMPER RETURN RATE OF OVER 60% EXEMPLIFIES THE QUALITY OF CAMP STAFF AND PROGRAMS AVAILABLE AT SUMMER CAMP.

DURING THE SUMMER OF 2008, PRNSA HOSTED 346 CHILDREN, AGES 7-16, FOR THREE- TO SIX-DAY SESSIONS AT THE CLEM MILLER ENVIRONMENTAL EDUCATION CENTER, EXPLORING THE PARK AND STUDYING NATURAL AND CULTURAL HISTORY WITH EIGHT TRAINED COUNSELORS AND SIX PROFESSIONAL NATURALISTS.

TO FORM 990, PART III, LINE C

GRANTS	EXPENSES
_____	_____
_____	187,616.



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FORM 990                      STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS                      STATEMENT 10

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DESCRIPTION OF PROGRAM SERVICE FOUR

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BOOKSTORES - PRNSA OPERATES THREE BOOKSTORES LOCATED AT VARIOUS VISITOR CENTERS AROUND THE PARK. THE BOOKSTORES CARRY GUIDES THAT WILL ENHANCE EXPLORATION OF THE SPECTACULAR BEACHES, WOODLANDS AND COASTLINES. IN ADDITION, THE BOOKSTORES CARRY NATURAL AND CULTURAL HISTORIES, CHILDREN'S BOOKS, MAPS, FIELD GUIDES AND A WIDE RANGE OF OTHER USEFUL MATERIALS THAT ENHANCE BIRD WATCHING, HIKING, WHALE WATCHING OR ENJOYING ABUNDANT WILDFLOWERS.

DURING THE YEAR ENDED SEPTEMBER 30, 2008, BOOKSTORE OPERATIONS HELPED RAISE FUNDS FOR CRITICAL PARK INITIATIVES SUCH AS ENDANGERED SPECIES RECOVERY, WILDLIFE PROTECTION, HABITAT RESTORATION AND PRESERVATION OF CULTURAL AND HISTORIC LEGACIES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D	<hr/>	<hr/>
		271,931.
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FORM 990                      STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE                      STATEMENT 11  
PART III

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EXPLANATION

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PRNSA OPERATES AS A COOPERATING ASSOCIATION OF THE U. S. DEPARTMENT OF THE INTERIOR, NATIONAL PARKS SERVICE (NPS) UNDER A COOPERATING ASSOCIATION AGREEMENT (CAA) TO PRESERVE AND ENHANCE THE EXTRAORDINARY NATURAL, CULTURAL AND RECREATIONAL RESOURCES OF THE POINT REYES NATIONAL SEASHORE (PARK). PRNSA PROGRAMS STRIVE TO CONNECT THE PUBLIC WITH THE PARK AND BROADER ENVIRONMENTAL ISSUES THROUGH EDUCATIONAL OFFERINGS THAT PROMOTE ENJOYMENT, UNDERSTANDING AND STEWARDSHIP OF THE NATURAL WORLD. PRNSA OPERATES THE CLEM MILLER ENVIRONMENTAL EDUCATION CENTER, POINT REYES SUMMER CAMP AND POINT REYES FIELD SEMINARS AT THE PARK. PRNSA ALSO OPERATES THREE BOOKSTORES AT PARK VISITOR CENTERS. PRNSA HAS OVER 2,600 ACTIVE MEMBERS AND DIRECTLY CONTRIBUTES APPROXIMATELY \$100,000 ANNUALLY, FROM MEMBERSHIP DUES, BOOKSTORE PROFITS AND CONTRIBUTIONS, TO NPS FOR THE BENEFIT OF THE PARK.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 12

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
<p>CLEM MILLER ENVIRONMENTAL EDUCATION SCHOOL PROGRAM - THE CLEM MILLER ENVIRONMENTAL EDUCATION CENTER IS A NINE-BUILDING, GREEN FACILITY AT THE PARK THAT PROVIDES A LOW COST OPPORTUNITY FOR TEACHERS AND STUDENTS TO STEP OUTSIDE THE TRADITIONAL CLASSROOM AND CONNECT WITH NATURE AND ENVIRONMENTAL SCIENCE FIRST HAND. THE RESULT IS AN ENRICHING OUTDOOR LEARNING EXPERIENCE THAT EVERYONE ENJOYS. FOR OVER 30 YEARS, THE SCHOOL PROGRAM HAS BEEN A GATEWAY FOR STUDENTS AND TEACHERS TO IMMERSE THEMSELVES IN A HANDS-ON-SCIENCE-LEARNING ENVIRONMENT AND TO DEVELOP AN AWARENESS, UNDERSTANDING AND APPRECIATION OF THE NATURAL WORLD.</p> <p>DURING THE YEAR ENDED SEPTEMBER 30, 2008, THE CLEM MILLER ENVIRONMENTAL EDUCATION SCHOOL PROGRAM HOSTED 1,600 STUDENTS AND THEIR TEACHERS WHO SPENT 3 TO 5 DAYS USING THE SITE AS AN OUTDOOR NATURAL HISTORY AND ENVIRONMENTAL EDUCATION CLASSROOM. IN PREPARATION FOR BRINGING THEIR CLASSES TO THIS PROGRAM, 18 TEACHERS ATTENDED A TWO-DAY, 15-HOUR, INTENSIVE, ENVIRONMENTAL EDUCATION TRAINING.</p>	0.	95,081.
TOTAL TO FORM 990, PART III, LINE E		95,081.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 13

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
PROPERTY AND EQUIPMENT	45,763.	39,502.	6,261.
TOTAL TO FORM 990, PART IV, LN 57	45,763.	39,502.	6,261.

