

Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **OCT 1, 2009** and ending **SEP 30, 2010**

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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization POINT REYES NATIONAL SEASHORE ASSOCIATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1 BEAR VALLEY ROAD, BUILDING 70 City or town, state or country, and ZIP + 4 POINT REYES, CA 94956-9703 F Name and address of principal officer: MARK BARTOLINI SAME AS C ABOVE	D Employer identification number 94-2228894 E Telephone number 415-663-1200 G Gross receipts \$ 1,939,203. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.PTREYES.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1964 M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PRESERVE EXTRAORDINARY WILDERNESS OF PT. REYES NATIONAL SEASHORE/EDUCATE PUBLIC ABOUT ENVIRONMENT 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 13 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 5 Total number of employees (Part V, line 2a) 5 38 6 Total number of volunteers (estimate if necessary) 6 25 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.													
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,672,898. 9 Program service revenue (Part VIII, line 2g) 391,874. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -2,056. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 150,139. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,212,855.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>1,672,898.</td> <td>1,197,348.</td> </tr> <tr> <td>391,874.</td> <td>407,218.</td> </tr> <tr> <td>-2,056.</td> <td>-3,116.</td> </tr> <tr> <td>150,139.</td> <td>155,780.</td> </tr> <tr> <td>2,212,855.</td> <td>1,757,230.</td> </tr> </tbody> </table>	Prior Year	Current Year	1,672,898.	1,197,348.	391,874.	407,218.	-2,056.	-3,116.	150,139.	155,780.	2,212,855.	1,757,230.
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391,874.	407,218.													
-2,056.	-3,116.													
150,139.	155,780.													
2,212,855.	1,757,230.													
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,643,273. 14 Benefits paid to or for members (Part IX, column (A), line 4) 54,731. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 747,585. 16a Professional fundraising fees (Part IX, column (A), line 11e) 1,774. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 172,782. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 422,759. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,813,617. 19 Revenue less expenses. Subtract line 18 from line 12 -600,762.	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>895,355.</td> <td>895,355.</td> </tr> <tr> <td>1,774.</td> <td>1,774.</td> </tr> <tr> <td>422,759.</td> <td>489,802.</td> </tr> <tr> <td>2,813,617.</td> <td>1,441,662.</td> </tr> <tr> <td>-600,762.</td> <td>315,568.</td> </tr> </tbody> </table>	895,355.	895,355.	1,774.	1,774.	422,759.	489,802.	2,813,617.	1,441,662.	-600,762.	315,568.		
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Net Assets or Fund Balances	20 Total assets (Part X, line 16) 896,034. 21 Total liabilities (Part X, line 26) 129,633. 22 Net assets or fund balances. Subtract line 21 from line 20 766,401.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Beginning of Current Year</th> <th style="width:50%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>896,034.</td> <td>1,230,378.</td> </tr> <tr> <td>129,633.</td> <td>134,132.</td> </tr> <tr> <td>766,401.</td> <td>1,096,246.</td> </tr> </tbody> </table>	Beginning of Current Year	End of Year	896,034.	1,230,378.	129,633.	134,132.	766,401.	1,096,246.				
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896,034.	1,230,378.													
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Part II Signature Block

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

Sign Here	Signature of officer _____ Date _____ DONNA FAURE, INTERIM EXECUTIVE DIRECTOR Type or print name and title	
Paid Preparer's Use Only	Preparer's signature _____ Date 02/25/11 Firm's name (or yours if self-employed), address, and ZIP + 4 WILSON MARKLE STUCKEY HARDESTY & BOTT 101 LARKSPUR LANDING CIRCLE SUITE 200 LARKSPUR, CA 94939-1750	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) _____ EIN ▶ _____ Phone no. ▶ 415-925-1120

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
PRNSA OPERATES AS A COOPERATING ASSOCIATION OF THE U S DEPARTMENT OF THE INTERIOR, NATIONAL PARKS SERVICE UNDER A COOPERATING ASSOCIATION AGREEMENT TO PRESERVE AND ENHANCE THE EXTRAORDINARY NATURAL, CULTURAL AND RECREATIONAL RESOURCES OF THE POINT REYES NATIONAL SEASHORE.

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

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

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 506,652. including grants of \$) (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.

