Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014

Open to Public Inspection

For the 2814 calendary year, or tax year beginning	Depa	rtment nal Rev	of the Treasu	iry	► Inform	nation a	about Form 9	90 and its inst	ructions is a	t www	irs.gov	/form990.			Inspection	1
Description of Section (Polity Reves BIRD OBSERVATORY Description of the Company Notice clarity with a continued from the Company Notice of the Company					year, or tax year b	eginn	ing 4/0)1	, 201	14, and	d endin	g 3/:				
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Appelication pending F Name and address of principal officers ELLIE M. COHEN SAME AS C A BOVE SAME		\mathbf{H}		- 1												1771
Taxe exempt status X 50(x)(3) 50(x) y (meet no.) 4947(a)X1) or 127		HA	pplication pe	nding F	Name and address of p	rincipal	officer: EI	LIE M.	COHEN						H	
Tascempt status X 50(c(3) 90(c) 94 (risest no.) 949/(c)(1) or 927				SI	AME AS C ABO	VE						H(b) Are all If 'No,'	subordinates attach a list.	included? (see instruc	tions) Yes	. No
Part Summary	1	Tax	-exempt stat)◀ (insert no.)	4947(a)(1)) or	527					
Part Summary Briefly describe the organization's mission or most significant activities: THE_ORGANIZATION'S MISSION IS TO	J	We	bsite: ►	WWW.	POINTBLUE.O	RG				ě		1				
Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S MISSION IS TO CONSERVE BIRDS, OTHER WILDLIFE AND ECOSYSTEMS THROUGH SCIENTIFIC RESEARCH, RESTORATION, OUTREACH AND PARTNERSHIP. 2 Check this box	K	Forr	m of organiza	tion: X	Corporation Trust		Association	Other ►		L Year	of format	ion: 196	5 M s	tate of legal	I domicile: C	<u> </u>
CONSERVE BIRDS. OTHER WILDLIFE AND ECGSYSTEMS THROUGH SCIENTIFIC RESEARCH. RESTORATION, OUTREACH AND PARTNERSHIP. 2 Check this box ► if if the organization discontinued its operations or disposed of more than 25% of its not assets. 3 Number of voting members of the governing body (Part VI, line Ib). 4 Number of independent voting members of the governing body (Part VI, line Ib). 5 Total number of independent voting members of the governing body (Part VI, line Ib). 6 Total number of volindyedials employed in calendar year 2014 (Part VI, line 2a). 5 Total number of volindyedials employed in calendar year 2014 (Part VI, line 2b). 6 Total number of volindyedials employed in calendar year 2014 (Part VI, line 2a). 7 Total unrelated business revenue (Part VIII, column (C), line 12. 7 Total unrelated business revenue (Part VIII, line 1b). 8 Contributions and grants (Part VIII, line 2g). 9 Program service revenue (Part VIII, line 1b). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 10 Total revenue (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d). 12 Total revenue (Part VIII, column (A), lines 3, 4, and 7d). 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), lines 1-3). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16 a Professional fundraising ese (Part IX, column (A), lines 1-11, 115, 115, 249. 17 Other expenses (Part IX, column (A), lines 11-11, 115, 115, 249. 18 Total expenses. Add lines 13-17 (must equal Part IVII, column (A), lines 5-10). 19 Total expenses (Part IX, column (A), lines 1-11-11, 115, 115, 249. 10 Total assets (Part X, line 16). 10 Total liabilities (Part X, line 16). 11 Total liabilities (Part X, line 16). 12 Total liabilities (Part X, line 16). 13 Grants and similar members (Part IX, column (A), lines 1-11, 115, 115, 115, 115, 115, 115, 115	Pa	nt I	Sumi	mary						1,				- C C T C I		
RESTORATION, OUTREACH AND PARTHERSHIP.		1	Briefly d	escribe	the organization's	missic	on or most	significant	activities:	THE	ORGA	NIZATI	ON'S M	TSSTON	<u> </u>	
4 Number of independent voting members of the governing body (Part VI, line 1b)	ģ		CONSE	RVE_E	BIRDS, OTHER	_WIL	DLIFE A	AND ECOS	SYSTEMS	THE	OUGH.	SCIEN.	TIFIC R	FPFAK	CH/	
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4 Number of independent voting members of the governing body (Part VI, line 1b)	ern				if the organ			and its oper	 ations or d		ed of m	ore than 2	25% of its	net asset	 ts.	
4 Number of independent voting members of the governing body (Part VI, line 1b)	30	53-538	Number	of votin	a members of the	aoveri	nina bodv	(Part VI, lin	e 1a)					3		18
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a). 5 Total number of volunteers (estimate if necessary). 6 Total number of volunteers (estimate if necessary). 7a O. 7b			Number	of inde	pendent voting me	mbers	of the gov	erning body	/ (Part VI,	line 11	о)					
8 Contributions and grants (Part VIII, line 1h) 6,081,248 6,650,922 9 Program service revenue (Part VIII, line 2h) 4,917,792 4,722,615 10 Investment income (Part VIII, line 2h) 4,917,792 4,722,615 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 8,786 8,199 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11,105,374 11,555,438 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,548,603 7,117,074 16 Professional fundraising expenses (Part IX, column (D), line 2b) 775,837 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,200,763 3,046,979 18 Total expenses (Part IX, column (A), line 2b) 9,749,366 10,164,053 19 Revenue less expenses. Subtract line 18 from line 12 1,356,008 1,391,385 19 Revenue less expenses. Subtract line 18 from line 12 1,356,008 1,391,385 20 Total assets (Part X, line 26) 911,042 667,665 21 Total liabilities (Part X, line 26) 911,042 667,665 22 Net assets or fund balances. Subtract line 21 from line 20 11,334,233 12,736,412 19 Part II Signature Block Proparer's name Preparer's name Prepare	ies	5	Total nu	mber of	individuals emplo	ved in	calendar	ear 2014 (F	Part V, line	2a)						
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19 Revenue less expenses. Subtract line 18 from line 12. 1, 356, 008. 1, 391, 385. Beginning of Current Year End of Year 12, 245, 275. 13, 404, 077. 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Net assets or fund balances. Subtract line 21 from line 20. 24 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 office) is prepared on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title. Print/Type preparer's name Preparer Use Only PAVID E PEROTTI DAVID E PEROTTI PAVID E PEROTTI AND CARRADE CPA'S I 100 LARKSPUR LNDNG CIR #358 Firm's address Phone no. (415) 461–8500															10,16	4,053.
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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 best on all information of which preparer has any knowledge. Signature of officer ELLIE M. COHEN Type or print name and title. Print/Type preparer's name Preparer's signature Date Check if PTIN Preparer Preparer's signature Date 1/14/16 self-employed P00165227 Firm's name PEROTTI AND CARRADE CPA'S Firm's address 1100 LARKSPUR LNDNG CIR #358 Firm's EIN 68-0095377 LARKSPUR, CA 94939 Phone no. (415) 461-8500	ō		11010110												End of	Year
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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	Ne N	E 22	Net ass	ets or f	und balances. Sub	tract li	ine 21 from	n line 20				1	1,334,	233.	12,73	6,412.
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Sign Here Signature of officer	Un	der per	nalties of perj	ury, I decl	are that I have examined	this ret	urn, including	accompanying	schedules and	statem	ents, and	to the best o	f my knowledg	e and belief	f, it is true, cor	rect, and
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Paid Preparer Use Only Pirm's address DAVID E PEROTTI PEROTTI AND CARRADE CPA'S 1/14/16 1/14/16 1/14/16 PO0165227 Firm's name Firm's address PEROTTI AND CARRADE CPA'S 1100 LARKSPUR LNDNG CIR #358 Firm's EIN ► 68-0095377 Phone no. (415) 461-8500	_		D.i.				Prenarer's	signature		Т	Date.		Check	if P	TIN	
Preparer Use Only Use Only Limits address PEROTTI AND CARRADE CPA'S 1100 LARKSPUR LNDNG CIR #358 LARKSPUR, CA 94939 Phone no. (415) 461-8500		_					Toparer 5	organical G				1/16		Ш"		27
Use Only Firm's address 1100 LARKSPUR LNDNG CIR #358 Firm's EIN ▶ 68-0095377 LARKSPUR, CA 94939 Phone no. (415) 461-8500						A NID		CDAIC			1/14	1/10	3011-GITIPIO	, ou E	0010022	
LARKSPUR, CA 94939 Phone no. (415) 461-8500									5.0				Firm's EIN	▶ 68-	0095377	
	U	36 C	Firn	n's addres				TIK #3	30							
	Γ.Λ	av th	e IRS disc	uss this	return with the nr	eparei	r shown at	ove? (see i	nstructions	S)						