FORM 990

OTHER ASSETS

STATEMENT 14

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
LAND HELD FOR NATIONAL PARK SERVICE	0.	55,584.
TOTAL TO FORM 990, PART IV, LINE 58	0.	55,584.

COPY

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 15

LENDER'S NAME TERMS OF REPAYMENT

IKON FINANCIAL SERVICES MONTHLY P&amp;I

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
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05/26/04	05/26/09	10,500.	20.68%
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SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

PHOTOCOPY MACHINE ACQUIRE PHOTOCOPY MACHINE

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
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PHOTOCOPY MACHINE	10,500.	2,091.
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LENDER'S NAME TERMS OF REPAYMENT

MARIN COMMUNITY FOUNDATION MONTHLY INTEREST

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
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08/06/07	07/06/09	500,000.	6.75%
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SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

NONE BRIDGE GRANT FUNDING

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
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CASH	500,000.	500,000.
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TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		502,091.
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FORM 990 OTHER SECURITIES STATEMENT 16

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
ENDOWMENT FUND	FMV	171,988.
BANK CERTIFICATE OF DEPOSIT 1.24%	COST	5,000.
TO FORM 990, LINE 54B, COL B		176,988.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 17

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DENNIS RODONI 1 BEAR VALLEY ROAD, BUILDING 70 POINT REYES STATION, CA 94956-9703	PRESIDENT 0.00	0.	0.	0.
RALPH MIHAN 1 BEAR VALLEY ROAD, BUILDING 70 POINT REYES STATION, CA 94956-9703	SECRETARY 0.00	0.	0.	0.
CHUCK QUICK 1 BEAR VALLEY ROAD, BUILDING 70 POINT REYES STATION, CA 94956-9703	TREASURER 0.00	0.	0.	0.
SALLY BOLGER 1 BEAR VALLEY ROAD, BUILDING 70 POINT REYES STATION, CA 94956-9703	DIRECTOR 10.00	24,836.	0.	0.
PHYLLIS FABER 1 BEAR VALLEY ROAD, BUILDING 70 POINT REYES STATION, CA 94956-9703	DIRECTOR 0.00	0.	0.	0.
BETTY ANNE CARLIN 1 BEAR VALLEY ROAD, BUILDING 70 POINT REYES STATION, CA 94956-9703	DIRECTOR 0.00	0.	0.	0.
DON LLOYD 1 BEAR VALLEY ROAD, BUILDING 70 POINT REYES STATION, CA 94956-9703	DIRECTOR 0.00	0.	0.	0.

STEVE COSTA	DIRECTOR				
1 BEAR VALLEY ROAD, BUILDING 70	0.00	0.	0.	0.	
POINT REYES STATION, CA 94956-9703					
KIRK MARCKWALD	DIRECTOR				
1 BEAR VALLEY ROAD, BUILDING 70	0.00	0.	0.	0.	
POINT REYES STATION, CA 94956-9703					
DAVID WIMPFHEIMER	DIRECTOR				
1 BEAR VALLEY ROAD, BUILDING 70	5.00	5,410.	0.	0.	
POINT REYES STATION, CA 94956-9703					
PHILLIP FRADKIN	DIRECTOR				
1 BEAR VALLEY ROAD, BUILDING 70	0.00	0.	0.	0.	
POINT REYES STATION, CA 94956-9703					
ANDREW LOWRY	EXECUTIVE DIRECTOR/BUSINESS MANAGER				
1 BEAR VALLEY ROAD, BUILDING 70	40.00	61,077.	0.	0.	
POINT REYES STATION, CA 94956-9703					
SALLY BOLGER	DIRECTOR				
ALLOCATED TO PAGE 2, PART II, LINE 22B	10.00	<24,836.>	0.	0.	
POINT REYES STATION, CA 94956-9703					
TOTALS INCLUDED ON FORM 990, PART V-A		66,487.	0.	0.	

FORM 990 PROGRAM SERVICE REVENUE STATEMENT 18

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
CLEM MILLER ENVIRONMENTAL EDUCATION SCHOOL PROGRAM					83,691.
FIELD SEMINARS					152,780.
SUMMER CAMP					189,862.
BOATHOUSE, NET					8,225.
BOOKSTORES					328,708.
TO FORM 990, PART VII, LINE 93					763,266.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO  
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 19

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	SERVE MORE STUDENTS, INCLUDING SCHOLARSHIPS FOR LOW-INCOME STUDENTS
93B	HIRE EXPERT GUIDES AND PROVIDE SUPPLEMENTAL MATERIALS
93C	SERVE MORE YOUTH, INCLUDING SCHOLARSHIPS FOR LOW-INCOME YOUTH
93D	MAKE REPAIRS AND MAINTENANCE, EXPAND OPERATING HOURS
93E	EXPAND OFFERINGS, MAINTAIN REMOTE LOCATIONS

COPY

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SCHEDULE A	EXPLANATION OF TRANSACTIONS PART III, LINE 2D	STATEMENT 20
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DURING THE YEAR ENDED SEPTEMBER 30, 2008, PRNSA PAID ONE OF ITS DIRECTORS \$24,836 FOR CERTAIN PROJECT MANAGEMENT SERVICES RELATED TO THE GIACOMINI WETLANDS RESTORATION PROJECT AND ANOTHER DIRECTOR \$5,410 TO CONDUCT CERTAIN FIELD SEMINARS.

COPY

SCHEDULE A	OTHER INCOME			STATEMENT 21
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS	0.	0.	448.	0.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	448.	0.

COPY