PRNSA ALSO RAISES AND MANAGES EXTENSIVE GRANT FUNDING FOR PARK ENVIRONMENTAL AND RESEARCH PROJECTS. DURING THE YEAR ENDED SEPTEMBER 30, 2010, PRNSA RAISED OVER \$1,000,000 TO FUND PARK PROJECTS, INCLUDING WATERSHED MONITORING IN THE GIACOMINI WETLANDS, COHO SALMON AND STEELHEAD TROUT MONITORING, OCEAN EDUCATION AND OUTREACH AND TO

4b (Code:) (Expenses \$ 218,294. including grants of \$) (Revenue \$ 168,920.)
FIELD SEMINARS - PRNSA OFFERS A WIDE VARIETY OF FIELD SEMINARS IN AREAS SUCH AS BIRDING, NATURAL HISTORY, ARTS, CRAFTS, PHOTOGRAPHY AND FAMILY PROGRAMS FOCUSING ON THE ENVIRONMENT AND ALL THAT THE PARK HAS TO OFFER. 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, 2010, PRNSA OFFERED 128 CLASSES, WITH OVER 1,800 PARTICIPANTS, IN THE FIELDS OF NATURAL HISTORY,

4c (Code:) (Expenses \$ 214,926. including grants of \$) (Revenue \$ 162,183.)
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 STAFF THE CAMPS AND PROFESSIONAL NATURALISTS LEAD EXCURSIONS IN AND AROUND THE PARK. CAMP PROGRAMS EMPHASIZE MARINE AND COASTAL FIELD ECOLOGY, LEAVE-NO-TRACE WILDERNESS BACKPACKING AND TRADITIONAL SUMMER CAMP ACTIVITIES. THE CAMP PROGRAMS MAINTAIN A 3 TO 1 CAMPER TO STAFF RATIO AND 54% OF PARTICIPANTS RETURN FOR MULTIPLE SUMMERS. DURING THE SUMMER OF 2010, 344 CHILDREN ATTENDED THE CAMPS, INCLUDING 74 THAT RECEIVED SCHOLARSHIPS.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 212,106. including grants of \$) (Revenue \$ 231,895.)

4e Total program service expenses ► \$ 1,151,978.

**POINT REYES NATIONAL SEASHORE
ASSOCIATION**

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 Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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; 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 term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes No 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
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</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
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

**POINT REYES NATIONAL SEASHORE
ASSOCIATION**

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		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	
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
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		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, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

POINT REYES NATIONAL SEASHORE
ASSOCIATION

Form 990 (2009)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 49		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 38		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	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?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form 990 (2009)

**POINT REYES NATIONAL SEASHORE
ASSOCIATION**

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?		X
9	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
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	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
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

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

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. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS RODONI FORMER DIRECTOR	4.00	X					0.	0.	0.	
RALPH MIHAN SECRETARY	4.00	X		X			0.	0.	0.	
CHUCK QUICK TREASURER	4.00	X		X			0.	0.	0.	
SALLY BOLGER DIRECTOR	4.00	X					0.	0.	0.	
BETTY ANNE CARLIN DIRECTOR	4.00	X					0.	0.	0.	
DON LLOYD CHAIR	4.00	X		X			0.	0.	0.	
STEVE COSTA DIRECTOR	4.00	X					0.	0.	0.	
KIRK MARCKWALD DIRECTOR	4.00	X					0.	0.	0.	
DAVID WIMPFHEIMER DIRECTOR	4.00	X					5,736.	0.	0.	
PHILLIP FRADKIN DIRECTOR	4.00	X					0.	0.	0.	
DICK BUNCE ON LEAVE	0.00	X					0.	0.	0.	
MACK SHAVER DIRECTOR	4.00	X					0.	0.	0.	
MIKE DEVERELL DIRECTOR	4.00	X					0.	0.	0.	
TOM SARGENT DIRECTOR	4.00	X					0.	0.	0.	
DAVID WILSON DIRECTOR	4.00	X					0.	0.	0.	
ANDREW LOWRY FORMER BUSINESS MANAGER	40.00			X			0.	51,198.	0.	
MARK BARTOLINI EXECUTIVE DIRECTOR	40.00			X			0.	89,152.	0.	

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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL SCHOOS BUSINESS MANAGER	32.00			X				0.	0.	0.
1b Total								5,736.	140,350.	0.