Par	t III	Statement of Program Service Accomplishments Chack if Cabadula O captains a representative and the application in this Dark III.			X
1	Driofly	Check if Schedule O contains a response or note to any line in this Part III			А
1	-	CCHEDITE			
	<u> 255</u>	SCHEDULE O			
2	Did the	e organization undertake any significant program services during the year which were not listed on the prior			
-		990 or 990-EZ?	Yes	X	No
		s,' describe these new services on Schedule O.		Λ	
3		ne organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X	No
Ū		s,' describe these changes on Schedule O.	03	21	
4		ibe the organization's program service accomplishments for each of its three largest program services, as meas	sured by	expen	ses.
	Sectio	on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	ne total e	xpens	es,
	and re	evenue, if any, for each program service reported.			
4 a	(Code		67	3,96	<u>54.</u>)
		IFIC COAST AND CENTRAL VALLEY GROUP			
		DUCTS ECOLOGICAL STUDIES AND PROVIDES CONSERVATION SCIENCE TRAINING OF			<u>ES</u>
		BOTH SUPPORT THE DEVELOPMENT OF ACTIVE CONSERVATION SCIENTISTS AND ADV			
		ERSTANDING OF ENVIRONMENTAL CHANGE IN ORDER TO FORMULATE STRATEGIES TH			
		IVING ECOSYSTEMS, DIVERSE WILDLIFE POPULATIONS AND MAXIMIZE BENEFITS T	O MIL	<u> DLIF</u>	E
	<u>AND</u>	HUMANS IN THE CONTEXT OF CLIMATE ADAPTATION AND LAND USE CHANGE.			
4 b		e:) (Expenses \$1,243,192. including grants of \$) (Revenue \$)	1,22	5,23	37 <u>.</u>)
	SEE_	SCHEDULE O			
		\		_	
4 c		e:) (Expenses \$1,215,892. including grants of \$) (Revenue \$	54	5,23	32 <u>.</u>)
		RGING PROJECTS AND PARTNERSHIPS GROUP			
		<u>ELOPS AND MANAGES PROGRAMS THAT ARE EITHER ACROSS THE ORGANIZATION'S G</u>		OR_	
		<u>SIDE OF CURRENT PRIORITY GEOGRAPHIES. THIS INCLUDES THE RANGELAND WATE</u>			
		<u>TIATIVE, THE GRASSLAND BIRD CONSERVATION PLAN AND POINT BLUE'S DESERT,</u>			
		<u>PPE, DEPARTMENT OF DEFENSE AND BUREAU OF RECLAMATION RELATED PROGRAMS</u>			RN_
		<u>IFORNIA. THE EMERGING PROGRAMS AND PARTNERSHIPS GROUP ALSO PROVIDES SC</u>			
		DANCE TO MAJOR CONSERVATION INITIATIVES INCLUDING FEDERAL RESOURCE MAN		<u>TN</u>	
		NS, STATE PLANNING EFFORTS, FEDERALLY AND STATE FUNDED JOINT VENTURES,			
		<u>DSCAPE CONSERVATION COOPERATIVES (LCC'S), THE NORTH AMERICAN BIRD CONS</u>	ERVAT:	ION_	
	INIT	TIATIVE, PARTNERS IN FLIGHT AND OTHER PARTNERSHIPS.			
4 d		program services. (Describe in Schedule O.) SEE SCHEDULE O			
	(Expe		8,951.)	
4 e	Total p	program service expenses ► 8,123,143.			

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
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>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX</i> .	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
	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? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2014) POINT REYES BIRD OBSERVATORY Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
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>	23	Х	
24 a	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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	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? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
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>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

BAA Form **990** (2014)

Part V | Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				. 🔲		
				Yes	No		
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 46					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?	eportable gaming	1 c	Х			
2 a	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 155					
b	olf at least one is reported on line 2a, did the organization file all required federal employmen		2 b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in:						
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year	•	3 a		Х		
b	If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>		3 b				
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account ac	r authority over, a nancial account)?	4 a		Х		
b	If 'Yes,' enter the name of the foreign country: ►						
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)							
	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	-	5 a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt		5 b		Х		
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c				
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		Х		
b	If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ons or gifts were	6 b				
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and p	artly for goods and			37		
	1 1 3		7 a		Х		
	of Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?		7 c		Х		
			7 e		Х		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
	If the organization, during the year, pay premiums, directly or indirectly, on a personal ber		7 f		Х		
_	as required?		7 g				
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?		7 h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained						
_	gggg		8				
	Sponsoring organizations maintaining donor advised funds.		0 -				
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related per		9 a 9 b				
	Section 501(c)(7) organizations. Enter:	5011:	9 10				
	Initiation fees and capital contributions included on Part VIII, line 12	10 a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-				
	Section 501(c)(12) organizations. Enter:	100					
	Gross income from members or shareholders.	11 a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).	11 b					
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	f Form 1041?	12a				
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	Note. See the instructions for additional information the organization must report on Schedul	e O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b					
	Enter the amount of reserves on hand	13 c					
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х		
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in		14 b		<u> </u>		
AA		Jones G		990	(2014)		

Form 990 (2014) POINT REYES BIRD OBSERVATORY 94-1594250 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes Nο 1 a Enter the number of voting members of the governing body at the end of the tax year. 18 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 18 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ 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? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH 0 stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a Χ X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? Χ a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization...SEE.SCHEDULE.Q..... 15 b 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?..... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O

#11

PETALUMA CA 94954 707-781-2555

State the name, address, and telephone number of the person who possesses the organization's books and records:

SRINIVASAN / M KIHARA 3820 CYPRESS DRIVE

20

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

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

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

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

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

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

		(C)								
(A) Name and Title	(B) Average hours	thar	one b both a	οα, ι an of	unles		re on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director		<u></u>		Highest compensated employee	Former	- the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MEGAN G. COLWELL	2	v						0	0	0
CHAIR, FIN COMM	0	Χ						0.	0.	0.
(2) DAVID ACKERLY, PHD BOARD MEMBER	<u>2_</u> 0	Х						0.	0.	0.
BOARD_MEMBER	$-\frac{2}{0}$	Х						0.	0.	0.
(4) IVAN SAMUELS	2									
BOARD MEMBER	0	Χ						0.	0.	0.
BOARD MEMBER	2	Х						0.	0.	0.
(6) PETER NORVIG	2									
BOARD MEMBER	0	Х						0.	0.	0.
(7) BRETT ROBERTSON	2									
VICE CHAIR	0	Х		Χ				0.	0.	0.
(8) KATHERINE BEACOCK	2									
FIN. COMM CHAIR	0	Χ						0.	0.	0.
(9) CAROLYN JOHNSON	2									
PAST CHAIR	0	X						0.	0.	0.
(10) STUART JACOBSON	2							•		•
HR COMMITTEE	0	Χ						0.	0.	0.
(11) ED SARTI	2	17		37				0	0	0
CHAIR	0	Χ		X				0.	0.	0.
(12) REBECCA L PATTON SECRETARY	<u>- 2</u> -	Х		Χ				0.	0.	0.
(13) JAMES F QUINN, PHD SCIENCE ADV COM	20	Х						0.	0.	0.
(14) ROB FAUCETT	2									
BOARD MEMBER	0	Χ						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(B)			(C	;)				_	
(A) Name and title	Average hours per week (list any hours for related organiza tions below dotted line)	box	, unles cer an	ss per id a di	rson lirecto	than of the strip	an tee)	(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
(15) MARTHA EHMANN CONTE	2									
BOARD MEMBER	2	X						0.	0.	0.
(16) SIMON FRANCIS BOARD MEMBER	2	Х						0.	0.	0.
(17) ANA GALUTERA BOARD MEMBER	2	Х						0.	0.	0.
(18) JEFFREY KIMBALL BOARD MEMBER	2	Х						0.	0.	0.
(19) ROBERT S. SHWARTS BOARD MEMBER	2	Х						0.	0.	0.
(20) ELLIE M. COHEN CEO/PRESIDENT	_ <u>50</u> _0			Х				199,532.	0.	44,460.
(21) LAURIE TALCOTT CFO/TREASURER	$-\frac{45}{0}$			Х				74,854.	0.	3,122.
(22) PADMINI SRINIVASAN CFO	$-\frac{40}{0}$			Х				59,921.	0.	5,047.
(23) GRANT BALLARDCHIEF SCIENCE OFFI	$-\frac{45}{0}$					Χ		107,223.	0.	20,583.
(24) MICHAEL FITZGIBBON CHIEF TECH OFFICER	$-\frac{45}{0}$					Х		114,249.	0.	25,167.
(25) WENDELL GILGERT RW INITIATIVE DIR.	<u>45</u>					Х		117,680.	0.	8,110.
c Total from continuation sheets to Part VII, Section							▶	108,169.	0.	20,577.
d Total (add lines 1b and 1c)							•	781,628.	0.	127,066.
2 Total number of individuals (including but not limited from the organization ► 5	to those I	ısted	abov	/e) w	vho r	eceiv	/ed	more than \$100,00	O of reportable comp	pensation

	•					
			Yes	No		
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee					
	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>					
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? If 'Yes' complete Schedule J for					
	such individual	4	Χ			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual					
	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person					

Section B. Independent Contractors

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

		<i>y</i> · ·
(A) Name and business address	(B) Description of services	(C) Compensation
BETH HUNING/SF BAY JOINT VENTURE 735 B CENTER BLVD FAIRFAX, CA 94930	SF BAY JV OPERATIONS	379,823.
NOAH EIGER / EIS CONSULTING 200 BASSETT STREET PETALUMA, CA 94952	TECH CONSULTING	218,982.

