Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

EIDE BAILLY ADVISORY LLC
2901 DOUGLAS BLVD, STE 290
ROSEVILLE, CA 95661
(916) 774-4208

October 21, 2026

Steffanie Gamecho
Point Lobos Foundation
PO Box 221789
Carmel, CA 93922

Dear Steffanie:

Your 2025 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2025 California Exempt Organization Annual Information Return will be electronically filed with the Franchise Tax Board upon receipt of a signed Form 8453-EO. No tax is payable with the filing of this return.

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of $200 payable by November 16, 2026. Make the check or money order payable to "Department of Justice" and mail your California report on or before November 16, 2026 to:

REGISTRY OF CHARITIES AND FUNDRAISERS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Sincerely,

Bradley J. Bartells, CPA

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2025 FEDERAL EXEMPT ORGANIZATION TAX SUMMARY

POINT LOBOS FOUNDATION **94-2546064**

	2025	2024	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS	954,551	849,723	104,828
INVESTMENT INCOME	96,770	79,859	16,911
OTHER REVENUE	144,102	119,306	24,796
TOTAL REVENUE	1,195,423	1,048,888	146,535
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID	229,470	260,465	-30,995
SALARIES, OTHER COMPEN., EMP. BENEFITS	364,377	352,024	12,353
OTHER EXPENSES	281,190	238,625	42,565
TOTAL EXPENSES	875,037	851,114	23,923
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES	320,386	197,774	122,612
TOTAL ASSETS AT END OF YEAR	2,786,927	2,326,096	460,831
TOTAL LIABILITIES AT END OF YEAR	68,157	53,736	14,421
NET ASSETS/FUND BALANCES AT END OF YEAR	2,718,770	2,272,360	446,410

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POINT LOBOS FOUNDATION **94-2546064**

	2025	2024	DIFF
RECEIPTS AND REVENUES			
GROSS SALES OR RECEIPTS	478,550	580,885	-102,335
GROSS CONTRIBUTIONS, GIFTS, & GRANTS	954,551	849,723	104,828
TOTAL GROSS RECEIPTS	1,433,101	1,430,608	2,493
TOTAL COSTS	226,254	349,640	-123,386
TOTAL GROSS INCOME	1,206,847	1,080,968	125,879
EXPENSES			
TOTAL EXPENSES	823,551	879,001	-55,450
EXCESS RECEIPTS OVER EXPENSES	383,296	201,967	181,329
FILING FEE			
FILING FEE	0	0	0
BALANCE DUE	0	0	0

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POINT LOBOS FOUNDATION **94-2546064**

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH G, SCH I, 8868
CALIFORNIA: 199, SCH B, 3885, 8453-EO (199), E-FILE INSTRUCTIONS, RRF-1

PDF ATTACHMENTS

AUTO-ATTACH PDFS WILL BE ADDED TO THE LIST AFTER THE E-FILE IS SUBMITTED

FEDERAL

990, RESTATED BYLAWS _ SIGNED_DATED.PDF

CALIFORNIA

RESTATED BYLAWS _ SIGNED_DATED.PDF

CARRYOVERS TO 2026

NONE

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Form **8868**
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to *www.irs.gov/Form8868* for the latest information.

OMB No. 1545-0047

Electronic filing *(e-file).* You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I — Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
POINT LOBOS FOUNDATION	94-2546064

Number, street, and room or suite number. If a P.O. box, see instructions.
PO BOX 221789

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
CARMEL, CA 93922

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (section 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.
  Plan Name _____
  Plan Number _____.
  Plan Year Ending (MM/DD/YYYY)

Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of STEFFANIE GAMECHO PO BOX 221789 CARMEL CA 93922 _____
Telephone No. 866-338-7227 _____. Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box . . . . . ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____.
  If this is for the whole group, check this box . . . . . ☐
  If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for . . . . . ☐

1 I request an automatic 6-month extension of time until 11/15 _____, 20 26 _, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 25 or
☐ tax year beginning _____, 20 ___, and ending _____, 20 ___.

2 If the tax year entered in line 1 is for less than 12 months, check reason:
☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	**3a**	$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	**3c**	$ 0.

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Form **990**

Department of the Treasury
Internal Revenue Service

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.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C
POINT LOBOS FOUNDATION
PO BOX 221789
CARMEL, CA 93922

D Employer identification number: 94-2546064

E Telephone number: 866-338-7227

G Gross receipts $ 1,433,101.

F Name and address of principal officer: STEFFANIE GAMECHO
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? If "No," attach a list. See instructions. ☐ Yes ☐ No

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.POINTLOBOS.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other | **L** Year of formation: 1978 | **M** State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	3
6	Total number of volunteers (estimate if necessary)	6	246
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	849,723.	954,551.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	79,859.	96,770.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	119,306.	144,102.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,048,888.	1,195,423.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	260,465.	229,470.
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)	352,024.	364,377.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) 53,505.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	238,625.	281,190.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	851,114.	875,037.
19	Revenue less expenses. Subtract line 18 from line 12	197,774.	320,386.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,326,096.	2,786,927.
21	Total liabilities (Part X, line 26)	53,736.	68,157.
22	Net assets or fund balances. Subtract line 21 from line 20	2,272,360.	2,718,770.

Part II Signature Block

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

Sign Here

Signature of officer — Date

STEFFANIE GAMECHO — EXECUTIVE DIR.
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BRADLEY J. BARTELLS, CPA	BRADLEY J. BARTELLS, CPA			P02363556

Firm's name: EIDE BAILLY ADVISORY LLC
Firm's address: 2901 DOUGLAS BLVD, STE 290
ROSEVILLE, CA 95661
Firm's EIN: 42-3603499
Phone no. (916) 774-4208

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

TO PROTECT AND NURTURE POINT LOBOS STATE NATURAL RESERVE, TO EDUCATE AND INSPIRE VISITORS TO PRESERVE ITS UNIQUE NATURAL AND CULTURAL RESOURCES, AND TO STRENGTHEN THE NETWORK OF CARMEL AREA STATE PARKS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ **Yes** ☒ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ **Yes** ☒ **No**

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 304,744. including grants of $) (Revenue $ 71,915.)

SEE SCHEDULE O

4b (Code:) (Expenses $ 281,324. including grants of $) (Revenue $ 144,956.)

SEE SCHEDULE O

4c (Code:) (Expenses $ 100,553. including grants of $) (Revenue $ 55,301.)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 686,621.

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
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		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		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*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	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? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*. See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	X	

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash 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? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	13		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. **2a** 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O.*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
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**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O.*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	**17**		

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	**1a** 12		
b	Enter the number of voting members included on line 1a, above, who are independent	**1b** 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	**3**		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? SEE SCH O	**4**	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**		X
6	Did the organization have members or stockholders?	**6**		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	**8a**	X	
b	Each committee with authority to act on behalf of the governing body?	**8b**	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O.*	**9**		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		X
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?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done* . . . SEE SCHEDULE O	**12c**	X	
13	Did the organization have a written whistleblower policy?	**13**	X	
14	Did the organization have a written document retention and destruction policy?	**14**	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . SEE SCHEDULE O	**15a**	X	
b	Other officers or key employees of the organization . . . SEE SCHEDULE O	**15b**	X	
	If "Yes" to line 15a or 15b, describe the process on 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?	**16a**		X
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?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.

X Own website X Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

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

STEFFANIE GAMECHO PO BOX 221789 CARMEL CA 93922 866-338-7227

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEFFANIE GAMECHO	40									
EXECUTIVE DIR.	0			X				128,958.	0.	9,539.
(2) JAY SINCLAIR	2									
BOARD MEMBER	0	X						0.	0.	0.
(3) ANN PENDLETON	2									
SECRETARY	0	X		X				0.	0.	0.
(4) VIRDETTE BRUMM	2									
BOARD MEMBER	0	X						0.	0.	0.
(5) HOLLY CARLIN	2									
TREASURER	0	X		X				0.	0.	0.
(6) BETTY MAURUTTO	5									
BOARD PRESIDENT	0	X		X				0.	0.	0.
(7) RUTH RODRIGUEZ	2									
BOARD MEMBER	0	X						0.	0.	0.
(8) REG HENRY	2									
BOARD MEMBER	0	X						0.	0.	0.
(9) SUSAN ELIOT	2									
BOARD MEMBER	0	X						0.	0.	0.
(10) SARAH HARDGRAVE	2									
BOARD MEMBER	0	X						0.	0.	0.
(11) DON BLOHOWIAK	2									
VICE PRESIDENT	0	X		X				0.	0.	0.
(12) SUSAN WOLFE	2									
BOARD MEMBER	0	X						0.	0.	0.
(13) JOHN HILES	2									
STATE PARK MNGR	0	X						0.	0.	0.
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b **Subtotal**								128,958.	0.	9,539.
c **Total from continuation sheets to Part VII, Section A**								0.	0.	0.
d **Total (add lines 1b and 1c)**								128,958.	0.	9,539.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 1

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

Section B. Independent Contractors

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

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

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

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	360,875.				
	c Fundraising events	1c	8,936.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	584,740.				
	g Noncash contributions included in lines 1a-1f	1g	8,936.				
	h **Total.** Add lines 1a-1f			954,551.			
Program Service Revenue		Business Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			70,692.			70,692.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	137,766.				
	b Less: cost or other basis and sales expenses	7b	111,688.				
	c Gain or (loss)	7c	26,078.				
	d Net gain or (loss)			26,078.			26,078.
	8a Gross income from fundraising events (not including $ 8,936. of contributions reported on line 1c). See Part IV, line 18	8a	6,959.				
	b Less: direct expenses	8b	11,424.				
	c Net income or (loss) from fundraising events			-4,465.			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a	212,988.				
	b Less: cost of goods sold	10b	114,566.				
	c Net income or (loss) from sales of inventory			98,422.			98,422.
Miscellaneous Revenue		Business Code					
	11a OTHER INCOME	900099		50,145.	50,145.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			50,145.			
	12 **Total revenue.** See instructions			1,195,423.	50,145.	0.	195,192.