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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 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. **NONE**

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

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

POINT REYES NATIONAL SEASHORE
ASSOCIATION

Form 990 (2009)

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Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b	187,860.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	534,191.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	475,297.			
	g Noncash contributions included in lines 1a-1f: \$		22,051.			
	h Total. Add lines 1a-1f		1,197,348.			
	Program Service Revenue	2 a FIELD SEMINARS	Business Code 713990	168,920.	168,920.	
b SUMMER CAMP		721210	162,183.	162,183.		
c CLEM MILLER ENVIRONMEN		611710	76,115.	76,115.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			407,218.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,955.		4,955.	
	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	7,517.	10,330.		
		(ii) Other				
		b Less: cost or other basis and sales expenses	7,748.	18,170.		
		c Gain or (loss)	-231.	-7,840.		
	d Net gain or (loss)		-8,071.		-8,071.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses	b					
c Net income or (loss) from fundraising events						
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	311,835.				
b Less: cost of goods sold	b	156,055.				
c Net income or (loss) from sales of inventory		155,780.	155,780.			
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		1,757,230.	562,998.	0.	-3,116.	

**POINT REYES NATIONAL SEASHORE
ASSOCIATION**

Part IX Statement of Functional Expenses

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	54,731.	54,731.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	146,204.		70,737.	75,467.
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	624,002.	590,887.		33,115.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	30,482.	23,690.	2,612.	4,180.
10 Payroll taxes	94,667.	77,310.	7,358.	9,999.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,500.		13,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,774.			1,774.
f Investment management fees	1,392.		1,392.	
g Other	184,028.	177,955.	2,491.	3,582.
12 Advertising and promotion	4,842.	1,200.	250.	3,392.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	26,791.	22,310.	1,493.	2,988.
17 Travel	22,001.	20,804.	882.	315.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	4,693.	4,693.		
19 Conferences, conventions, and meetings				
20 Interest	558.		558.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	20,276.	16,081.	4,145.	50.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUPPLIES AND SERVICES	119,207.	106,113.	5,653.	7,441.
b PRINTING	30,974.	15,680.	251.	15,043.
c PROPERTY MAINTENANCE	20,761.	18,619.	714.	1,428.
d POSTAGE	11,954.	7,607.	820.	3,527.
e MERCHANT SERVICE CHARGE	9,934.	8,958.		976.
f All other expenses	18,891.	5,340.	4,046.	9,505.
25 Total functional expenses. Add lines 1 through 24f	1,441,662.	1,151,978.	116,902.	172,782.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

POINT REYES NATIONAL SEASHORE
ASSOCIATION

Form 990 (2009)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	87,221.	1	2,502.
	2	Savings and temporary cash investments	330,589.	2	679,025.
	3	Pledges and grants receivable, net	118,396.	3	104,507.
	4	Accounts receivable, net	6,242.	4	14,023.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	108,225.	8	121,479.
	9	Prepaid expenses and deferred charges	18,723.	9	37,083.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,271.		
	b	Less: accumulated depreciation	10b 29,271.	10c 0.	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	183,144.	12	231,859.
	13	Investments - program-related. See Part IV, line 11	39,900.	13	39,900.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	896,034.	16	1,230,378.	
Liabilities	17	Accounts payable and accrued expenses	89,942.	17	74,865.
	18	Grants payable		18	
	19	Deferred revenue	39,691.	19	59,267.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	129,633.	26	134,132.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	617,963.	27	667,601.
	28	Temporarily restricted net assets	143,438.	28	423,645.
	29	Permanently restricted net assets	5,000.	29	5,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	766,401.	33	1,096,246.
34	Total liabilities and net assets/fund balances	896,034.	34	1,230,378.	

Form 990 (2009)

POINT REYES NATIONAL SEASHORE
ASSOCIATION

Form 990 (2009)

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Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual 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?

b Were the organization's financial statements audited by an independent accountant?

c 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.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

COPY

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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

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 - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	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 support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

POINT REYES NATIONAL SEASHORE

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	913,964.	2058495.	3735672.	1672898.	1197348.	9578377.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	10,000.	10,000.				20,000.
4 Total. Add lines 1 through 3	923,964.	2068495.	3735672.	1672898.	1197348.	9598377.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2930692.
6 Public support. Subtract line 5 from line 4.						6667685.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	923,964.	2068495.	3735672.	1672898.	1197348.	9598377.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,610.	47,543.	29,961.	7,138.	4,955.	108,207.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						9706584.
12 Gross receipts from related activities, etc. (see instructions)					12	3,695,561.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	68.69	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	68.09	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