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

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service

Employler Identification number

(F) Estimated mount of other compensation from the organization and related progranizations
Estimated mount of other compensation from the organization and related organizations
Estimated mount of other compensation from the organization and related organizations
Estimated mount of other compensation from the organization and related organizations
20,577.
20,577.

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
irants ounts		Federated campaigns	_		revenue		312 314
s, C Am	С	Fundraising events	С				
Gifft Iar ,		Related organizations 1	d				
JS, Simi	е	Government grants (contributions) 1	е				
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, grants, and similar amounts not included above 1	0,000,522.				
ontr id C	_	Noncash contributions included in lines 1a-1f:	0 - 7 - 5 0 1				
	h	Total. Add lines 1a-1f	_	6,650,922.			
Program Service Revenue	2 -	DDOGDAM GOMEDAGEG	Business Code	4 710 405	4 710 405		
eve		PROGRAM CONTRACTS	541700	4,718,435.			
Se F	C	FEES & SPONSORSHIP	541900	4,180.	4,180.		
ervi	q						
n S	e						
grar	f	All other program service revenue					
Pro		Total. Add lines 2a-2f		4,722,615.			
	3	Investment income (including divider other similar amounts)	nds, interest and				
				9,116.			9,116.
	4	Income from investment of tax-exem					
	5	Royalties					
	٠.	Gross rents (i) Real	(ii) Personal				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)	<u> </u>				
		Gross amount from sales of (i) Securities					
	/ a	assets other than inventory 42, 16	7.				
	h	Less: cost or other basis					
		and sales expenses 43,08	4.				
	С	Gain or (loss)91	7.				
	d	Net gain or (loss)	<u></u>	-917.			-917.
nue	8 a	Gross income from fundraising even (not including \$	ss _				
Other Reve		of contributions reported on line 1c).					
ГR		See Part IV, line 18	5,051.				
the		Less: direct expenses					
Ō		Net income or (loss) from fundraising Gross income from gaming activities		5,694.			5,694.
	l.	See Part IV, line 19					
		Less: direct expenses					
	10 a	Gross sales of inventory, less returns and allowances	a 4,703.				
	b	Less: cost of goods sold	-/ / 00 1				
		Net income or (loss) from sales of in	-, = -,	-111.			-111.
		Miscellaneous Revenue	Business Code				
	11 a	OTHER INCOME	541900	168,119.	30,769.		137,350.
	b						
	C						
		All other revenue		100 110			
	е 12	Total. Add lines 11a-11d		168,119.	4 752 204	^	151 100
	14	TOTAL TEVELINE, OCC ITISHUCHOUS		11,555,438.	4,753,384.	0.	151,132.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX.										
	not include amounts reported on lines 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 domestic organizations and domestic governments. See Part IV, line 21				·						
2	Grants and other assistance to domestic individuals. See Part IV, line 22										
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16										
4 5	Benefits paid to or for members	386,936.	0.	386,936.	0.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.						
7	Other salaries and wages	4,530,899.	3,941,333.	225,106.	364,460.						
8	Pension plan accruals and contributions	4,550,655.	3, 341, 333.	223,100.	304,400.						
Ū	(include section 401(k) and 403(b) employer contributions)	221,068.	168,796.	35,470.	16,802.						
9	Other employee benefits	1,514,906.	1,156,706.	243,063.	115,137.						
10	Payroll taxes	463,265.	353,726.	74,330.	35,209.						
11	Fees for services (non-employees):										
ä	Management										
) Legal	3,187.		3,187.							
(Accounting	29,437.		29,437.							
	d Lobbying	5,500.	5,500.								
	Professional fundraising services. See Part IV, line 17										
	Investment management fees										
ç	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule OSCH.	1,433,878.	1,264,402.	93,639.	75,837.						
12	Advertising and promotion	28,738.	2,941.	10,321.	15,476.						
13	Office expenses	89,520.	4,083.	73,053.	12,384.						
14	Information technology	148,184.	117,895.	19,530.	10,759.						
15	Royalties										
16	Occupancy	221,498.	206,100.		15,398.						
17	Travel	332,047.	310,781.	15,624.	5,642.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	57,233.	30,527.	5,859.	20,847.						
20	Interest										
21	Payments to affiliates										
	Depreciation, depletion, and amortization	250,036.	202,515.	30,640.	16,881.						
	Insurance	60,748.	47,639.	8,453.	4,656.						
24	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)										
ä	PROJECT SUPPLIES & PUBLICATION	166,462.	158,823.	2,581.	5,058.						
	OTHER EXP-EQUIPMENTS	74,791.	72,827.	875.	1,089.						
	PRINTING AND PUBLICATIONS	65,823.	30,608.	2,447.	32,768.						
•	FOOD SUPPLIES	48,557.	39,679.	4,486.	4,392.						
	All other expenses	31,340.	8,262.	36.	23,042.						
25	Total functional expenses. Add lines 1 through 24e	10,164,053.	8,123,143.	1,265,073.	775,837.						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).										

		Check if Schedule O contains a response or note to	any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			361,300.	1	610,913.
	2	Savings and temporary cash investments			2,334,622.	2	2,135,260.
	3	Pledges and grants receivable, net			2,373,715.	3	3,449,287.
	4	Accounts receivable, net			1,454,679.	4	1,601,276.
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L	officers,	directors, s. Complete		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	ersons (a	as defined under		6	
Ø	7	Notes and loans receivable, net		-		7	
Assets	8	Inventories for sale or use		<u> </u>		8	
As	9	Prepaid expenses and deferred charges		_	78,694.	9	107,757.
	-	' '	1		70,034.		101,131.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	7,713,109.			
		Less: accumulated depreciation		2,482,833.	5,379,844.	10 c	5,230,276.
	11	Investments – publicly traded securities			262,421.	11	269,308.
	12	Investments – other securities. See Part IV, line 11			202,121.	12	20370001
	13	Investments – program-related. See Part IV, line 11.		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line		L	12,245,275.	16	13,404,077.
	17	Accounts payable and accrued expenses	544,691.	17	559,435.		
	18	Grants payable			,	18	,
	19	Deferred revenue			366,351.	19	108,230.
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part I	V of Sch	edule D		21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	d disqual	ified persons.		22	
	23	Secured mortgages and notes payable to unrelated th		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third		<u> </u>		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•	<u>L</u>		25	
	26	Total liabilities. Add lines 17 through 25			911,042.	26	667,665.
sec		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.			, , , , , ,		
ă	27	Unrestricted net assets			8,006,116.	27	8,776,160.
39	28	Temporarily restricted net assets			3,228,117.	28	3,860,252.
핕	29	Permanently restricted net assets			100,000.	29	100,000.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.	eck here	· [
9	30	Capital stock or trust principal, or current funds		30			
Se L	31	Paid-in or capital surplus, or land, building, or equipm				31	
As	32	Retained earnings, endowment, accumulated income,		<u> </u>		32	
et	33	Total net assets or fund balances			11,334,233.	33	12,736,412.
Z	34	Total liabilities and net assets/fund balances			12,245,275.	34	13,404,077.