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	229,470.	229,470.		
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 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	138,498.	95,356.	27,113.	16,029.
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	177,583.	122,230.	34,939.	20,414.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,552.	1,686.	611.	255.
9 Other employee benefits	21,312.	15,187.	3,045.	3,080.
10 Payroll taxes	24,432.	16,818.	4,792.	2,822.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,365.		2,365.	
c Accounting	32,833.	4,758.	27,426.	649.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,290.		14,290.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	17,550.	16,900.	650.	
12 Advertising and promotion				
13 Office expenses	4,841.	2,449.	726.	1,666.
14 Information technology	8,800.	4,870.	1,007.	2,923.
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,344.	1,044.	300.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,292.	5,292.	500.	500.
23 Insurance	6,911.	3,505.	1,703.	1,703.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DOCENT/VISITOR/YOUTH/RESERVE S	146,449.	143,961.	1,244.	1,244.
b MEMBERSHIP EXPENSES	32,486.	31,295.		1,191.
c MISCELLANEOUS	4,552.	1,776.	2,776.	
d FUND DEVELOPMENT	2,477.	1,448.		1,029.
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	875,037.	698,045.	123,487.	53,505.
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)				

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Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash — non-interest-bearing	294,231.	1	155,691.
	2	Savings and temporary cash investments	496,919.	2	810,212.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	111,836.	4	255,182.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	36,087.	8	40,305.
	9	Prepaid expenses and deferred charges	1,751.	9	1,020.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 106,214.			
	b	Less: accumulated depreciation — 10b: 102,679.	7,828.	10c	3,535.
	11	Investments — publicly traded securities	1,372,027.	11	1,517,565.
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets	5,417.	14	3,417.
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	2,326,096.	16	2,786,927.
Liabilities	17	Accounts payable and accrued expenses	53,736.	17	68,157.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	53,736.	26	68,157.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.** ☒			
	27	Net assets without donor restrictions	1,705,882.	27	2,165,313.
	28	Net assets with donor restrictions	566,478.	28	553,457.
		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ☐			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	2,272,360.	32	2,718,770.
	33	Total liabilities and net assets/fund balances	2,326,096.	33	2,786,927.

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,195,423.
2	Total expenses (must equal Part IX, column (A), line 25)	2	875,037.
3	Revenue less expenses. Subtract line 2 from line 1	3	320,386.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,272,360.
5	Net unrealized gains (losses) on investments	5	126,024.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,718,770.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization	Employer identification number
POINT LOBOS FOUNDATION	94-2546064

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☒ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
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)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) **14** %

15 Public support percentage from 2024 Schedule A, Part II, line 14 **15** %

16a **33-1/3% support test—2025.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33-1/3% support test—2024.** 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 ☐

17a **10%-facts-and-circumstances test—2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	612,053.	710,567.	747,801.	849,623.	954,551.	3,874,595.
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	43,527.	57,147.	66,443.	71,901.	98,422.	337,440.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	21,785.	-9,034.	16,934.	17,366.	26,078.	73,129.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 **Total.** Add lines 1 through 5	677,365.	758,680.	831,178.	938,890.	1,079,051.	4,285,164.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 **Public support.** (Subtract line 7c from line 6.)						4,285,164.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6	677,365.	758,680.	831,178.	938,890.	1,079,051.	4,285,164.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	26,395.	24,418.	36,938.	62,493.	70,692.	220,936.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	26,395.	24,418.	36,938.	62,493.	70,692.	220,936.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	20,000.	7,733.	42,034.	47,405.	50,145.	167,317.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	723,760.	790,831.	910,150.	1,048,788.	1,199,888.	4,673,417.

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	91.69 %
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	91.45 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	4.73 %
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	4.27 %

19a **33-1/3% support tests—2025.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33-1/3% support tests—2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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.*		
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).*		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*		
b	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.*		
c	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.*		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*		
b	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.*		
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.*		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c 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).*		
b	**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?		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*		
9a	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.***		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***		
c	Did a disqualified person (as defined on line 9a) 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.***		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*		
b	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.)*		

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Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**	
b	A family member of a person described on line 11a above?	**11b**	
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax* year.	**1**	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**	

Section 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).***

- **a** ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (see instructions).*

		Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**	
3	Parent of Supported Organizations. ***Answer lines 3a, 3b, and 3c below.***		
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* ***Part VI.***	**3a**	
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," *describe in* ***Part VI*** *the role played by the organization in this regard.*	**3b**	
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI.***	**3c**	

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	Depreciation and depletion	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		

Section 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C — Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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 integrated Type III supporting organization (see instructions).

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Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D — Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required — *provide details in* ***Part VI***)	**5**	
6 **Total annual distributions.** Add lines 1 through 5.	**6**	
7 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	**7**	
8 Distributable amount for 2025 from Section C, line 6	**8**	
9 Line 7 amount divided by line 8 amount	**9**	

Section E — Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required — *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

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Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2025	2024	2023	2022	2021
OTHER INCOME	$ 50,145.	$ 53,721.	$ 42,034.	$ 7,733.	$ 20,000.
FUNDRAISING EVENTS		-6,316.			
TOTAL	$ 50,145.	$ 47,405.	$ 42,034.	$ 7,733.	$ 20,000.

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Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

Name of the organization	Employer identification number
POINT LOBOS FOUNDATION	94-2546064

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (**1**) $5,000; or (**2**) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year. . . . . $ _____

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

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Name of organization	Employer identification number
POINT LOBOS FOUNDATION	94-2546064

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 20,128.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 124,799.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 8,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization	Employer identification number
POINT LOBOS FOUNDATION	94-2546064

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization	Employer identification number
POINT LOBOS FOUNDATION	94-2546064

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 40,869.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization	Employer identification number
POINT LOBOS FOUNDATION	94-2546064

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21		$ 17,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Name of organization: POINT LOBOS FOUNDATION

Employer identification number: 94-2546064

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 49,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28		$ 5,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Name of organization: POINT LOBOS FOUNDATION

Employer identification number: 94-2546064

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33		$ 5,204.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34		$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Name of organization	Employer identification number
POINT LOBOS FOUNDATION	94-2546064

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	$	

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

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

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

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

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

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Name of organization	Employer identification number
POINT LOBOS FOUNDATION	94-2546064

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), 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 *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) . . . . . $ N/A
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship 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) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship 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) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship 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) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship of transferor to transferee**

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

POINT LOBOS FOUNDATION

Employer identification number

94-2546064

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 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 impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 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	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included on line 2a	2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $ _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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. SEE PART XIII

b If the organization elected, as permitted under FASB 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 on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 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 FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a [X] Public exhibition
- b [ ] Scholarly research
- c [ ] Preservation for future generations
- d [ ] Loan or exchange program
- e [ ] Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. SEE PART XIII

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

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? [ ] Yes [ ] No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [ ] Yes [ ] No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII [ ]

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

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

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		62,755.	61,478.	1,277.
e Other		43,459.	41,201.	2,258.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				3,535.

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Part VII Investments — Other Securities

N/A

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, column (B))*		

Part VIII Investments — Program Related

N/A

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 13, column (B))*		

Part IX Other Assets

N/A

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

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

Part X Other Liabilities

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . . . . . SEE PART XIII. [X]

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

PART III, LINE 1A - F/S FOOTNOTE FOR ART, TREASURES, ETC.

THE FOUNDATION'S COLLECTIONS ARE MADE UP OF ARTIFACTS AND DOCUMENTS OF HISTORICAL SIGNIFICANCE, SCIENTIFIC SPECIMENS AND ART OBJECTS THAT ARE HELD FOR EDUCATIONAL AND CURATORIAL PURPOSES. THESE ITEMS ARE CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE MAJORITY OF THE COLLECTION IS ON DISPLAY AT THE WHALERS CABIN AND THE WHALING STATION MUSEUM BUILDINGS AT POINT LOBOS STATE NATURAL RESERVE. THE OBJECTS IN THE COLLECTION WERE ACQUIRED OVER SEVERAL YEARS AND HAVE AN APPRAISED

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Part XIII Supplemental Information *(continued)*

PART III, LINE 1A - F/S FOOTNOTE FOR ART, TREASURES, ETC. (CONTINUED)

VALUE OF $142,905. THESE COLLECTION ITEMS ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION. DURING THE FISCAL YEARS ENDED DECEMBER 31, 2025 AND 2024, THERE WERE NO ACCESSIONS OR DEACCESSIONS. DURING 2025, THE MAJORITY OF THE FOUNDATION'S ARTIFACT COLLECTION WAS TRANSFERRED TO THE CALIFORNIA DEPARTMENT OF PARKS AND RECREATION. IN ADDITION, SIX ARTIFACTS ARE ON LONG-TERM LOAN TO THE CALIFORNIA DEPARTMENT OF PARKS AND RECREATION AND ARE CURRENTLY IN ITS POSSESSION. ARCHIVAL MATERIALS REMAIN UNDER THE FOUNDATION'S OWNERSHIP AND IN ITS POSSESSION.

PART III, LINE 4 - DESCRIPTION OF ORGANIZATION COLLECTIONS & HOW FURTHERS EXEMPT PURPOSE

THE FOUNDATION'S COLLECTIONS ARE MADE UP OF ARTIFACTS AND DOCUMENTS OF HISTORICAL SIGNIFICANCE, SCIENTIFIC SPECIMENS AND ART OBJECTS THAT ARE HELD FOR EDUCATIONAL AND CURATORIAL PURPOSES. THESE ITEMS ARE CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE MAJORITY OF THE COLLECTION IS ON DISPLAY AT THE WHALERS CABIN AND THE WHALING STATION MUSEUM BUILDINGS AT POINT LOBOS STATE NATURAL RESERVE. THE OBJECTS IN THE COLLECTION WERE ACQUIRED OVER SEVERAL YEARS AND HAVE AN APPRAISED VALUE OF $142,905. THESE COLLECTION ITEMS ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION. DURING THE FISCAL YEARS ENDED DECEMBER 31, 2025 AND 2024, THERE WERE NO ACCESSIONS OR DEACCESSIONS. DURING 2025, THE MAJORITY OF THE FOUNDATION'S ARTIFACT COLLECTION WAS TRANSFERRED TO THE CALIFORNIA DEPARTMENT OF PARKS AND RECREATION. IN ADDITION, SIX ARTIFACTS ARE ON LONG-TERM LOAN TO THE CALIFORNIA DEPARTMENT OF PARKS AND RECREATION AND ARE CURRENTLY IN ITS POSSESSION. ARCHIVAL MATERIALS REMAIN UNDER THE FOUNDATION'S OWNERSHIP AND IN ITS POSSESSION.

PART X - FASB ASC 740 FOOTNOTE

THE FOUNDATION IS A TAX-EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 509(A)(2) UNDER SECTION 501(C)(3) AND RELATED CALIFORNIA CODE SECTIONS. THE FOUNDATION MAY BE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME. NO ESTIMATED UNRELATED BUSINESS INCOME TAX WAS RECORDED FOR THE YEARS ENDED DECEMBER 31, 2025 AND

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Part XIII Supplemental Information *(continued)*

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

2024.