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, aggregate 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 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. 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization POINT REYES NATIONAL SEASHORE ASSOCIATION	Employer identification number 94-2228894
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>52,347.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>		\$ <u>130,397.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>		\$ <u>64,634.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>		\$ <u>263,601.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>		\$ <u>25,713.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>		\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization POINT REYES NATIONAL SEASHORE ASSOCIATION	Employer identification number 94-2228894
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Part II Noncash Property (see instructions)

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

Name of organization POINT REYES NATIONAL SEASHORE ASSOCIATION	Employer identification number 94-2228894
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete 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. See instructions.) ▶ \$

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

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, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

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: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Tax Year'.

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, including questions 1a-2.

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

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

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

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	187,098.	180,377.			
b Contributions	25,000.				
c Net investment earnings, gains, and losses	15,500.	6,721.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	227,598.	187,098.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment 96.00 %
 - b Permanent endowment 2.20 %
 - c Term endowment 1.80 %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		29,271.	29,271.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0.

**POINT REYES NATIONAL SEASHORE
ASSOCIATION**

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,757,230.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,441,662.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	315,568.
4	Net unrealized gains (losses) on investments	4	14,277.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	14,277.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	329,845.

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

1	Total revenue, gains, and other support per audited financial statements	1	1,771,507.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	14,277.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	14,277.
3	Subtract line 2e from line 1	3	1,757,230.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,757,230.

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

1	Total expenses and losses per audited financial statements	1	1,441,662.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,441,662.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,441,662.

Part XIV Supplemental Information

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

PART V, LINE 4: PERMANENT AND TERM ENDOWMENTS - SUPPORT SCHOLARSHIPS

FOR THE SCHOOLS PROGRAM

BOARD DESIGNATED ENDOWMENT - SUPPORT GENERAL CHARITABLE PURPOSES OF PRNSA

PART X: EFFECTIVE OCTOBER 1, 2009, PRNSA ADOPTED THE

PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) INTERPRETATION

NUMBER 48 (FIN 48), "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN

INTERPRETATION OF FASB [ACCOUNTING STANDARDS CODIFICATION (ASC) 740]."

Part XIV Supplemental Information (continued)

THOSE PROVISIONS REQUIRE MANAGEMENT OF PRNSA TO CONSIDER CERTAIN TAX POSITIONS TAKEN BY PRNSA. A TAX POSITION IS A POSITION TAKEN IN A PREVIOUSLY FILED TAX RETURN OR A POSITION 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 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:

1. A DECISION NOT TO FILE A TAX RETURN
2. AN ALLOCATION OR A SHIFT OF INCOME BETWEEN JURISDICTIONS
3. THE CHARACTERIZATION OF INCOME OR A DECISION TO EXCLUDE REPORTING TAXABLE INCOME IN A RETURN
4. A DECISION TO CLASSIFY A TRANSACTION, ENTITY OR OTHER POSITION IN A TAX RETURN AS TAX EXEMPT
5. THE STATUS OF AN ENTITY, INCLUDING ITS STATUS AS A PASS-THROUGH OR TAX-EXEMPT ENTITY.

EVALUATING A TAX POSITION REQUIRES 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.

Part XIV Supplemental Information (continued)

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, 2010, INTEREST AND PENALTIES RELATED TO INCOME TAXES AND TAX POSITIONS WERE NOT MATERIAL. AS OF SEPTEMBER 30, 2010, 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, 2011. AS OF SEPTEMBER 30, 2010, OPEN TAX PERIODS SUBJECT TO FUTURE EXAMINATION BY TAXING AUTHORITIES COVER PERIODS FROM OCTOBER 1, 2006 THROUGH SEPTEMBER 30, 2010.