BAA Form **990** (2014)

Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,	555,4	138.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,	164,0)53.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	391,3	385.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,	334,2	233.
5	Net unrealized gains (losses) on investments.	5		10,7	794.
6	Donated services and use of facilities	6		2,4	100.
7					
8	Prior period adjustments	8			
9		9		-2,4	100.
10		10	12 '	736,4	112
Par	rrt XII Financial Statements and Reporting	1.0	12,	130, -	tız.
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			res	NO
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:	ved on a			
	Separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis				
ı	b Were the organization's financial statements audited by an independent accountant?		21	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa		21		
	basis, consolidated basis, or both:	aic			
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	c If Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	t, 	20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 a	a 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?		3a	Х	
ŀ	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits		31	Х	

Form **990** (2014) BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

Name o	of the organization		S BIRD OBSERVA				Employer identifica	
D	I D		BLUE CONSERVA		1 .	1 - 11-1-	94-159425	
Part				rganizations must of For lines 1 through 11,				lions.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>~</u>		· ·	hurches described in sec		•	•	
2			n 170(b)(1)(A)(ii). (Atl		170(ру гусау	1).	
3				ization described in se	ction 170	1/h)/1)/ <i>/</i> /	Viii	
4		•		unction with a hospital			• • •	ntor the beenital's
7	L	, and state:	ition operated in conj	anction with a nospital	uescribe	u III 360	.tion 170(b)(1)(A)(iii). L	inter the hospital's
5	An organiz	•	ne benefit of a college (or university owned or op	erated by	a gover	nmental unit described in	n section
6				ental unit described in s	ection 1	70(b)(1)	(A)(v).	
7	X An organiz in section	ation that normally (170(b)(1)(A)(vi). (receives a substantial p (Complete Part II.)	part of its support from a	governm	ental uni	t or from the general pub	olic described
8	A commun	nity trust described	l in section 170(b)(1)(A)(vi). (Complete Part	II.)			
9	from activit investmen June 30, 1	ties related to its exit income and unre 975. See section	empt functions – subje lated business taxabl 509(a)(2). (Complete		and (2) n 511 tax)	o more t from bi	than 33-1/3% of its supports that the support is the support of th	ort from gross
10				ely to test for public saf	,		(- / (/	
11	or more pr	ublicly supported c	rganizations describe	ely for the benefit of, to ed in section 509(a)(1) outporting organization	or sectio	n 509(a`)(2). See section 509(a)	at the purposes of one (3). Check the box in
а	organizatio	upporting organizati n(s) the power to re Part IV, Sections A	egularly appoint or elec-	d, or controlled by its sup t a majority of the directo	oported o rs or trus	rganizati tees of t	ion(s), typically by giving he supporting organization	the supported on. You must
b	manageme must com	ent of the supporting plete Part IV, Sect	organization vested in ions A and C.	controlled in connection the same persons that c	ontrol or	manage	the supported organization	on(s). You
С	Type III fun	ctionally integrated	. A supporting organiza	tion operated in connection plete Part IV, Sections	n with, ar	nd function	onally integrated with, its	supported
d	Type III no	n-functionally integ	rated. A supporting ord	Janization operated in col	nection	with its s	supported organization(s)	that is not
	instruction	s). You must com	plete Part IV, Section	must satisfy a distribute A and D, and Part V.				
е	Check this	box if the organiz	ration received a writt	en determination from	the IRS	that is a	Type I, Type II, Type I	II functionally
	3	, ,,,	organizations	supporting organization	1.			
			n about the supported					
9		me of supported	(ii) EIN	(iii) Type of organization	(iv)	s the	(v) Amount of monetary	(vi) Amount of other
		rganization	(4) =	(described on lines 1-9 above or IRC section (see instructions))	organizat in your g docur	ion listed overning	support (see instructions)	support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
<u>(E)</u>								
Total								
BAA	For Paperwor	k Reduction Act N	lotice, see the Instruc	tions for Form 990 or 9	990-EZ.		Schedule A (Form	n 990 or 990-EZ) 2014

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

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

Sec	tion A. Public Support			I		I		
begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	3,808,774.	3,377,767.	5,105,925.	6,081,248.	6,628,484.	25,002,198.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	3,808,774.	3,377,767.	5,105,925.	6,081,248.	6,628,484.	25,002,198.	
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)						9,587,459.	
6	Public support. Subtract line 5 from line 4						15,414,739.	
Sec	tion B. Total Support	1		1		<u> </u>		
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7	Amounts from line 4	3,808,774.	3,377,767.	5,105,925.	6,081,248.	6,628,484.	25,002,198.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,402.	13,913.	13,774.	8,786.	8,199.	71,074.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	32,823.	42,894.	41,299.	111,022.	173,813.	401,851.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.	
11	Total support. Add lines 7 through 10						25,475,123.	
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	22,765,028.	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth	ax year as a section	on 501(c)(3)	▶	
Sec	tion C. Computation of Du	hlic Cupport D	orcontago					
	Public support percentage for 20						60.51%	
	Public support percentage from					<u> </u>	58.84 %	
16 a	33-1/3% support test $-$ 2014. If and stop here. The organization	the organization of qualifies as a pub	did not check the olicly supported o	box on line 13, a rganization	nd the line 14 is 3	33-1/3% or more,	check this box	
b	b 33-1/3% support test – 2013. 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							
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	r e. Explain in Part	t VI how	
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	r e. Explain in Part ed organization	t VI how the ►	
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions >	

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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.						
	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						
7 a	Total. Add lines 1 through 5 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.						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal yr beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
-	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
-	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 VI.).						
	Total support. (Add lines 9, 10c, 11 and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, c	or fifth tax year as	a section 501(c)(3) ▶ □
	tion C. Computation of Pul			10 1 (0)		1 1	
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •				00
	Public support percentage from 2					16	0/0
	tion D. Computation of Inv				(0)	1.7	0.
	Investment income percentage for	•	• •	-			06
	Investment income percentage f					<u> </u>	% nd line 17
	33-1/3% support tests – 2014. If is not more than 33-1/3%, check	this box and sto	p here. The organi	zation qualifies a	as a publicly suppo	orted organization	١ ▶ ∐
	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%	, check this box a	and stop here. The	e organization qu	ialifies as a public	ly supported orga	nization ►
20	Private foundation. If the organize	Lation did 110t CNE	ich a DOX OH HITE I	+, 13a, UL 19D, (THECK THIS DOX SUD	SEE INSURCIONS.	

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 8	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
ŀ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
(Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4 8	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
ŀ	o Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
(c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 8	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
ŀ	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
(Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		_
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI</i> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		
9 8	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
ŀ	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
(Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		
10 a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below.	10a		
ŀ	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Par	t IV	Supporting Organizations (continued)			
11	∐ac ti	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fam	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sect	tion E	B. Type I Supporting Organizations			
1	Did th	a directors, tructoos, or mambarchin of one or more supported organizations have the power to regularly appoint		Yes	No
'	or election of the direct	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
		ed to such powers during the tax year	1		
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization	2		
Sect		C. Type II Supporting Organizations	<u>!</u>		1
		Mr. salka a 2 2 and a		Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sect	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organ	nization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, organ	(2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the hization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported sization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how			
	the or	rganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By re	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at			
	all tin	nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
C1		s regard	3		
Seci	lion E	E. Type III Functionally-Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	П	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	П	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s).		
2	Λ otivi	ties Test. Answer (a) and (b) below.	1	V	NI.
				Yes	No
а	suppo organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted the organization of the organization o	2a		
		antially all of its activities	Za		
b	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the	24		
_		ization's involvement	2b		
		nt of Supported Organizations. Answer (a) and (b) below.			
а	Did theach	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovembe Section	er 20, 1970. See instruct ons A through E.	ions. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions.	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5		5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6		
_ 7	Other expenses (see instructions).	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
á	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990 or 990-EZ) 2014

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	nnorting Organiza	tions (continued)	1200
	tion D — Distributions	pporting Organiza	(continued)	Current Year
	Amounts paid to supported organizations to accomplish exempt pur	nnses		- Carrone Four
	Amounts paid to supported organizations to decomposit exempt pur Amounts paid to perform activity that directly furthers exempt purposes of			
	in excess of income from activity.	· · · · · · · · · · · · · · · · · · ·		
3	Administrative expenses paid to accomplish exempt purposes of su			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
C				
- 0				
6	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2014 from Section D,			
•	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
C				
C	Excess from 2013			
	Excess from 2014.			