THE FOUNDATION FOLLOWS THE GUIDANCE OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES, FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD MAINTAINED ITS TAX-EXEMPT STATUS AND HAD NOT TAKEN UNCERTAIN TAX POSITIONS THAT REQUIRED ADJUSTMENT TO THE FINANCIAL STATEMENTS.

THE FOUNDATION HAD NO INTEREST AND PENALTIES RELATED TO INCOME TAXES FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024.

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

SCHEDULE G (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
POINT LOBOS FOUNDATION

Employer identification number
94-2546064

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

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							0.

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

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

		(a) Event #1 MOONLIGHT WALK (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	15,895.			15,895.
	2 Less: Contributions	8,936.			8,936.
	3 Gross income (line 1 minus line 2)	6,959.			6,959.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	280.			280.
	7 Food and beverages	768.			768.
	8 Entertainment	550.			550.
	9 Other direct expenses	9,826.			9,826.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				11,424.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-4,465.

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

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

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

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

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter the name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

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

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

POINT LOBOS FOUNDATION

Employer identification number

94-2546064

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☒ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CALIFORNIA STATE PARKS 2211 GARDEN ROAD MONTEREY, CA 93940			99,235.	0.			TRAIL MAINT AND PARKS PROGRAMS
(2) COMMUNITY FDN FOR MONTEREY CT 2354 GARDEN ROAD MONTEREY, CA 93940	94-2473415	501(C)(3)	50,000.	0.			TO SUPPORT THE EFFORTS OF PARK-IT!
(3) COMMUNITY PARTNERSHIP FOR YOU PO BOX 42 MONTEREY, CA 93942	77-0310237	501(C)(3)	12,075.	0.			TRANSPORTATION REIMBURSEMENT
(4) UNITED STATED GEOLOGICAL SURV 12201 SUNRISE VALLEY DR RESTON, VA 20192			5,250.	0.			BAT RESEARCH
(5)							
(6)							
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4

3 Enter total number of other organizations listed in the line 1 table 0

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

SCHEDULE O
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization
POINT LOBOS FOUNDATION

Employer identification number
94-2546064

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

RESERVE STEWARDSHIP, INCLUDING NATURAL AND CULTURAL RESOURCE PROTECTION AND PUBLIC USE AREA IMPROVEMENTS; INTERPRETIVE EDUCATION TO FOSTER VISITOR APPRECIATION OF POINT LOBOS STATE NATURAL RESERVE; TRAIN AND SUPPORT A DOCENT CORPS OF ~ 200 VOLUNTEERS; PROVIDE YOUTH NATURE PROGRAMS.

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

VISITOR SERVICES

EDUCATE VISITORS TO ENHANCE THEIR APPRECIATION, UNDERSTANDING, AND SUPPORT OF POINT LOBOS STATE NATURAL RESERVE THROUGH VARIOUS CHANNELS INCLUDING MAGAZINES, NEWSLETTERS, WEBSITE, DIGITAL APP, MULTILINGUAL BROCHURES, PUBLIC EVENTS, AND MEETINGS. IN 2025, WE SERVED 5,326 STUDENTS BY FUNDING THE DOCENT-LED SCHOOL OUTREACH PROGRAM WHICH PROVIDES GUIDED WALKS TO SCHOOLS IN THE MONTEREY AND SALINAS VALLEY AREA. TOTAL EXPENSES $316,168.25, RESTRICTED FUNDING OF $71,915.11.

INCLUDING FUNDING FOR THE FOLLOWING PROJECTS IN 2025:

•MIGRATED THE DISCOVER POINT LOBOS APP DATA TO A NEW WEBSITE (WWW.DISCOVERPOINTLOBOS.ORG) MAKING THE INTERPRETIVE MATERIALS EASIER FOR TEACHERS AND STUDENTS TO ACCESS ACROSS DEVICES.

•FUNDED THE REPLACEMENT OF (10) BENCHES IN POINT LOBOS AND AT CARMEL RIVER STATE BEACH.

•FUNDED IMPROVEMENTS TO TECHNOLOGY USED BY THE PORTS PROGRAM AT POINT LOBOS.

•PROVIDED FUNDING TO SUPPORT THE ROLE OF A CA STATE PARKS INTERPRETER OF INDIGENOUS PROGRAMS.

•SUPPORTED THE INTERPRETIVE MATERIALS AND PROGRAM NEEDS OF THE SCHOOL OUTREACH COMMITTEE AT POINT LOBOS INCLUDING FUNDING THE TRANSPORTATION AND ENTRY COSTS OF

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

SCHEDULE O
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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Attach to Form 990 or Form 990-EZ.
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OMB No. 1545-0047

Open to Public Inspection

Name of the organization
POINT LOBOS FOUNDATION

Employer identification number
94-2546064

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

TITLE 1 STUDENTS AND SUMMER WALKS WITH UNDERSERVED YOUTH FROM CHISPA AT POINT LOBOS, INTERPRETIVE MATERIALS AND EQUIPMENT FOR VIRTUAL AND IN-PERSON LEARNING, AND BOOKMARKS, COLORING BOOKS, AND TOTE BAGS GIVEN TO OUT TO TITLE 1 STUDENTS AND TEACHERS VISITING THE RESERVE.

•PROVIDED FREE INFORMATIONAL BROCHURES ON THE FLORA AND FAUNA LOCATED WITHIN THE RESERVE.

•SUPPORTED THE SUMMER ADVENTURES SUMMER CAMP HOSTED BY CA STATE PARKS AND AWARDED SCHOLARSHIPS TO 25 LOCAL CHILDREN FROM UNDERSERVED COMMUNITIES THROUGH COMMUNITY PARTNERSHIP FOR YOUTH TO ATTEND THE SUMMER CAMP.

•SUPPORTED PUBLIC BIRD AND WILDFLOWER WALKS LED BY CA STATE PARKS AT ISHXENTA STATE PARK.

•FUNDED (2) ISSUES OF THE POINT LOBOS MAGAZINE AS A FREE MEMBERSHIP BENEFIT AND ALSO AVAILABLE FOR PURCHASE AT THE RESERVE. FUNDED (1) SPECIAL MAGAZINE ISSUE FOR DONORS THAT CONTRIBUTE $500 OR MORE ANNUALLY.

•HOSTED OUR ANNUAL MEMBER APPRECIATION EVENT, THE MOONLIGHT WALK WHICH INCLUDED LIVE MUSIC AND FREE, GUIDED WALKS.

•SUPPORTED THE TRANSLATION OF OUR POPULAR FREE BROCHURES INTO SPANISH.

•CONTINUED TO SUPPORT THE MIGRATION OF OUR CURRENT ARCHIVE OF HISTORICAL ITEMS TO AN ONLINE DATABASE TO BE USED AS A FUTURE TEACHING RESOURCE FOR THE DOCENT CORPS AND PUBLIC AND CONTINUED TO SUPPORT THE MAINTENANCE OF HISTORICAL WHALERS CABIN AND THE MUSEUM.

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

RESERVE STEWARDSHIP, INCLUDING NATURAL AND CULTURAL RESOURCE PROTECTION AND PUBLIC USE IMPROVEMENTS TO ENHANCE VISITOR EXPERIENCE AND SAFETY, AND SUPPORT OF THE CARMEL AREA STATE PARKS' GENERAL PLAN. TOTAL EXPENSES $281,323.57; RESTRICTED FUNDING OF

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

SCHEDULE O
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization
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94-2546064

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

$144,955.76.

INCLUDING FUNDING FOR THE FOLLOWING PROJECTS IN 2025:

•IMPORTANT TRAILS AND MAINTENANCE AT THE RESERVE.

•FUNDED THE FIRST PHASE OF A MULTI-PHASE UTILITIES ASSESSMENT FOR HUDSON HOUSE FOR FUTURE PUBLIC USE.

•FUNDED THE FIRST PHASES OF A MULTI-PHASE UTILITIES ASSESSMENT FOR POINT LOBOS STATE NATURAL RESERVE, CARMEL RIVER STATE BEACH, AND ISHXENTA STATE PARK.

•FUNDED THE REMOVAL AND TRIMMING OF TREES AT CARMEL RIVER STATE BEACH.

•FUNDED THE INSTALLATION OF (7) NEW WASTE AND RECYCLING RECEPTACLES THROUGHOUT POINT LOBOS.

•PURCHASED CHORUS UNITS AND A SUBSCRIPTION TO SONOBAT TO BE USED FOR NATIVE BAT AND BIRD SPECIES RESEARCH AT POINT LOBOS STATE NATURAL RESERVE AND ISXHENTA STATE PARK.

•SUPPORTED THE RESEARCH BY USGS OF NATIVE BAT RESEARCH ALONG THE CALIFORNIA COAST, INCLUDING SPECIES RESEARCH AT POINT LOBOS STATE NATURAL RESERVE.

•CONTINUED COMMITMENT TO PARKIT!, A COMMUNITY-BASED INITIATIVE TO IMPROVE TRAFFIC SAFETY AND SUSTAINABILITY AND PARKLANDS ACCESS ON THE MONTEREY PENINSULA AND BIG SUR WITH PHASE 1 FOCUSING SOLELY ON SOLVING THE TRAFFIC SAFETY ISSUES AT POINT LOBOS STATE NATURAL RESERVE

•SUPPORTED THE REMOVAL OF INVASIVE SPECIES AND RESTORATION OF HABITAT WITHIN THE RESERVE.

•PURCHASED DANGEROUS WAVES SIGNAGE FOR USE AT CARMEL RIVER STATE BEACH.

•CONTINUED IMPORTANT MAINTENANCE PROJECTS AT HUDSON HOUSE.

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

SCHEDULE O
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization
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Employer identification number
94-2546064

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

DOCENT SUPPORT

TO ENHANCE THE VISITOR EXPERIENCE BY SUPPORTING POINT LOBOS DOCENTS, STATE PARK VOLUNTEERS WHO GREET VISITORS, INTERPRET THE NATURAL AND CULTURAL RESOURCES AND LEAD WALKS FOR VISITOR GROUPS. IN 2025, THE NUMBER OF LONG-TERM DOCENTS INCREASED TO 235 AND 22 SCHOOL WALK GUIDES AND THEIR VOLUNTEER HOURS TOTALED 32,643 HOURS. TOTAL EXPENSES $100,553.33, RESTRICTED FUNDING OF $55,300.53.