MANAGEMENT OF PRNSA DOES NOT BELIEVE THAT DIFFERENCES BETWEEN INCOME TAXES PRNSA MEASURES USING THE CURRENT "TAX POSITION" METHOD AND THE METHODS PRNSA USED PREVIOUSLY TO BE MATERIAL TO THE FINANCIAL POSITION OF PRNSA, EXCEPT FOR THE ADDITIONAL DISCLOSURES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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

**Employer identification number
94-2228894**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
U S DEPARTMENT OF THE INTERIOR, NATIONAL PARK SERVICE - 1849 C STREET NW - WASHINGTON, DC 20240-0001		INTERIOR DEPARTMENT	54,731.	0.			PRESERVE AND ENHANCE THE NATURE, CULTURE, RECREATION OF THE POINT REYES NATIONAL SEASHORE

2 Enter total number of section 501(c)(3) and government organizations **1.**

3 Enter total number of other organizations **0.**

POINT REYES NATIONAL SEASHORE
ASSOCIATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: PRNSA REVIEWS ALL EXPENDITURES TO ENSURE THEY
 ARE CONSISTENT WITH GRANT PURPOSES. IN ADDITION, PRNSA RECEIVES REPORTS
 FROM NPS ON FINAL GRANT RESULTS. SITE VISITS ARE MADE TO REVIEW WORK,
 WHERE APPLICABLE.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	POINT REYES NATIONAL SEASHORE ASSOCIATION	Employer identification number	94-2228894
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PURCHASE LAND FOR INCLUSION IN THE PARK.

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

BIRDING, PHOTOGRAPHY, THE ARTS AND FAMILY FUN.

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

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, 2010, 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.

EXPENSES \$ 114120. INCLUDING GRANTS OF \$ 0. REVENUE \$ 155780.

CLEM MILLER ENVIRONMENTAL EDUCATION SCHOOL PROGRAM - THE CLEM MILLER
ENVIRONMENTAL EDUCATION CENTER (CENTER) IS AN 80-BED RESIDENTIAL
FACILITY DESIGNED AS A MODEL OF ECOLOGICAL SUSTAINABILITY AND LOCATED
WITHIN THE PARK. THE NPS ESTABLISHED THE CENTER WITH THE FOLLOWING
GOALS: TO PROMOTE THE PARK AS A LIVING CLASSROOM BY PROVIDING A

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	POINT REYES NATIONAL SEASHORE ASSOCIATION	Employer identification number	94-2228894
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RESIDENTIAL TEACHING FACILITY, 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 PROGRAM THEREBY INSURING THAT ENVIRONMENTAL
CONCEPTS, PRINCIPLES AND PRACTICES ARE INTEGRATED INTO THE CLASSROOM OR
PROGRAM AND PROVIDE AN AFFORDABLE RESIDENTIAL ENVIRONMENTAL EDUCATION
EXPERIENCE TO SCHOOLS, ESPECIALLY THOSE FROM THE DENSELY POPULATED
URBAN AREAS OF THE GREATER SAN FRANCISCO BAY REGION.

DURING THE YEAR ENDED SEPTEMBER 30, 2010, THE CLEM MILLER ENVIRONMENTAL
EDUCATION SCHOOL PROGRAM HOSTED 31 RESIDENTIAL EDUCATIONAL PROGRAMS,
THREE TO FIVE DAYS IN LENGTH, FOR 1,521 PARTICIPANTS, MOST OF WHOM WERE
ELEMENTARY AND MIDDLE SCHOOL STUDENTS FROM THE GREATER SAN FRANCISCO
BAY AREA. ELEVEN PARTICIPATING CLASSES RECEIVED SCHOLARSHIP ASSISTANCE
THAT SUPPORTED THE ATTENDANCE OF 615 PARTICIPANTS FROM IMPOVERISHED AND
UNDERREPRESENTED GROUPS. IN PREPARATION FOR BRINGING THEIR CLASS OR
GROUP TO THE CENTER, 15 TEACHERS AND GROUP LEADERS ATTENDED A TWO-DAY,
OVERNIGHT ENVIRONMENTAL EDUCATION AND NATURAL HISTORY INTENSIVE COURSE.
EXPENSES \$ 97986. INCLUDING GRANTS OF \$ 0. REVENUE \$ 76115.

FORM 990, PART VI, SECTION A, LINE 4: PRNSA LAST AMENDED ITS BYLAWS ON
JULY 12, 2010.

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

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

Employer identification number
94-2228894

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 XI, LINE 2C
PRNSA DID NOT CHANGE ITS OVERSIGHT OR SELECTION PROCESSES FROM THE
PRIOR YEAR.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	POINT REYES NATIONAL SEASHORE ASSOCIATION	Employer identification number 94-2228894
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(A) NAME OF PERSON: DAVID WIMPFHEIMER

(D) DESCRIPTION OF TRANSACTION: CONDUCT CERTAIN FIELD SEMINARS.

COPY