BAA

Schedule **A** (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

OMB No. 1545-0047

2014

Name of the organization POINT REYES BIRD	OBSERVATORY	Employer identification number
DBA POINT BLUE C	ONSERVATION SCIENCE	94-1594250
Organization type (check one):		·
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated a	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) or	ganization can check boxes for both the General Rule and	l a Special Rule. See instructions.
General Rule		
For an organization filing Form 990, 990-	EZ, or 990-PF that received, during the year, contributions lete Parts I and II. See instructions for determining a cont	totaling \$5,000 or more (in money or ributor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(vi	501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% s), that checked Schedule A (Form 990 or 990-EZ), Part II, line the year, total contributions of the greater of (1) \$5,000 o 990-EZ, line 1. Complete Parts I and II.	13. 16a. or 16b. and that
during the year, total contributions of mor	501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive than \$1,000 <i>exclusively</i> for religious, charitable, scientific to children or animals. Complete Parts I, II, and III.	ved from any one contributor, ic, literary, or educational
during the year, contributions exclusively \$1,000. If this box is checked, enter here charitable, etc., purpose. Do not complete	501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive for religious, charitable, etc., purposes, but no such contribute the total contributions that were received during the year seany of the parts unless the General Rule applies to this cable, etc., contributions totaling \$5,000 or more during the	ibutions totaled more than for an <i>exclusively</i> religious, organization bec <u>a</u> use
990-PF), but it must answer 'No' on Part IV,	by the General Rule and/or the Special Rules does not file line 2, of its Form 990; or check the box on line H of its Fo the filing requirements of Schedule B (Form 990, 990-EZ,	orm 990-EZ or on its Form 990-PF,

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

Page

1 of

2 of **Part 1**

POINT REYES BIRD OBSERVATORY

Employer identification number

94-1594250

Part I Contributor	(see instructions). Use duplicate copies of Part I if additional space is needed.
----------------------	---

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>135,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>_371,020.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,910,804.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>467,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>		\$ <u>_366,136.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page

2 of

2 of **Part 1**

Name of organization
POINT REYES BIRD OBSERVATORY

Employer identification number

94-1594250

Part I	Contributors	(see instructions).	Use duplicate copies	s of Part I if additional	space is needed.
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(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$275 <u>,</u> 000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>_385,753.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>600,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_		\$ <u>300,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Page

1 to

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

of Part II

POINT REYES BIRD OBSERVATORY

Name of organization

BAA

Employer identification number

94-1594250

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b) Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (see instructions) (d) Date received N/A (a) No. from (c) FMV (or estimate) (see instructions) (b) (d) Description of noncash property given Date received Part I (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) (a) No. from (d) Date received (b) Description of noncash property given (c) FMV (or estimate) Part I (see instructions) (a) No. (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received from Part I

1 to

1 of Part III

Name of organization
POINT REYES BIRD OBSERVATORY

Employer identification number

94-1594250

Part III	or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> 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					
	N/A								
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee					
(a) No. from Part I				(d) Description of how gift is held					
	Transferee's name, addres	Rela	ntionship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
Part I	Purpose of gift	Use of gift		Description of now gift is held					
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
		(e)							
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee					

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

• 5	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
	of organization	·		Employer identifica	ation number
POI	NT REYES BIRD OBSE	RVATORY		94-159425	0
Par	t I-A Complete if the or	rganization is exempt under section	on 501(c) or is a s	section 527 organiz	zation.
	•	organization's direct and indirect political c	, ,		
	•			•	
	•	rganization is exempt under section	, , , ,		
1		ise tax incurred by the organization under			
2	Enter the amount of any exc	sise tax incurred by organization managers	under section 4955.	▶\$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?				Yes No
	If 'Yes,' describe in Part IV.				
		rganization is exempt under section			
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	on activities \$	
2		organization's funds contributed to other organ			
3	Total exempt function expen line 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	
4		e Form 1120-POL for this year?			Yes No
	Enter the names, addresses organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the all sectived that were promptly and directly delal action committee (PAC). If additional spa	of all section 527 pol mount paid from the fivered to a separate po	itical organizations to w filing organization's fund plitical organization, such	rhich the filing ds. Also enter the as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2014

Part II-A Complete if section 501	the organization	on is exempt under sec	ction 501(c)(3) and	filed Form 5768 (el	ection under
		ngs to an affiliated group (and	list in Part IV each affilia	ated group member's name	·,
<u> </u>		nd share of excess lobbying		,	
B Check ► if the fili	ng organization ch	ecked box A and 'limited cor	ntrol' provisions apply.		
(The term	Limits on Lobb 'expenditures' me	ying Expenditures ans amounts paid or incuri	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence p	ublic opinion (grass roots lo	bbying)		
·		legislative body (direct lobb			
, , ,	•	and 1b)			
	•	ines 1c and 1d)			
		mount from the following tab			
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1		\$100,000 plus 15% of the excess	· · · · · · · · · · · · · · · · · · ·		
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$ Over \$17,000,000	\$17,000,000	\$225,000 plus 5% of the excess of \$1,000,000.	over \$1,500,000.		
	amount (enter 25%	្ស of line 1f)			
•	•	ss, enter -0			
_		s, enter -0-			
j If there is an amount othe section 4911 tax for this	er than zero on eithe s year?	er line 1h or line 1i, did the org	anization file Form 4720	reporting	Yes No
		4-Year Averaging Period L	Inder Section 501(h)		
(Son	ne organizations th colum	at made a section 501(h) el ns below. See the instruction	ection do not have to o	omplete all of the five h 2f.)	
	Lob	bying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2 a Lobbying non-taxable amount					
amount					
amount b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying					
amount					
amount					1 990 or 990-EZ) 2014

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a	1)	(b)
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount
SEE PART IV 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Χ	
c Media advertisements?		Χ	
d Mailings to members, legislators, or the public?		Χ	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Χ		5,500.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Χ	
i Other activities?		Χ	
j Total. Add lines 1c through 1i			5,500.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	,
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or	
			Yes No

F

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.

1	Dues, assessments and similar amounts from members.	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
i	a Current year	2a	
ı	Carryover from last year.	2b	
(: Total.	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B - DESCRIPTION OF LOBBYING ACTIVITY

DURING THE 2014 LEGISLATIVE YEAR, POINT BLUE HIRED A CONSULTANT TO ASSIST THE RIPARIAN HABITAT JOINT VENTURE IN EDUCATING THE LEGISLATURE ABOUT THE VALUE OF AND NEED TO PRESERVE AND RESTORE THE STATE'S RIPARIAN ECOSYSTEMS AND TO ASSIST IN IDENTIFYING KEY BILLS OR OTHER LEGISLATIVE INITIATIVES THAT COULD INFLUENCE FUTURE

RIPARIAN AREA MANAGEMENT. THE CONSULTANT ASSISTED IN DEVELOPING AND PRESENTING TO Part IV | Supplemental Information (continued)

PART II-B - DESCRIPTION OF LOBBYING ACTIVITY (CONTINUED)

THE LEGISLATURE, AS APPROPRIATE, POLICY AND PROGRAM INFORMATION AND POSITIONS ON LEGISLATIVE MATTERS OF IMPORTANCE TO THE JOINT VENTURE.

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, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization POINT REYES BIRD OBSERVATORY DBA POINT BLUE CONSERVATION SCIENCE 94-1594250 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes **Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements. 2b c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. **b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1.....

b Assets included in Form 990, Part X.....