•DOCENT ADMINISTRATION AND SUPPORT INCLUDING DOCENT AND SCHOOL WALK GUIDE UNIFORMS, OFFICE SUPPLIES AND MAINTENANCE EXPENSES.
•DOCENT TRAINING AND CONTINUING EDUCATION SUPPORT, INCLUDING MONTHLY DOCENT MEETINGS, INFORMATIONAL GUEST SPEAKERS, AND TRAINING MATERIALS.
•PURCHASE OF INTERPRETIVE MATERIALS AND MAINTENANCE FOR THE LOCATION-BASED SERVICES AT THE RESERVE (INFORMATION STATION, MINT, AND WHALERS CABIN).
•DOCENT EVENTS AND RECOGNITION INCLUDING THE ANNUAL DOCENT APPRECIATION DINNER.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

THE AMENDED AND RESTATED BYLAWS WERE REVISED IN SEVERAL GOVERNANCE AREAS THAT ARE DISCLOSED ON FORM 990, PART VI, LINE 4. THESE AMENDMENTS WERE ADOPTED DURING THE TAX YEAR BEING FILED AND WERE NOT PREVIOUSLY REPORTED.

THE STRUCTURE AND OPERATION OF THE BOARD OF DIRECTORS WERE REVISED. THE NUMBER OF AUTHORIZED DIRECTORS OF THE CORPORATION WAS SET TO NO LESS THAN NINE (9) AND NO MORE THAN FIFTEEN (15), UNLESS CHANGED BY AMENDMENT. THE EXACT NUMBER OF AUTHORIZED DIRECTORS SHALL BE FIXED WITHIN SUCH RANGE BY A RESOLUTION DULY ADOPTED BY THE BOARD OF DIRECTORS. DIRECTOR ELIGIBILITY WAS TIED TO BEING A "MEMBER" UNDER SECTION 3.2, AND

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

SCHEDULE O
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
POINT LOBOS FOUNDATION

Employer identification number
94-2546064

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

LOSS OF GOOD STANDING WAS ADDED OR CLARIFIED AS A POTENTIAL BASIS FOR REMOVAL. DIRECTOR TERM-LIMIT RULES WERE ALSO REVISED TO ADD EXCEPTIONS FOR PARTIAL-TERM APPOINTEES, THE IMMEDIATE PAST PRESIDENT, AND CERTAIN OFFICERS WHO MAY SERVE AN ADDITIONAL CONSECUTIVE TERM.

DIRECTOR REMOVAL AND VACANCY PROVISIONS WERE ALSO UPDATED. A DIRECTOR COULD BE REMOVED FOR FAILING TO ATTEND THREE (3) REGULAR MEETINGS IN A CALENDAR YEAR WITHOUT AN ACCEPTABLE EXCUSE. THE VACANCY PROVISIONS WERE EXPANDED TO INCLUDE SITUATIONS WHERE THE BOARD FAILED AT AN ANNUAL MEETING TO ELECT ENOUGH DIRECTORS TO FILL OPEN POSITIONS.

MEETING, NOTICE, PARTICIPATION, AND VOTING PROCEDURES WERE MODERNIZED. SPECIAL-MEETING NOTICE COULD BE PROVIDED BY EMAIL OR OTHER ELECTRONIC MEANS. DIRECTORS WERE PERMITTED TO VOTE ELECTRONICALLY IF QUORUM REQUIREMENTS WERE MET, AND DIRECTORS WERE PERMITTED TO PARTICIPATE BY CONFERENCE TELEPHONE, VIDEO SCREEN COMMUNICATION, OR ELECTRONIC TRANSMISSION IF THE REQUIRED COMMUNICATION STANDARDS WERE SATISFIED.

COMMITTEE GOVERNANCE WAS REVISED, AND THE EXECUTIVE COMMITTEE'S ROLE WAS CLARIFIED. COMMITTEE CHAIRS WERE TO BE NOMINATED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE BOARD. COMMITTEES NOT COMPOSED ENTIRELY OF DIRECTORS WERE CLARIFIED TO BE ADVISORY ONLY AND UNABLE TO EXERCISE BOARD AUTHORITY. DIRECTORS WERE PERMITTED TO ATTEND MOST STANDING-COMMITTEE MEETINGS IN A NON-VOTING CAPACITY. THE EXECUTIVE COMMITTEE'S COMPOSITION AND AUTHORITY WERE ALSO CLARIFIED, INCLUDING ITS LIMITED ABILITY TO ACT IN UNUSUAL CIRCUMSTANCES BETWEEN REGULAR BOARD MEETINGS, EXCLUDING FINANCIAL

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

SCHEDULE O
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization
POINT LOBOS FOUNDATION

Employer identification number
94-2546064

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

DECISIONS, ONLY BY UNANIMOUS VOTE OF MEMBERS PRESENT AT A DULY CALLED MEETING WITH QUORUM, WITH NOTICE TO ALL DIRECTORS WITHIN 24 HOURS AND REVIEW AT THE NEXT BOARD MEETING.

OFFICER-RELATED PROVISIONS AND INTERNAL GOVERNANCE PROCEDURES WERE STRENGTHENED. THE BYLAWS RESTRICTED ONE PERSON FROM HOLDING MORE THAN ONE PRINCIPAL OFFICER ROLE AT THE SAME TIME, EXCEPT TEMPORARILY IN AN ACTING CAPACITY FOR UP TO SIX MONTHS. THE SECRETARY AND TREASURER/CFO WERE PROHIBITED FROM SIMULTANEOUSLY SERVING AS PRESIDENT OR CHAIR. THE SECRETARY'S RECORDS WERE PERMITTED TO BE MAINTAINED BY THE EXECUTIVE DIRECTOR AND KEPT AT A PHYSICAL OR ELECTRONIC LOCATION APPROVED BY THE BOARD, AND THE TREASURER WAS REQUIRED TO PROVIDE THE BOARD WITH AN ANNUAL BUDGET AND BUDGET-TO-ACTUAL VARIANCE REPORTS.

COMPENSATION OVERSIGHT, ANNUAL REPORTING, RELATED-PARTY DISCLOSURE, INDEMNIFICATION, AND INSURANCE PROVISIONS WERE ADDED OR CLARIFIED. DIRECTORS REMAINED UNCOMPENSATED AS DIRECTORS, EXCEPT FOR EXPENSE REIMBURSEMENTS. THE BOARD OR AN AUTHORIZED COMMITTEE WAS REQUIRED TO REVIEW AND APPROVE COMPENSATION FOR THE CEO AND CFO TO ENSURE IT WAS JUST AND REASONABLE. THE BYLAWS ALSO REQUIRED AN ANNUAL REPORT TO DIRECTORS WITHIN 120 DAYS AFTER YEAR-END AND REQUIRED DISCLOSURE OF INTERESTED-PERSON TRANSACTIONS OVER $50,000 AND INDEMNIFICATIONS OR ADVANCES OVER $10,000.

THE INDEMNIFICATION PROVISIONS WERE EXPANDED AND CLARIFIED. THE BYLAWS MORE FULLY DEFINED COVERED PERSONS AND PROCEEDINGS, DESCRIBED INDEMNIFICATION STANDARDS, PERMITTED ADVANCES OF EXPENSES, ADDRESSED VOLUNTEER DIRECTOR AND OFFICER LIABILITY,

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

SCHEDULE O
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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Employer identification number
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FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

AND REQUIRED BEST EFFORTS TO MAINTAIN INSURANCE.

FINALLY, THE AMENDMENT APPROVAL THRESHOLD WAS CHANGED. THE BYLAWS WERE REVISED TO PERMIT AMENDMENT BY APPROVAL OF A MAJORITY OF THE AUTHORIZED NUMBER OF DIRECTORS WITH 30 DAYS' NOTICE, REPLACING THE PRIOR TWO-THIRDS APPROVAL.

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

THE 990 IS FIRST REVIEWED BY STAFF AND THE TREASURER, AND THEN ONCE A DRAFT IS APPROVED, THE FINANCE COMMITTEE REVIEWS AND RECOMMENDS ITS APPROVAL TO THE FULL BOARD. THE BOARD REVIEWS AND VOTES FOR THE APPROVAL.

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

EACH BOARD MEMBER SIGNS A LETTER ANNUALLY, STATING THEY DO NOT HAVE A CONFLICT AS DEFINED IN THE CONFLICT-OF-INTEREST POLICY. THESE LETTERS ARE MAINTAINED AND MONITORED BY THE SECRETARY.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE EXECUTIVE COMMITTEE AND/OR GOVERNANCE COMMITTEE REVIEWS AND APPROVES THE ORGANIZATION'S EMPLOYEE COMPENSATION ANNUALLY.

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

THE EXECUTIVE COMMITTEE AND/OR GOVERNANCE COMMITTEE REVIEWS AND APPROVES THE ORGANIZATION'S EMPLOYEE COMPENSATION ANNUALLY.

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

THE AUDITED FINANCIAL STATEMENTS, FORM 990 AND PUBLIC MEETING MINUTES ARE MADE AVAILABLE TO THE GENERAL PUBLIC ON THE FOUNDATION'S WEBSITE. GOVERNING DOCUMENTS AND THE CONFLICT-OF-INTEREST POLICY ARE AVAILABLE UPON REQUEST.

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

2025 FEDERAL BOOK DEPRECIATION SCHEDULE

POINT LOBOS FOUNDATION | **94-2546064**

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
AMORTIZATION																
4	AMORTIZATION	VARIOUS		17,000							17,000	11,583	S/L			2,000
	TOTAL AMORTIZATION			17,000		0	0	0	0	0	17,000	11,583				2,000
AUTO / TRANSPORT EQUIPMENT																
1	VEHICLES	VARIOUS		21,506							21,506	21,506	S/L			0
	TOTAL AUTO / TRANSPORT EQUIP			21,506		0	0	0	0	0	21,506	21,506				0
FURNITURE AND FIXTURES																
2	FURNITURE & FIXTURES	VARIOUS		43,459							43,459	38,185	S/L			3,016
	TOTAL FURNITURE AND FIXTURE			43,459		0	0	0	0	0	43,459	38,185				3,016
MACHINERY AND EQUIPMENT																
3	EQUIPMENT	VARIOUS		41,249							41,249	38,695	S/L			1,276
	TOTAL MACHINERY AND EQUIPME			41,249		0	0	0	0	0	41,249	38,695				1,276
	TOTAL DEPRECIATION			106,214		0	0	0	0	0	106,214	98,386				4,292
	GRAND TOTAL AMORTIZATION			17,000		0	0	0	0	0	17,000	11,583				2,000
	GRAND TOTAL DEPRECIATION			106,214		0	0	0	0	0	106,214	98,386				4,292

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POINT LOBOS FOUNDATION 94-2546064

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
AMORTIZATION																
4	AMORTIZATION	VARIOUS		17,000							17,000	13,583	S/L			0
	TOTAL AMORTIZATION			17,000		0	0	0	0	0	17,000	13,583				0
AUTO / TRANSPORT EQUIPMENT																
1	VEHICLES	VARIOUS		21,506							21,506	21,506	S/L			0
	TOTAL AUTO / TRANSPORT EQUIP			21,506		0	0	0	0	0	21,506	21,506				0
FURNITURE AND FIXTURES																
2	FURNITURE & FIXTURES	VARIOUS		43,459							43,459	41,201	S/L			0
	TOTAL FURNITURE AND FIXTURE			43,459		0	0	0	0	0	43,459	41,201				0
MACHINERY AND EQUIPMENT																
3	EQUIPMENT	VARIOUS		41,249							41,249	39,971	S/L			0
	TOTAL MACHINERY AND EQUIPME			41,249		0	0	0	0	0	41,249	39,971				0
	TOTAL DEPRECIATION			106,214		0	0	0	0	0	106,214	102,678				0
	GRAND TOTAL AMORTIZATION			17,000		0	0	0	0	0	17,000	13,583				0
	GRAND TOTAL DEPRECIATION			106,214		0	0	0	0	0	106,214	102,678				0

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

TAXABLE YEAR **2025**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2025 or fiscal year beginning (mm/dd/yyyy) _____ , and ending (mm/dd/yyyy) _____ .

Corporation/Organization name	California corporation number
POINT LOBOS FOUNDATION	0838139
Additional information. See instructions.	FEIN 94-2546064
Street address (suite or room) PO BOX 221789	PMB no.
City CARMEL / State CA / ZIP code 93922	
Foreign country name / Foreign province/state/county / Foreign postal code	

A First return. . . . . ☐ Yes ☒ No
B Amended return . . . . . ● ☐ Yes ☒ No
C IRC Section 4947(a)(1) trust . . . . . ☐ Yes ☒ No
D Final information return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) ● _____
E Check accounting method:
1 ☐ Cash 2 ☒ Accrual 3 ☐ Other
F Federal return filed? 1 ● ☐ 990T 2 ● ☐ 990-PF
3 ● ☐ Sch H (990) 4 ☒ Other 990 series
G Is this a group filing? See instructions . . . . . ● ☐ Yes ☒ No
H Is this organization in a group exemption . . . . . ☐ Yes ☒ No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. . . . . ● ☐ Yes ☒ No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions . . . . . ● ☐ Yes ☒ No
K Is the organization exempt under R&TC Section 23701g? . . . ● ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources . . . . . $ _____
L Is the organization a limited liability company? . . . . . ● ☐ Yes ☒ No
M Did the organization file Form 100 or Form 109 to report taxable income? . . . . . ● ☐ Yes ☒ No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? . . . . . ● ☐ Yes ☒ No
O Is federal Form 1023/1024 pending? . . . . . ☐ Yes ☐ No
Date filed with IRS _____

CACA1112L 01/23/26

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8		1	478,550.
	2	Gross dues and assessments from members and affiliates		2	
	3	Gross contributions, gifts, grants, and similar amounts received SEE SCH. B		3	954,551.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B		4	1,433,101.
	5	Cost of goods sold	5 114,566.		
	6	Cost or other basis, and sales expenses of assets sold	6 111,688.		
	7	Total costs. Add line 5 and line 6		7	226,254.
	8	Total gross income. Subtract line 7 from line 4		8	1,206,847.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18		9	823,551.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		10	383,296.
Payments	11	Total payments		11	
	12	Use tax. See General Information K		12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11		13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12		14	
	15	Penalties and interest. See General Information J		15	
	16	**Balance due.** Add line 12 and line 15. Then subtract line 11 from the result		16	0.

Sign Here

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

Signature of officer ►	Title	Date	● Telephone
	EXECUTIVE DIR.		866-338-7227

Paid Preparer's Use Only

Preparer's name ● BRADLEY J. BARTELLS, CPA			
Preparer's signature ► BRADLEY J. BARTELLS, CPA	Date	Check if self-employed ► ☐	● PTIN P02363556
Firm's name (or yours, if self-employed) and address ► EIDE BAILLY ADVISORY LLC 2901 DOUGLAS BLVD, STE 290 ROSEVILLE, CA 95661			● Firm's FEIN 42-3603499 ● Telephone (916) 774-4208

May the FTB discuss this return with the preparer shown above? See instructions . . . . . ● ☒ Yes ☐ No

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Part II **Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.**

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	212,988.
	2	Interest	2	70,692.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See instructions)	6	137,766.
	7	Other income. Attach schedule SEE STATEMENT 1	7	57,104.
	8	**Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	478,550.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 2	9	166,560.
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	11	138,498.
	12	Other salaries and wages	12	177,583.
	13	Interest	13	
	14	Taxes	14	24,432.
	15	Rents	15	
	16	Depreciation and depletion (See instructions)	16	4,292.
	17	Other expenses and disbursements. Attach schedule SEE STATEMENT 3	17	312,186.
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	823,551.

Schedule L **Balance Sheet**

		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		791,150.		965,903.
2	Net accounts receivable		111,836.		255,182.
3	Net notes receivable				
4	Inventories		36,087.		40,305.
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock		1,372,027.		1,517,565.
8	Mortgage loans				
9	Other investments. Attach schedule				
10a	Depreciable assets	106,214.		106,214.	
b	Less accumulated depreciation	98,386.	7,828.	102,679.	3,535.
11	Land				
12	Other assets. Attach schedule STM 4		7,168.		4,437.
13	**Total assets**		2,326,096.		2,786,927.
Liabilities and net worth					
14	Accounts payable		53,736.		68,157.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule				
19	Capital stock or principal fund		2,272,360.		2,718,770.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	**Total liabilities and net worth**		2,326,096.		2,786,927.

Schedule M-1 **Reconciliation of income per books with income per return**
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

1	Net income per books	383,296.	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains				
4	Income not recorded on books this year. Attach schedule		9	Total. Add line 7 and line 8	
5	Expenses recorded on books this year not deducted in this return. Attach schedule		10	Net income per return. Subtract line 9 from line 6	383,296.
6	Total. Add line 1 through line 5	383,296.			

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Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

CA PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

Name of the organization	Employer identification number
POINT LOBOS FOUNDATION	94-2546064

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (**1**) $5,000; or (**2**) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year. . . . . $ _____

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

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Name of organization	Employer identification number
POINT LOBOS FOUNDATION	94-2546064

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 20,128.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 124,799.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 8,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization	Employer identification number
POINT LOBOS FOUNDATION	94-2546064

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization	Employer identification number
POINT LOBOS FOUNDATION	94-2546064

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 40,869.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Name of organization	Employer identification number
POINT LOBOS FOUNDATION	94-2546064

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21		$ 17,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Name of organization: POINT LOBOS FOUNDATION

Employer identification number: 94-2546064

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 49,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28		$ 5,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Name of organization: POINT LOBOS FOUNDATION

Employer identification number: 94-2546064

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33		$ 5,204.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34		$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Name of organization	Employer identification number
POINT LOBOS FOUNDATION	94-2546064

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	$	

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

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

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

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

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

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Name of organization	Employer identification number
POINT LOBOS FOUNDATION	94-2546064

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), 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 *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) . . . . . $ N/A
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship 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) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship 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) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship 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) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship of transferor to transferee**

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

TAXABLE YEAR **2025**

Corporation Depreciation and Amortization

CALIFORNIA FORM **3885**

Attach to Form 100 or Form 100W. FORM 199

Corporation name	California corporation number
POINT LOBOS FOUNDATION	0838139

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2026. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
VEHICLES	VARIOUS	21,506.	21,506.		0		
FURNITURE & FIX	VARIOUS	43,459.	38,185.		0	3,016.	
EQUIPMENT	VARIOUS	41,249.	38,695.		0	1,276.	

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15	4,292.

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
AMORTIZATION	VARIOUS	17,000.	11,583.	197	0	2,000.

20	Total. Add the amounts in column (g)	20	2,000.
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

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POINT LOBOS FOUNDATION **94-2546064**

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

INCOME FROM SPECIAL EVENTS	$	6,959.
OTHER INCOME		50,145.
TOTAL	$	57,104.

STATEMENT 2
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	CALIFORNIA STATE PARKS	
DONEE'S STREET ADDRESS:	2211 GARDEN ROAD	
DONEE'S CITY	MONTEREY	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	93940	
CASH AND NONCASH AMOUNT:		$ 99,235.
DONEE'S NAME - IND	COMMUNITY FDN FOR MONTEREY CT	
DONEE'S STREET ADDRESS:	2354 GARDEN ROAD	
DONEE'S CITY	MONTEREY	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	93940	
CASH AND NONCASH AMOUNT:		50,000.
DONEE'S NAME - IND	COMMUNITY PARTNERSHIP FOR YOU	
DONEE'S STREET ADDRESS:	PO BOX 42	
DONEE'S CITY	MONTEREY	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	93942	
CASH AND NONCASH AMOUNT:		12,075.
DONEE'S NAME - IND	UNITED STATED GEOLOGICAL SURV	
DONEE'S STREET ADDRESS:	12201 SUNRISE VALLEY DR	
DONEE'S CITY	RESTON	
DONEE'S STATE	VA	
DONEE'S ZIP CODE	20192	
CASH AND NONCASH AMOUNT:		5,250.
TOTAL		$ 166,560.

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES	$	32,833.
AMORTIZATION		2,000.
CONFERENCES, CONVENTIONS, AND MEETINGS		1,344.
DOCENT/VISITOR/YOUTH/RESERVE S		146,449.
FUND DEVELOPMENT		2,477.
INFORMATION TECHNOLOGY		8,800.

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STATEMENT 3 (CONTINUED)
FORM 199, PART II, LINE 17
OTHER EXPENSES

INSURANCE	$ 6,911.
INVESTMENT MANAGEMENT FEES	14,290.
LEGAL FEES	2,365.
MEMBERSHIP EXPENSES	32,486.
MISCELLANEOUS	4,552.
OFFICE EXPENSES	4,841.
OTHER EMPLOYEE BENEFIT	21,312.
OTHER FEES	17,550.
PENSION PLAN CONTRIBUTIONS	2,552.
SPECIAL EVENT EXPENSES	11,424.
TOTAL	$ 312,186.

STATEMENT 4
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

NET INTANGIBLE ASSETS	3,417.
PREPAID EXPENSES AND DEFERRED CHARGES	1,020.
TOTAL	$ 4,437.