Part III Organizations Maintai	ining Collection	ons of Art, Histo	orical	Treasures, or	Other	Similar Ass	ets (c	ontinu	ed)
3 Using the organization's acquisition items (check all that apply):	, accession, and o	ther records, check a	any of th	ne following that are	e a signi	ficant use of its o	collectio	n	
a Public exhibition		d Loan	or excl	hange programs					
b Scholarly research		e Other	r						
c Preservation for future gener	ations	_							
4 Provide a description of the organiz Part XIII.	ation's collections	and explain how the	y furthe	r the organization's	exempt	purpose in			
5 During the year, did the organiza to be sold to raise funds rather the	nan to be maintai	ned as part of the o	organiz	ation's collection?			Yes		No
Escrow and Custodia line 9, or reported an	amount on Fo	rm 990, Part X,	the or line 2	ganization ans 21.	wered	Yes to For	m 990), Part	IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian, o	r other intermediar	y for co	ontributions or othe	er asset	s not included	Yes	Г	No
b If 'Yes,' explain the arrangement						_		<u></u>	_
						,	Amoun	t	
c Beginning balance					10	;			
d Additions during the year					1 c	d			
e Distributions during the year									
f Ending balance									
2 a Did the organization include an a	mount on Form 9	90, Part X, line 21	, for es	crow or custodial a	account	liability?	Yes		No
b If 'Yes,' explain the arrangement	in Part XIII. Ched	ck here if the expla	nation	has been provided	l in Par	t XIII		[
Part V Endowment Funds. C									
	(a) Current year	(b) Prior yea		(c) Two years back		Three years back	(e)	Four years	
1 a Beginning of year balance	262,42			138,655	•	134,609.		120,	815.
b Contributions		100,0	000.						
c Net investment earnings, gains,	11 00			11 001		4 0 4 6		10	504
and losses	11,97	6. 12,3	395.	11,371	•	4,046.		13,	794.
d Grants or scholarships									
e Other expenditures for facilities and programs	5,08	9.				0.			
f Administrative expenses									
g End of year balance	269,30			150,026		138,655.		134,	609.
2 Provide the estimated percentage	-		ne 1g,	column (a)) held a	ıs:				
a Board designated or quasi-endowm		61.89 %							
b Permanent endowment ►	38.11 %	•							
c Temporarily restricted endowmer		 %							
The percentages in lines 2a, 2b,	and 2c should eq	ual 100%.							
3 a Are there endowment funds not in t	he possession of the	ne organization that	are held	d and administered	for the		F		
organization by:							2 (2)	Yes	No
(i) unrelated organizations							3a(i)	X	——
(ii) related organizations							3a(ii)		X
b If 'Yes' to 3a(ii), are the related of	-	•					3b		
4 Describe in Part XIII the intended		inization's endowm	ent fun	ids. SEE PART	' XII.	<u> </u>			
Part VI Land, Buildings, and Complete if the organi	• •	ed 'Yes' to Forr	n 990	, Part IV, line	11a. S	ee Form 990	, Part	: X, Iin	ie 10.
Description of property	(a) (Cost or other basis (investment)		Cost or other pasis (other)	(c) A	ccumulated preciation	(d)	Book va	lue
1 a Land		•	1	1,479,000.			1	,479	,000.
b Buildings				4,915,860.	1.	,562,059.			,801.
c Leasehold improvements				, -,		,		1	
d Equipment									
e Other				1,318,249.		920,774.		397	,475.
Total. Add lines 1a through 1e. (Column		Form 990, Part X,					.5	, 230	
ВАА		·		•				orm 990	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end-of-year market value
l) Financial derivatives			
2) Closely-held equity interests			
3) Other			
1)			
3) 			
C) 			
0) 			
E) 			
<u>-</u> ,			
<u>3)</u>			
1)			
(D)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.) • Program Related.		N/A	
Complete if the organization answered	I 'Yes' to Form 990). Part IV. line 11	c. See Form 990. Part X. line 1
(a) Description of investment type	(b) Book value		uation: Cost or end-of-year market value
(1)			-
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9)			
(9) (10)			
(9) (10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶			
(9) (10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	N/A	Part IV line 11	ld See Form 990 Part X line 1
(9) (10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered	N/A	, Part IV, line 11	d. See Form 990, Part X, line 1
(9) (10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered	N/ <i>I</i> I 'Yes' to Form 990), Part IV, line 11	
(9) 10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) December 1990, Part X, column (B) line 13.) Part IX Other Assets. (a) December 1990, Part X, column (B) line 13.) Part IX Other Assets.	N/ <i>I</i> I 'Yes' to Form 990), Part IV, line 11	
(9) 10) ptal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (2) (3)	N/ <i>I</i> I 'Yes' to Form 990	, Part IV, line 11	
(9) 10) ptal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (1) (2) (3) (4)	N/ <i>I</i> I 'Yes' to Form 990	, Part IV, line 11	
(9) (10) (10) (110) (111	N/ <i>I</i> I 'Yes' to Form 990), Part IV, line 11	
(9) 10) ptal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (2) (3) (4) (5) (6)	N/ <i>I</i> I 'Yes' to Form 990), Part IV, line 11	
(9) 10) Datal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) December (1) (2) (3) (4) (5) (6) (7)	N/ <i>I</i> I 'Yes' to Form 990	, Part IV, line 11	
(9) 10) ptal. (Column (b) must equal Form 990, Part X, column (B) line 13.) • Part IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8)	N/ <i>I</i> I 'Yes' to Form 990	, Part IV, line 11	
(9) 10) ptal. (Column (b) must equal Form 990, Part X, column (B) line 13.) • Part IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/ <i>I</i> I 'Yes' to Form 990), Part IV, line 11	
(9) 10) Part IX Other Assets. Complete if the organization answered (a) Description (b) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	N/A I 'Yes' to Form 990 scription), Part IV, line 11	(b) Book value
(9) 10) Part IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (b) and the column (c) and the column (N/A I 'Yes' to Form 990 scription B), line 15.)), Part IV, line 11	(b) Book value
(9) 10) Part IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (b) otal. (Column (b) otal. (Colum	N/A I 'Yes' to Form 990 scription B), line 15.)	1, Part IV, line 11	(b) Book value
(9) 10) Part IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Part X Other Liabilities. Complete if the organization answered is the organization of liability	N/A I 'Yes' to Form 990 scription B), line 15.)	1, Part IV, line 11	(b) Book value
(9) 10) ptal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) Cart X Other Liabilities. Complete if the organization answered (Yes' to Form 990, Part X, column (B) Cart X Other Liabilities. Complete if the organization answered (Yes' to Form 990, Part X) (a) Description of liability (1) Federal income taxes	N/A I 'Yes' to Form 990 scription B), line 15.)	1, Part IV, line 11	(b) Book value
(9) 10) ptal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) December (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) ptal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2)	N/A I 'Yes' to Form 990 scription B), line 15.)	1, Part IV, line 11	(b) Book value
(9) 10) ptal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B) (c) (d) (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	N/A I 'Yes' to Form 990 scription B), line 15.)	1, Part IV, line 11	(b) Book value
(9) 10) ptal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Potal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4)	N/A I 'Yes' to Form 990 scription B), line 15.)	1, Part IV, line 11	(b) Book value
(9) 10) Patal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (B) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	N/A I 'Yes' to Form 990 scription B), line 15.)	1, Part IV, line 11	(b) Book value
(9) (10) (10) (110) (111) (111) (111) (112) (113) (114) (115) (115) (116) (117) (117) (117) (117) (118) (119	N/A I 'Yes' to Form 990 scription B), line 15.)	1, Part IV, line 11	(b) Book value
(9) 10) 110. 111. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A I 'Yes' to Form 990 scription B), line 15.)	1, Part IV, line 11	(b) Book value
(9) 10) 110. 111. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A I 'Yes' to Form 990 scription B), line 15.)	1, Part IV, line 11	(b) Book value
(9) 10) 101. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A I 'Yes' to Form 990 scription B), line 15.)	1, Part IV, line 11	(b) Book value
(9) 10) 110. 111. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A I 'Yes' to Form 990 scription B), line 15.)	1, Part IV, line 11	(b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	11,551,008.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) SEE PART XIII 2d 4,814.		
d Other (Describe in Part XIII.) SEE PART XIII 2d 4,814.		
e Add lines 2a through 2d.	2 e	18,008.
3 Subtract line 2e from line 1	3	11,533,000.
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		
b Other (Describe in Part XIII.) SEE PART XIII 4b 22,438.		
c Add lines 4a and 4b	4 c	22,438.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	11,555,438.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	rn.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	10,148,829.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses. 2c		
d Other (Describe in Part XIII.) SEE PART XIII 2d 4,814.		
e Add lines 2a through 2d.	2 e	7,214.
3 Subtract line 2e from line 1	3	10,141,615.
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		
b Other (Describe in Part XIII.) SEE PART XIII 4b 22,438.		
c Add lines 4a and 4b.	4 c	22,438.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	10,164,053.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part ine 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	V,	anal information
ine 4, Fart A, ine 2, Fart Ai, lines zu and 40, and Fart An, lines zu and 40. Also complete this part to provide any	auuill	טוומו ווווטוווומנוטוו.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

TO PROVIDE OPERATING SUPPORT FOR THE ORGANIZATION.

SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

INVENTORY	PURCHASE.	\$ 4,	81	14.
	TOTAL	\$ 4,	81	14.

BAA Schedule **D** (Form 990) 2014

SCHEDULE D, PART XI, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S			
DONATED MATERIALS	TOTAL	\$ \$	22,438. 22,438.
SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S			
INVENTORY PURCHASE	TOTAL	\$ \$	4,814. 4,814.
SCHEDULE D, PART XII, LINE 4B OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S			
NONCASH DONATIONS	TOTAL	\$ \$	22,438. 22,438.

BAA Schedule **D** (Form 990) 2014 TEEA3305L 08/25/14

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization
POINT REYES BIRD OBSERVATORY

Employer identification number 94-1594250

Parl	I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	Discretionary spending account.			
	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1 b		
•				
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
		_		
	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	[A] . Application by the sound of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4 a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4 b		Χ
	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		Χ
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. $PART III$			
	Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5 a		Χ
b	Any related organization?	5 b		Χ
	If 'Yes' to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6 a		Χ
b	Any related organization?	6 b		Χ
	If 'Yes' to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III			
	payments not described in lines 5 and 6? If 'Yes,' describe in Part III.	7		Χ
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8		v
		3		X
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	0		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown o	of W-2 and/or 1099-MI	SC compensation	(C) Retirement	(D) Nontaxable	(E) Total of columns(B)(i)-(D)	(F) Compensation
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(I)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
								1 01111 330
ELLIE M. COHEN	(i)	199,532.	0.	0.	9,173.	<u>35,287.</u>	243,992.	0.
1 CEO/PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)						L	
2	(ii)							
	(i)							
3	(ii)							
	(i)						 	
4	(ii)							
_	(i)		 				 	
5	(ii)							
	(i)							
6	(ii)							
7	(i)							
7	(ii)							
8	(i) (ii)				 		 	
	(i)							
9	(ii)						 	
	(i)							_
10	(ii)						+	
	(i)							
11	(ii)						†	
	(i)							
12	(ii)							
	(i)							
13	(ii)				T		T	1
	(i)						L	
14	(ii)							
	(i)						L	
15	(ii)							
	(i)				L		<u> </u>	
16	(ii)							
			TEE \(\dagger{1} \) 102 06/10					(Form 000) 2014

BAA

TEEA4102L 06/19/14

Schedule **J** (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4 - RECEIVED SEVERANCE, SUPPLEMENTAL NQ RETIREMENT, EQUITY-BASED COMPENSATION

SEVERANCE PAYMENT OF \$33,550 WAS MADE TO LAURIE TALCOTT IN 2014.