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STATE OF CALIFORNIA
RRF-1
(Rev. 01/20/2024)
IN

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

POINT LOBOS FOUNDATION
Name of Organization

List all DBAs and names the organization uses or has used

PO BOX 221789
Address (Number and Street)

CARMEL, CA 93922
City or Town, State, and ZIP Code

866-338-7227
Telephone Number

STEFFANIE@POINTLOBOS.ORG
Email Address

Check if:
- ☐ Change of address
- ☐ Amended report
- ☐ Organization requests email notifications

State Charity Registration Number 034467

Corporation or Organization No. 0838139

Federal Employer ID No. 94-2546064

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than $50,000	$25	Between $250,001 and $1 million	$100	Between $20,000,001 and $100 million	$800
Between $50,000 and $100,000	$50	Between $1,000,001 and $5 million	$200	Between $100,000,001 and $500 million	$1,000
Between $100,001 and $250,000	$75	Between $5,000,001 and $20 million	$400	Greater than $500 million	$1,200

PART A – ACTIVITIES

For your most recent full accounting period (beginning 1/01/25 **ending** 12/31/25 **) list:**

Total Revenue $ (including noncash contributions) 1,195,423. **Noncash Contributions** $ 8,936. **Total Assets** $ 2,786,927.

Program Expenses $ 686,621. **Total Expenses** $ 823,551.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	☐	☒
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	☐	☒
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	☐	☒
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	☐	☒
5 During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 1	☒	☐
6 During this reporting period, did the organization hold a raffle for charitable purposes? SEE STATEMENT 2	☒	☐
7 Does the organization conduct a vehicle donation program?	☐	☒
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	☒	☐
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	☐	☒

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

Signature of Authorized Agent	Printed Name	Title	Date
	STEFFANIE GAMECHO	EXECUTIVE DIR.	

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POINT LOBOS FOUNDATION 94-2546064

STATEMENT 1
FORM RRF-1, PART B, LINE 5
GOVERNMENT AGENCY THAT PROVIDED FUNDING

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE, 1111 CONSTITUTION AVE., NW, WASHINGTON, DC 20224

STATEMENT 2
FORM RRF-1, PART B, LINE 6
NUMBER AND DATES OF RAFFLES

YES, WE HELD (1) RAFFLE ON OCTOBER 6, 2025 AT OUR ANNUAL MOONLIGHT WALK EVENT AND RECEIVED APPROVAL FROM THE ATTORNEY GENERAL'S OFFICE.

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Form **8868**
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to *www.irs.gov/Form8868* for the latest information.

OMB No. 1545-0047

Electronic filing *(e-file).* You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I — Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
POINT LOBOS FOUNDATION	94-2546064

Number, street, and room or suite number. If a P.O. box, see instructions.
PO BOX 221789

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
CARMEL, CA 93922

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (section 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.
  Plan Name _____
  Plan Number _____.
  Plan Year Ending (MM/DD/YYYY)

Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of STEFFANIE GAMECHO PO BOX 221789 CARMEL CA 93922 _____
Telephone No. 866-338-7227 _____. Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box . . . . . ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____.
  If this is for the whole group, check this box . . . . . ☐
  If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for . . . . . ☐

1 I request an automatic 6-month extension of time until 11/15 _____, 20 26 _, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 25 or
☐ tax year beginning _____, 20 ___, and ending _____, 20 ___.

2 If the tax year entered in line 1 is for less than 12 months, check reason:
☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	**3a**	$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	**3c**	$ 0.

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Form **990**

Department of the Treasury
Internal Revenue Service

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.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C
POINT LOBOS FOUNDATION
PO BOX 221789
CARMEL, CA 93922

D Employer identification number: 94-2546064

E Telephone number: 866-338-7227

G Gross receipts $ 1,433,101.

F Name and address of principal officer: STEFFANIE GAMECHO
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? If "No," attach a list. See instructions. ☐ Yes ☐ No

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.POINTLOBOS.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other | **L** Year of formation: 1978 | **M** State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	3
6	Total number of volunteers (estimate if necessary)	6	246
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	849,723.	954,551.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	79,859.	96,770.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	119,306.	144,102.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,048,888.	1,195,423.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	260,465.	229,470.
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)	352,024.	364,377.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) 53,505.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	238,625.	281,190.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	851,114.	875,037.
19	Revenue less expenses. Subtract line 18 from line 12	197,774.	320,386.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,326,096.	2,786,927.
21	Total liabilities (Part X, line 26)	53,736.	68,157.
22	Net assets or fund balances. Subtract line 21 from line 20	2,272,360.	2,718,770.

Part II Signature Block

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

Sign Here

Signature of officer — Date

STEFFANIE GAMECHO — EXECUTIVE DIR.
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BRADLEY J. BARTELLS, CPA	BRADLEY J. BARTELLS, CPA			P02363556

Firm's name: EIDE BAILLY ADVISORY LLC
Firm's address: 2901 DOUGLAS BLVD, STE 290
ROSEVILLE, CA 95661
Firm's EIN: 42-3603499
Phone no. (916) 774-4208

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

TO PROTECT AND NURTURE POINT LOBOS STATE NATURAL RESERVE, TO EDUCATE AND INSPIRE VISITORS TO PRESERVE ITS UNIQUE NATURAL AND CULTURAL RESOURCES, AND TO STRENGTHEN THE NETWORK OF CARMEL AREA STATE PARKS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ **Yes** ☒ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ **Yes** ☒ **No**

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 304,744. including grants of $) (Revenue $ 71,915.)

SEE SCHEDULE O

4b (Code:) (Expenses $ 281,324. including grants of $) (Revenue $ 144,956.)

SEE SCHEDULE O

4c (Code:) (Expenses $ 100,553. including grants of $) (Revenue $ 55,301.)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 686,621.

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
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		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		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*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	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? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*. See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	X	

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Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash 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? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	13		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. **2a** 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O.*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
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**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O.*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	**17**		

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	**1a** 12		
b	Enter the number of voting members included on line 1a, above, who are independent	**1b** 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	**3**		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? SEE SCH O	**4**	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**		X
6	Did the organization have members or stockholders?	**6**		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	**8a**	X	
b	Each committee with authority to act on behalf of the governing body?	**8b**	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O.*	**9**		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		X
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?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done* . . . SEE SCHEDULE O	**12c**	X	
13	Did the organization have a written whistleblower policy?	**13**	X	
14	Did the organization have a written document retention and destruction policy?	**14**	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . SEE SCHEDULE O	**15a**	X	
b	Other officers or key employees of the organization . . . SEE SCHEDULE O	**15b**	X	
	If "Yes" to line 15a or 15b, describe the process on 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?	**16a**		X
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?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.

X Own website X Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

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

STEFFANIE GAMECHO PO BOX 221789 CARMEL CA 93922 866-338-7227

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEFFANIE GAMECHO	40									
EXECUTIVE DIR.	0			X				128,958.	0.	9,539.
(2) JAY SINCLAIR	2									
BOARD MEMBER	0	X						0.	0.	0.
(3) ANN PENDLETON	2									
SECRETARY	0	X		X				0.	0.	0.
(4) VIRDETTE BRUMM	2									
BOARD MEMBER	0	X						0.	0.	0.
(5) HOLLY CARLIN	2									
TREASURER	0	X		X				0.	0.	0.
(6) BETTY MAURUTTO	5									
BOARD PRESIDENT	0	X		X				0.	0.	0.
(7) RUTH RODRIGUEZ	2									
BOARD MEMBER	0	X						0.	0.	0.
(8) REG HENRY	2									
BOARD MEMBER	0	X						0.	0.	0.
(9) SUSAN ELIOT	2									
BOARD MEMBER	0	X						0.	0.	0.
(10) SARAH HARDGRAVE	2									
BOARD MEMBER	0	X						0.	0.	0.
(11) DON BLOHOWIAK	2									
VICE PRESIDENT	0	X		X				0.	0.	0.
(12) SUSAN WOLFE	2									
BOARD MEMBER	0	X						0.	0.	0.
(13) JOHN HILES	2									
STATE PARK MNGR	0	X						0.	0.	0.
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b **Subtotal**								128,958.	0.	9,539.
c **Total from continuation sheets to Part VII, Section A**								0.	0.	0.
d **Total (add lines 1b and 1c)**								128,958.	0.	9,539.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 1

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

Section B. Independent Contractors

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

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

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

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

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
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	360,875.				
	c Fundraising events	1c	8,936.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	584,740.				
	g Noncash contributions included in lines 1a-1f	1g	8,936.				
	h **Total.** Add lines 1a-1f			954,551.			
Program Service Revenue		Business Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			70,692.			70,692.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	137,766.				
	b Less: cost or other basis and sales expenses	7b	111,688.				
	c Gain or (loss)	7c	26,078.				
	d Net gain or (loss)			26,078.			26,078.
	8a Gross income from fundraising events (not including $ 8,936. of contributions reported on line 1c). See Part IV, line 18	8a	6,959.				
	b Less: direct expenses	8b	11,424.				
	c Net income or (loss) from fundraising events			-4,465.			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a	212,988.				
	b Less: cost of goods sold	10b	114,566.				
	c Net income or (loss) from sales of inventory			98,422.			98,422.
Miscellaneous Revenue		Business Code					
	11a OTHER INCOME	900099		50,145.	50,145.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			50,145.			
	12 **Total revenue.** See instructions			1,195,423.	50,145.	0.	195,192.

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

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. ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	229,470.	229,470.		
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 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	138,498.	95,356.	27,113.	16,029.
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	177,583.	122,230.	34,939.	20,414.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,552.	1,686.	611.	255.
9 Other employee benefits	21,312.	15,187.	3,045.	3,080.
10 Payroll taxes	24,432.	16,818.	4,792.	2,822.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,365.		2,365.	
c Accounting	32,833.	4,758.	27,426.	649.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,290.		14,290.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	17,550.	16,900.	650.	
12 Advertising and promotion				
13 Office expenses	4,841.	2,449.	726.	1,666.
14 Information technology	8,800.	4,870.	1,007.	2,923.
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,344.	1,044.	300.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,292.	5,292.	500.	500.
23 Insurance	6,911.	3,505.	1,703.	1,703.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DOCENT/VISITOR/YOUTH/RESERVE S	146,449.	143,961.	1,244.	1,244.
b MEMBERSHIP EXPENSES	32,486.	31,295.		1,191.
c MISCELLANEOUS	4,552.	1,776.	2,776.	
d FUND DEVELOPMENT	2,477.	1,448.		1,029.
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	875,037.	698,045.	123,487.	53,505.
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)				

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash — non-interest-bearing	294,231.	1	155,691.
	2	Savings and temporary cash investments	496,919.	2	810,212.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	111,836.	4	255,182.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	36,087.	8	40,305.
	9	Prepaid expenses and deferred charges	1,751.	9	1,020.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 106,214.			
	b	Less: accumulated depreciation — 10b: 102,679.	7,828.	10c	3,535.
	11	Investments — publicly traded securities	1,372,027.	11	1,517,565.
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets	5,417.	14	3,417.
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	2,326,096.	16	2,786,927.
Liabilities	17	Accounts payable and accrued expenses	53,736.	17	68,157.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	53,736.	26	68,157.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.** ☒			
	27	Net assets without donor restrictions	1,705,882.	27	2,165,313.
	28	Net assets with donor restrictions	566,478.	28	553,457.
		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ☐			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	2,272,360.	32	2,718,770.
	33	Total liabilities and net assets/fund balances	2,326,096.	33	2,786,927.

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,195,423.
2	Total expenses (must equal Part IX, column (A), line 25)	2	875,037.
3	Revenue less expenses. Subtract line 2 from line 1	3	320,386.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,272,360.
5	Net unrealized gains (losses) on investments	5	126,024.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,718,770.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization	Employer identification number
POINT LOBOS FOUNDATION	94-2546064

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☒ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
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)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) **14** %

15 Public support percentage from 2024 Schedule A, Part II, line 14 **15** %

16a **33-1/3% support test—2025.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33-1/3% support test—2024.** 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 ☐

17a **10%-facts-and-circumstances test—2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	612,053.	710,567.	747,801.	849,623.	954,551.	3,874,595.
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	43,527.	57,147.	66,443.	71,901.	98,422.	337,440.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	21,785.	-9,034.	16,934.	17,366.	26,078.	73,129.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 **Total.** Add lines 1 through 5	677,365.	758,680.	831,178.	938,890.	1,079,051.	4,285,164.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 **Public support.** (Subtract line 7c from line 6.)						4,285,164.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6	677,365.	758,680.	831,178.	938,890.	1,079,051.	4,285,164.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	26,395.	24,418.	36,938.	62,493.	70,692.	220,936.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	26,395.	24,418.	36,938.	62,493.	70,692.	220,936.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	20,000.	7,733.	42,034.	47,405.	50,145.	167,317.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	723,760.	790,831.	910,150.	1,048,788.	1,199,888.	4,673,417.

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	91.69 %
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	91.45 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	4.73 %
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	4.27 %

19a **33-1/3% support tests—2025.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33-1/3% support tests—2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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.*		
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).*		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*		
b	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.*		
c	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.*		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*		
b	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.*		
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.*		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c 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).*		
b	**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?		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*		
9a	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.***		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***		
c	Did a disqualified person (as defined on line 9a) 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.***		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*		
b	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.)*		

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**	
b	A family member of a person described on line 11a above?	**11b**	
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax* year.	**1**	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**	

Section 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).***

- **a** ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (see instructions).*

		Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**	
3	Parent of Supported Organizations. ***Answer lines 3a, 3b, and 3c below.***		
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* ***Part VI.***	**3a**	
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," *describe in* ***Part VI*** *the role played by the organization in this regard.*	**3b**	
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI.***	**3c**	

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	Depreciation and depletion	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		

Section 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C — Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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 integrated Type III supporting organization (see instructions).

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D — Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required — *provide details in* ***Part VI***)	**5**	
6 **Total annual distributions.** Add lines 1 through 5.	**6**	
7 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	**7**	
8 Distributable amount for 2025 from Section C, line 6	**8**	
9 Line 7 amount divided by line 8 amount	**9**	

Section E — Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required — *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

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Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2025	2024	2023	2022	2021
OTHER INCOME	$ 50,145.	$ 53,721.	$ 42,034.	$ 7,733.	$ 20,000.
FUNDRAISING EVENTS		-6,316.			
TOTAL	$ 50,145.	$ 47,405.	$ 42,034.	$ 7,733.	$ 20,000.

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Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

Name of the organization	Employer identification number
POINT LOBOS FOUNDATION	94-2546064

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (**1**) $5,000; or (**2**) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year. . . . . $ _____

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

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Name of organization	Employer identification number
POINT LOBOS FOUNDATION	94-2546064

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 20,128.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 124,799.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 8,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Name of organization	Employer identification number
POINT LOBOS FOUNDATION	94-2546064

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Name of organization	Employer identification number
POINT LOBOS FOUNDATION	94-2546064

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 40,869.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Name of organization	Employer identification number
POINT LOBOS FOUNDATION	94-2546064

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21		$ 17,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Name of organization: POINT LOBOS FOUNDATION

Employer identification number: 94-2546064

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 49,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28		$ 5,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Name of organization: POINT LOBOS FOUNDATION

Employer identification number: 94-2546064

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33		$ 5,204.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34		$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Name of organization	Employer identification number
POINT LOBOS FOUNDATION	94-2546064

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	$	

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

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

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

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

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

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Name of organization	Employer identification number
POINT LOBOS FOUNDATION	94-2546064

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), 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 *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) . . . . . $ N/A
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship 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) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship 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) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship 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) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship of transferor to transferee**

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SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

POINT LOBOS FOUNDATION

Employer identification number

94-2546064

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 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 impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 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	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included on line 2a	2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $ _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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. SEE PART XIII

b If the organization elected, as permitted under FASB 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 on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 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 FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a [X] Public exhibition
- b [ ] Scholarly research
- c [ ] Preservation for future generations
- d [ ] Loan or exchange program
- e [ ] Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. SEE PART XIII

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

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? [ ] Yes [ ] No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [ ] Yes [ ] No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII [ ]

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

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

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		62,755.	61,478.	1,277.
e Other		43,459.	41,201.	2,258.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				3,535.

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Part VII Investments — Other Securities

N/A

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, column (B))*		

Part VIII Investments — Program Related

N/A

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 13, column (B))*		

Part IX Other Assets

N/A

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

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

Part X Other Liabilities

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . . . . . SEE PART XIII. [X]

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

PART III, LINE 1A - F/S FOOTNOTE FOR ART, TREASURES, ETC.

THE FOUNDATION'S COLLECTIONS ARE MADE UP OF ARTIFACTS AND DOCUMENTS OF HISTORICAL SIGNIFICANCE, SCIENTIFIC SPECIMENS AND ART OBJECTS THAT ARE HELD FOR EDUCATIONAL AND CURATORIAL PURPOSES. THESE ITEMS ARE CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE MAJORITY OF THE COLLECTION IS ON DISPLAY AT THE WHALERS CABIN AND THE WHALING STATION MUSEUM BUILDINGS AT POINT LOBOS STATE NATURAL RESERVE. THE OBJECTS IN THE COLLECTION WERE ACQUIRED OVER SEVERAL YEARS AND HAVE AN APPRAISED

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Part XIII Supplemental Information *(continued)*

PART III, LINE 1A - F/S FOOTNOTE FOR ART, TREASURES, ETC. (CONTINUED)

VALUE OF $142,905. THESE COLLECTION ITEMS ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION. DURING THE FISCAL YEARS ENDED DECEMBER 31, 2025 AND 2024, THERE WERE NO ACCESSIONS OR DEACCESSIONS. DURING 2025, THE MAJORITY OF THE FOUNDATION'S ARTIFACT COLLECTION WAS TRANSFERRED TO THE CALIFORNIA DEPARTMENT OF PARKS AND RECREATION. IN ADDITION, SIX ARTIFACTS ARE ON LONG-TERM LOAN TO THE CALIFORNIA DEPARTMENT OF PARKS AND RECREATION AND ARE CURRENTLY IN ITS POSSESSION. ARCHIVAL MATERIALS REMAIN UNDER THE FOUNDATION'S OWNERSHIP AND IN ITS POSSESSION.

PART III, LINE 4 - DESCRIPTION OF ORGANIZATION COLLECTIONS & HOW FURTHERS EXEMPT PURPOSE

THE FOUNDATION'S COLLECTIONS ARE MADE UP OF ARTIFACTS AND DOCUMENTS OF HISTORICAL SIGNIFICANCE, SCIENTIFIC SPECIMENS AND ART OBJECTS THAT ARE HELD FOR EDUCATIONAL AND CURATORIAL PURPOSES. THESE ITEMS ARE CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE MAJORITY OF THE COLLECTION IS ON DISPLAY AT THE WHALERS CABIN AND THE WHALING STATION MUSEUM BUILDINGS AT POINT LOBOS STATE NATURAL RESERVE. THE OBJECTS IN THE COLLECTION WERE ACQUIRED OVER SEVERAL YEARS AND HAVE AN APPRAISED VALUE OF $142,905. THESE COLLECTION ITEMS ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION. DURING THE FISCAL YEARS ENDED DECEMBER 31, 2025 AND 2024, THERE WERE NO ACCESSIONS OR DEACCESSIONS. DURING 2025, THE MAJORITY OF THE FOUNDATION'S ARTIFACT COLLECTION WAS TRANSFERRED TO THE CALIFORNIA DEPARTMENT OF PARKS AND RECREATION. IN ADDITION, SIX ARTIFACTS ARE ON LONG-TERM LOAN TO THE CALIFORNIA DEPARTMENT OF PARKS AND RECREATION AND ARE CURRENTLY IN ITS POSSESSION. ARCHIVAL MATERIALS REMAIN UNDER THE FOUNDATION'S OWNERSHIP AND IN ITS POSSESSION.

PART X - FASB ASC 740 FOOTNOTE

THE FOUNDATION IS A TAX-EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 509(A)(2) UNDER SECTION 501(C)(3) AND RELATED CALIFORNIA CODE SECTIONS. THE FOUNDATION MAY BE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME. NO ESTIMATED UNRELATED BUSINESS INCOME TAX WAS RECORDED FOR THE YEARS ENDED DECEMBER 31, 2025 AND

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Part XIII Supplemental Information *(continued)*

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

2024.

THE FOUNDATION FOLLOWS THE GUIDANCE OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES, FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD MAINTAINED ITS TAX-EXEMPT STATUS AND HAD NOT TAKEN UNCERTAIN TAX POSITIONS THAT REQUIRED ADJUSTMENT TO THE FINANCIAL STATEMENTS.

THE FOUNDATION HAD NO INTEREST AND PENALTIES RELATED TO INCOME TAXES FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024.

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

SCHEDULE G (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
POINT LOBOS FOUNDATION

Employer identification number
94-2546064

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

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							0.

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

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

		(a) Event #1 MOONLIGHT WALK (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	15,895.			15,895.
	2 Less: Contributions	8,936.			8,936.
	3 Gross income (line 1 minus line 2)	6,959.			6,959.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	280.			280.
	7 Food and beverages	768.			768.
	8 Entertainment	550.			550.
	9 Other direct expenses	9,826.			9,826.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				11,424.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-4,465.