TEEA4103L 10/17/14

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization POINT REYES BIRD OBSERVATORY DBA POINT BLUE CONSERVATION SCIENCE

Employer identification number

94-1594250

Pai	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash c	(d) d of determin ontribution a	ning amounts
1	Art — Works of art						
2	Art — Historical treasures						
3	Art — Fractional interests						
4	Books and publications	X		5,453.	RESALE	VALUE	
5	Clothing and household goods	X		1,190.	RETAIL	VALUE	
6	Cars and other vehicles			,			
7	Boats and planes						
8	Intellectual property						
9	Securities — Publicly traded	Х	10	41,752.	LISTED	EXCHANG	
10	Securities – Closely held stock			,	_		
11	Securities - Partnership, LLC, or trust interests .						
12	Securities - Miscellaneous						
13	Qualified conservation contribution — Historic structures						
14	Qualified conservation contribution — Other						
15	Real estate – Residential						
16	Real estate – Commercial						
17	Real estate – Other						
18	Collectibles						
19	Food inventory.	Х	8	7 445	RETAIL	VALUE	
20	Drugs and medical supplies			7,110.	11221122	***************************************	
21	Taxidermy						
22	Historical artifacts	-					
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► (BINOCULARS/SCOP)		8	8 350	RETAIL	VALUE	
26	Other • ()	21	<u> </u>	0,330.	ТШТТТ	VIIIOI	
27	Other • ()						
28	Other ► ()						
	Number of Forms 8283 received by the organization of	luring the tay	year for contributions fo	r which the			
29	organization completed Form 8283, Part IV, Done				29		
	organization completed form 6250, fair iv, Bone	7 101111011110	290111011111111111111111111111111111111			Yes	No
						103	110
30a	During the year, did the organization receive by contr						
	hold for at least three years from the date of the initia purposes for the entire holding period?					30 a	V
L	o If 'Yes,' describe the arrangement in Part II.					55 a	X
	Does the organization have a gift acceptance poli	cy that requi	res the review of any r	on-standard contribution	one?	31 X	
		-	-			31 A	
	Does the organization hire or use third parties or noncash contributions?					32 a	Х
	If 'Yes,' describe in Part II.						
33	If the organization did not report an amount in column describe in Part II.	n (c) for a typ	e of property for which c	olumn (a) is checked,			

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2014)

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

BAA TEEA4602L 08/18/14 Schedule **M** (Form 990) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

POINT REYES BIRD OBSERVATORY DBA POINT BLUE CONSERVATION SCIENCE

Employer identification number 94-1594250

FORM 990, PART VI, LINE 1A

THE NUMBER OF VOTING MEMBERS OF POINT BLUE'S BOARD OF DIRECTORS REMAINED AT 18 IN FY 14-15. PER POINT BLUE BYLAWS, POINT BLUE'S BOARD MAY HAVE A MINIMUM OF 16 AND A MAXIMUM OF 25 MEMBERS. BOARD MEMBERS ARE ADDED OR RETIRED PER THE PROCESS DESCRIBED IN POINT BLUE'S BYLAWS.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

POINT BLUE'S MISSION IS TO CONSERVE BIRDS, OTHER WILDLIFE AND ECOSYSTEMS THROUGH SCIENTIFIC RESEARCH, RESTORATION, OUTREACH AND PARTNERSHIPS. POINT BLUE ADVANCES THE SCIENTIFIC BASIS OF CONSERVATION BY PROVIDING OBJECTIVE INFORMATION AND GUIDANCE TO HABITAT AND WILDLIFE MANAGERS AS WELL AS DECISION MAKERS. TO ACHIEVE THIS, THE ORGANIZATION CONDUCTS LONG-TERM ECOLOGICAL RESEARCH THAT SUPPLIES THE SCIENTIFIC FACTS NEEDED TO IDENTIFY, UNDERSTAND AND HELP RESOLVE CRITICAL ENVIRONMENTAL PROBLEMS.

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

INFORMATICS AND CLIMATE CHANGE GROUP

IS COMPOSED OF TWO MAJOR TEAMS. THE INFORMATICS AND INFORMATION TECHNOLOGY TEAM DEVELOPS TOOLS, FRAMEWORKS AND TECHNIQUES FOR MANAGING THE WEALTH OF SCIENTIFIC DATA COMPILED BY THE ORGANIZATION AND ITS PARTNERS, TRANSFORMING THOSE DATA INTO SUCCESSFUL CONSERVATION OUTCOMES AND ECOSYSTEM KNOWLEDGE, TO IMPROVE CONSERVATION DECISIONS THROUGHOUT CALIFORNIA AND AROUND THE WORLD. THIS TEAM IS ALSO RESPONSIBLE FOR MANAGING POINT BLUE'S WEBSITES, COMPUTER HARDWARE AND NETWORK INFRASTRUCTURE. THE CLIMATE CHANGE AND QUANTITATIVE ECOLOGY TEAM USES CUTTING-EDGE CLIMATE MODELS AND ANALYTICAL APPROACHES TO INCREASE UNDERSTANDING OF THE EFFECTS OF CLIMATE CHANGE AND THE EFFECTS OF MANAGEMENT RESPONSES TO CLIMATE CHANGE ON ECOSYSTEMS, WITH AN OVERARCHING GOAL OF IMPROVING THE RESILIENCE OF ECOSYSTEMS AND HUMAN COMMUNITIES TO ACCELERATING CHANGE. THIS TEAM ALSO ENSURES THAT POINT BLUE'S

SCIENTIFIC STUDY

Employer identification number 94-1594250

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

DESIGNS AND ANALYSES CONTINUE TO BE RIGOROUS, INNOVATIVE, AND RESPECTED BY THE SCIENTIFIC AND CONSERVATION COMMUNITIES.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

EDUCATION AND OUTREACH GROUP

MAINTAINS RESPONSIBILITY FOR SCIENTIFIC AND CONSERVATION OUTREACH, SCHOOL-BASED EDUCATION PROGRAMS INCLUDING A RESTORATION PROGRAM (STUDENTS AND TEACHERS RESTORING A WATERSHED - STRAW), PUBLIC EDUCATION PROGRAMS, MEDIA COMMUNICATIONS, WEBSITE COMMUNICATIONS, THE QUARTERLY (POINT BLUE'S NEWSLETTER), AND ASSISTING WITH MEMBER AND DONOR EVENTS AND CULTIVATION. IN ADDITION, THE GROUP HELPS THE ORGANIZATION COMMUNICATE ITS SCIENCE AND CONSERVATION RECOMMENDATIONS TO A VARIETY OF AUDIENCES, INCLUDING POLICY-MAKERS, LAND OWNERS AND RESOURCE MANAGERS.

REVENUES - \$671,649; EXPENSES - \$1,146,976

CALIFORNIA CURRENT GROUP

WORKS TO CONSERVE THE INTEGRITY OF THE CALIFORNIA CURRENT ECOSYSTEM TO HELP ENSURE HEALTHY POPULATIONS OF MARINE TOP PREDATORS AND SUSTAINABLE USES FOR HUMANS.

REVENUES - \$534,419; EXPENSES - \$1,072,004

SIERRA NEVADA GROUP

DESIGNS AND CONDUCTS INNOVATIVE AVIAN MONITORING AND RESEARCH, TO HELP GUIDE FOREST AND LAND MANAGEMENT DECISIONS AND TO IMPROVE CONSERVATION OUTCOMES ACROSS THE SIERRA NEVADA ECOSYSTEM.

REVENUES - \$664,669; EXPENSES - \$645,478

SAN FRANCISCO BAY GROUP

WORKS TO ENSURE THAT BAY AREA ECOSYSTEMS SUSTAIN THRIVING, DIVERSE WILDLIFE

Employer identification number 94-1594250

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

POPULATIONS AND PROVIDE MAXIMUM BENEFITS TO WILDLIFE AND HUMANS IN THE CONTEXT OF CLIMATE ADAPTATION AND LAND USE CHANGE. THE GROUP FOCUSES ON SCIENCE AND OUTREACH THAT INFLUENCES SHORELINE AND BAY LAND DEVELOPMENT, CLIMATE CHANGE ADAPTATION ACTIVITIES, ECOSYSTEM MANAGEMENT, HABITAT RESTORATION AND MITIGATION, AND ONGOING SCIENTIFIC MONITORING AND RESEARCH.

REVENUES - \$438,214; EXPENSES - \$496,593

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

POINT BLUE BYLAWS PROVIDE THE FOLLOWING RIGHTS TO ITS MEMBERS:

SECTION III A. RIGHT TO VOTE.

MEMBERS IN GOOD STANDING SHALL HAVE THE RIGHT TO VOTE, AS SET FORTH IN THESE BYLAWS, ON THE ELECTION OF DIRECTORS, THE DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION, ANY MERGER AND ITS PRINCIPAL TERMS OR ANY AMENDMENT OF THOSE TERMS, ANY ELECTION TO DISSOLVE THE CORPORATION AND ON ANY OTHER MATTER WHICH THESE BYLAWS REQUIRE TO BE SUBMITTED TO A VOTE OF MEMBERS. IN ADDITION, MEMBERS SHALL HAVE ALL RIGHTS AFFORDED MEMBERS UNDER THE CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION LAW. EACH MEMBER, REGARDLESS OF CLASS, SHALL BE ENTITLED TO ONE VOTE ON ALL MATTERS SUBMITTED TO A VOTE OF MEMBERS.

SECTION III F 1. ANNUAL MEETING.

AN ANNUAL MEETING OF MEMBERS SHALL BE HELD ON SUCH DATE, AT SUCH TIME AND PLACE AND ON SUCH NOTICE AS THE BOARD OF DIRECTORS SHALL DETERMINE. AT SUCH MEETING DIRECTORS SHALL BE ELECTED AS PROVIDED IN THESE BYLAWS AND SUCH OTHER PROPER BUSINESS AS MAY COME BEFORE THE MEETING SHALL BE TRANSACTED.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

III. MEMBERSHIP

A. RIGHT TO VOTE.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS (CC

MEMBERS IN GOOD STANDING SHALL HAVE THE RIGHT TO VOTE, AS SET FORTH IN THESE BYLAWS, ON THE ELECTION OF DIRECTORS, THE DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION, ANY MERGER AND ITS PRINCIPAL TERMS OR ANY AMENDMENT OF THOSE TERMS, ANY ELECTION TO DISSOLVE THE CORPORATION AND ON ANY OTHER MATTER WHICH THESE BYLAWS REQUIRE TO BE SUBMITTED TO A VOTE OF MEMBERS. IN ADDITION, MEMBERS SHALL HAVE ALL RIGHTS AFFORDED MEMBERS UNDER THE CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION LAW. EACH MEMBER, REGARDLESS OF CLASS, SHALL BE ENTITLED TO ONE VOTE ON ALL MATTERS SUBMITTED TO A VOTE OF MEMBERS.

B. DUES AND FEES.

EACH MEMBER MUST PAY, WITHIN THE TIME AND ON THE CONDITIONS SET BY THE BOARD OF DIRECTORS, THE DUES AND FEES FIXED BY THE BOARD FROM TIME TO TIME.

C. GOOD STANDING.

MEMBERS WHO HAVE PAID THE REQUIRED DUES AND FEES IN ACCORDANCE WITH THESE BYLAWS SHALL BE MEMBERS IN GOOD STANDING.

XIV. AMENDMENT OF BYLAWS

- A. SUBJECT TO THE LIMITATIONS SET FORTH IN PARAGRAPH B BELOW, THE BOARD MAY ADOPT, AMEND OR REPEAL BYLAWS UNLESS DOING SO WOULD ADVERSELY AFFECT MEMBERS' RIGHTS AS TO VOTING.
- B. WITHOUT THE APPROVAL OF THE MEMBERS, THE BOARD MAY NOT ADOPT, AMEND OR REPEAL ANY BYLAW WHICH WOULD:
 - 1. INCREASE OR EXTEND THE TERMS OF DIRECTORS;
 - 2. ALLOW ANY DIRECTOR TO HOLD OFFICE BY DESIGNATION OR SELECTION RATHER
 THAN BY ELECTION BY THE MEMBERS;
 - 3. INCREASE THE QUORUM FOR MEMBERS' MEETINGS;
 - 4. REPEAL, RESTRICT, CREATE, EXPAND OR OTHERWISE CHANGE PROXY RIGHTS; OR

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS (CC

- 5. AUTHORIZE CUMULATIVE VOTING.
- C. NEW BYLAWS MAY BE ADOPTED, OR THESE BYLAWS MAY BE AMENDED OR REPEALED, BY APPROVAL OF THE MEMBERS ON RECOMMENDATION OF THE BOARD OF DIRECTORS. NO AMENDMENT MAY EXTEND THE TERM OF A DIRECTOR BEYOND THAT FOR WHICH THE DIRECTOR WAS ELECTED.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A DRAFT OF FORM 990 WAS PREPARED AND PRESENTED TO THE CHAIRS OF THE FINANCE

COMMITTEE AND BOARD VIA EMAIL. THE CFO THEN REVIEWED FORM 990 IN DETAIL WITH THE

RESPECTIVE CHAIRS THROUGH A JOINT CONFERENCE CALL. AFTER THEIR REVIEW THE FORM 990

WAS FINALIZED AND APPROVED FOR FILING. FORM 990 WAS SUBSEQUENTLY EMAILED TO THE

FULL FINANCE COMMITTEE AND BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

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

POINT BLUE REGULARLY ENFORCES AND MONITORS ITS CONFLICT OF INTEREST POLICY WITH A

SIGNED ANNUAL STATEMENT FROM THEIR DIRECTORS, OFFICERS AND MEMBERS OF THE EXECUTIVE

COMMITTEE.

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

IN FY 14-15 THE C.E.O.'S SALARY WAS REVISED AND DETERMINED BY THE HUMAN RESOURCES

(HR) AND EXECUTIVE COMMITTEE OF POINT BLUE'S BOARD OF DIRECTORS. DURING THE ANNUAL

BUDGET PROCESS, THE HR COMMITTEE SOLICITS AND COLLECTS PERFORMANCE REVIEWS FOR THE

C.E.O. FROM ALL SENIOR MANAGEMENT PERSONNEL AND BOARD MEMBERS. PRIOR TO THE

COMPLETION OF THE BUDGET, THE EXECUTIVE COMMITTEE MEETS TO REVIEW THE FOLLOWING

FACTORS: PERFORMANCE REVIEWS, INDEPENDENTLY PRODUCED COMPARATIVE SALARY DATA FOR THE

SAN FRANCISCO BAY AREA*, THE DEPTH AND BREADTH OF THE C.E.O.'S JOB RESPONSIBILITIES,

THE SIZE AND COMPLEXITY OF THE ORGANIZATION, THE RELATIONSHIP OF THE C.E.O.'S

COMPENSATION RELATIVE TO OTHER POINT BLUE EMPLOYEES AND BUDGET CONSIDERATIONS.

BASED ON THESE FACTORS, THE EXECUTIVE COMMITTEE DETERMINES WHETHER THE CURRENT

Name of the organization POINT REYES BIRD OBSERVATORY	Employer identification number
DBA POINT BLUE CONSERVATION SCIENCE	94-1594250

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES (C SALARY IS APPROPRIATE AND WHAT MERIT INCREASE, IF ANY, IS WARRANTED.

IN FY 14-15, ALL SENIOR MANAGEMENT SALARIES (CFO, CONTROLLER, CHIEF CONSERVATION SCIENCE OFFICER, AND GROUP DIRECTORS) WERE REVIEWED AND DETERMINED BY THE HR AND EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND/OR THE C.E.O. USING COMPARATIVE DATA FOR NON-PROFIT ORGANIZATIONS IN THE SAN FRANCISCO BAY AREA, AND USING A SIMILAR PROCESS AS DESCRIBED ABOVE FOR THE C.E.O..

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

POINT BLUE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS PUBLIC BY POSTING THEM TO ITS WEBSITE AT WWW.POINTBLUE.ORG.

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-
	TOTAL	SERVICES	& GENERAL	RAISING
OTHER PROFESSIONAL SERVICES TOTAL	1,433,878. \$ 1,433,878.	1,264,402. \$ 1,264,402.	93,639. \$ 93,639.	75,837. 75,837.
FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FI	UND BALANCES			
IN-KIND EXPENSES			\$ TOTAL \$	-2,400. -2,400.