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

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

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

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

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter the name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

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

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

POINT LOBOS FOUNDATION

Employer identification number

94-2546064

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☒ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CALIFORNIA STATE PARKS 2211 GARDEN ROAD MONTEREY, CA 93940			99,235.	0.			TRAIL MAINT AND PARKS PROGRAMS
(2) COMMUNITY FDN FOR MONTEREY CT 2354 GARDEN ROAD MONTEREY, CA 93940	94-2473415	501(C)(3)	50,000.	0.			TO SUPPORT THE EFFORTS OF PARK-IT!
(3) COMMUNITY PARTNERSHIP FOR YOU PO BOX 42 MONTEREY, CA 93942	77-0310237	501(C)(3)	12,075.	0.			TRANSPORTATION REIMBURSEMENT
(4) UNITED STATED GEOLOGICAL SURV 12201 SUNRISE VALLEY DR RESTON, VA 20192			5,250.	0.			BAT RESEARCH
(5)							
(6)							
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4

3 Enter total number of other organizations listed in the line 1 table 0

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

SCHEDULE O
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
POINT LOBOS FOUNDATION

Employer identification number
94-2546064

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

RESERVE STEWARDSHIP, INCLUDING NATURAL AND CULTURAL RESOURCE PROTECTION AND PUBLIC USE AREA IMPROVEMENTS; INTERPRETIVE EDUCATION TO FOSTER VISITOR APPRECIATION OF POINT LOBOS STATE NATURAL RESERVE; TRAIN AND SUPPORT A DOCENT CORPS OF ~ 200 VOLUNTEERS; PROVIDE YOUTH NATURE PROGRAMS.

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

VISITOR SERVICES

EDUCATE VISITORS TO ENHANCE THEIR APPRECIATION, UNDERSTANDING, AND SUPPORT OF POINT LOBOS STATE NATURAL RESERVE THROUGH VARIOUS CHANNELS INCLUDING MAGAZINES, NEWSLETTERS, WEBSITE, DIGITAL APP, MULTILINGUAL BROCHURES, PUBLIC EVENTS, AND MEETINGS. IN 2025, WE SERVED 5,326 STUDENTS BY FUNDING THE DOCENT-LED SCHOOL OUTREACH PROGRAM WHICH PROVIDES GUIDED WALKS TO SCHOOLS IN THE MONTEREY AND SALINAS VALLEY AREA. TOTAL EXPENSES $316,168.25, RESTRICTED FUNDING OF $71,915.11.

INCLUDING FUNDING FOR THE FOLLOWING PROJECTS IN 2025:

•MIGRATED THE DISCOVER POINT LOBOS APP DATA TO A NEW WEBSITE (WWW.DISCOVERPOINTLOBOS.ORG) MAKING THE INTERPRETIVE MATERIALS EASIER FOR TEACHERS AND STUDENTS TO ACCESS ACROSS DEVICES.

•FUNDED THE REPLACEMENT OF (10) BENCHES IN POINT LOBOS AND AT CARMEL RIVER STATE BEACH.

•FUNDED IMPROVEMENTS TO TECHNOLOGY USED BY THE PORTS PROGRAM AT POINT LOBOS.

•PROVIDED FUNDING TO SUPPORT THE ROLE OF A CA STATE PARKS INTERPRETER OF INDIGENOUS PROGRAMS.

•SUPPORTED THE INTERPRETIVE MATERIALS AND PROGRAM NEEDS OF THE SCHOOL OUTREACH COMMITTEE AT POINT LOBOS INCLUDING FUNDING THE TRANSPORTATION AND ENTRY COSTS OF

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

SCHEDULE O
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization
POINT LOBOS FOUNDATION

Employer identification number
94-2546064

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

TITLE 1 STUDENTS AND SUMMER WALKS WITH UNDERSERVED YOUTH FROM CHISPA AT POINT LOBOS, INTERPRETIVE MATERIALS AND EQUIPMENT FOR VIRTUAL AND IN-PERSON LEARNING, AND BOOKMARKS, COLORING BOOKS, AND TOTE BAGS GIVEN TO OUT TO TITLE 1 STUDENTS AND TEACHERS VISITING THE RESERVE.

•PROVIDED FREE INFORMATIONAL BROCHURES ON THE FLORA AND FAUNA LOCATED WITHIN THE RESERVE.

•SUPPORTED THE SUMMER ADVENTURES SUMMER CAMP HOSTED BY CA STATE PARKS AND AWARDED SCHOLARSHIPS TO 25 LOCAL CHILDREN FROM UNDERSERVED COMMUNITIES THROUGH COMMUNITY PARTNERSHIP FOR YOUTH TO ATTEND THE SUMMER CAMP.

•SUPPORTED PUBLIC BIRD AND WILDFLOWER WALKS LED BY CA STATE PARKS AT ISHXENTA STATE PARK.

•FUNDED (2) ISSUES OF THE POINT LOBOS MAGAZINE AS A FREE MEMBERSHIP BENEFIT AND ALSO AVAILABLE FOR PURCHASE AT THE RESERVE. FUNDED (1) SPECIAL MAGAZINE ISSUE FOR DONORS THAT CONTRIBUTE $500 OR MORE ANNUALLY.

•HOSTED OUR ANNUAL MEMBER APPRECIATION EVENT, THE MOONLIGHT WALK WHICH INCLUDED LIVE MUSIC AND FREE, GUIDED WALKS.

•SUPPORTED THE TRANSLATION OF OUR POPULAR FREE BROCHURES INTO SPANISH.

•CONTINUED TO SUPPORT THE MIGRATION OF OUR CURRENT ARCHIVE OF HISTORICAL ITEMS TO AN ONLINE DATABASE TO BE USED AS A FUTURE TEACHING RESOURCE FOR THE DOCENT CORPS AND PUBLIC AND CONTINUED TO SUPPORT THE MAINTENANCE OF HISTORICAL WHALERS CABIN AND THE MUSEUM.

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

RESERVE STEWARDSHIP, INCLUDING NATURAL AND CULTURAL RESOURCE PROTECTION AND PUBLIC USE IMPROVEMENTS TO ENHANCE VISITOR EXPERIENCE AND SAFETY, AND SUPPORT OF THE CARMEL AREA STATE PARKS' GENERAL PLAN. TOTAL EXPENSES $281,323.57; RESTRICTED FUNDING OF

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SCHEDULE O
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization
POINT LOBOS FOUNDATION

Employer identification number
94-2546064

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

$144,955.76.

INCLUDING FUNDING FOR THE FOLLOWING PROJECTS IN 2025:

•IMPORTANT TRAILS AND MAINTENANCE AT THE RESERVE.

•FUNDED THE FIRST PHASE OF A MULTI-PHASE UTILITIES ASSESSMENT FOR HUDSON HOUSE FOR FUTURE PUBLIC USE.

•FUNDED THE FIRST PHASES OF A MULTI-PHASE UTILITIES ASSESSMENT FOR POINT LOBOS STATE NATURAL RESERVE, CARMEL RIVER STATE BEACH, AND ISHXENTA STATE PARK.

•FUNDED THE REMOVAL AND TRIMMING OF TREES AT CARMEL RIVER STATE BEACH.

•FUNDED THE INSTALLATION OF (7) NEW WASTE AND RECYCLING RECEPTACLES THROUGHOUT POINT LOBOS.

•PURCHASED CHORUS UNITS AND A SUBSCRIPTION TO SONOBAT TO BE USED FOR NATIVE BAT AND BIRD SPECIES RESEARCH AT POINT LOBOS STATE NATURAL RESERVE AND ISXHENTA STATE PARK.

•SUPPORTED THE RESEARCH BY USGS OF NATIVE BAT RESEARCH ALONG THE CALIFORNIA COAST, INCLUDING SPECIES RESEARCH AT POINT LOBOS STATE NATURAL RESERVE.

•CONTINUED COMMITMENT TO PARKIT!, A COMMUNITY-BASED INITIATIVE TO IMPROVE TRAFFIC SAFETY AND SUSTAINABILITY AND PARKLANDS ACCESS ON THE MONTEREY PENINSULA AND BIG SUR WITH PHASE 1 FOCUSING SOLELY ON SOLVING THE TRAFFIC SAFETY ISSUES AT POINT LOBOS STATE NATURAL RESERVE

•SUPPORTED THE REMOVAL OF INVASIVE SPECIES AND RESTORATION OF HABITAT WITHIN THE RESERVE.

•PURCHASED DANGEROUS WAVES SIGNAGE FOR USE AT CARMEL RIVER STATE BEACH.

•CONTINUED IMPORTANT MAINTENANCE PROJECTS AT HUDSON HOUSE.

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

SCHEDULE O
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization
POINT LOBOS FOUNDATION

Employer identification number
94-2546064

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

DOCENT SUPPORT

TO ENHANCE THE VISITOR EXPERIENCE BY SUPPORTING POINT LOBOS DOCENTS, STATE PARK VOLUNTEERS WHO GREET VISITORS, INTERPRET THE NATURAL AND CULTURAL RESOURCES AND LEAD WALKS FOR VISITOR GROUPS. IN 2025, THE NUMBER OF LONG-TERM DOCENTS INCREASED TO 235 AND 22 SCHOOL WALK GUIDES AND THEIR VOLUNTEER HOURS TOTALED 32,643 HOURS. TOTAL EXPENSES $100,553.33, RESTRICTED FUNDING OF $55,300.53.

•DOCENT ADMINISTRATION AND SUPPORT INCLUDING DOCENT AND SCHOOL WALK GUIDE UNIFORMS, OFFICE SUPPLIES AND MAINTENANCE EXPENSES.
•DOCENT TRAINING AND CONTINUING EDUCATION SUPPORT, INCLUDING MONTHLY DOCENT MEETINGS, INFORMATIONAL GUEST SPEAKERS, AND TRAINING MATERIALS.
•PURCHASE OF INTERPRETIVE MATERIALS AND MAINTENANCE FOR THE LOCATION-BASED SERVICES AT THE RESERVE (INFORMATION STATION, MINT, AND WHALERS CABIN).
•DOCENT EVENTS AND RECOGNITION INCLUDING THE ANNUAL DOCENT APPRECIATION DINNER.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

THE AMENDED AND RESTATED BYLAWS WERE REVISED IN SEVERAL GOVERNANCE AREAS THAT ARE DISCLOSED ON FORM 990, PART VI, LINE 4. THESE AMENDMENTS WERE ADOPTED DURING THE TAX YEAR BEING FILED AND WERE NOT PREVIOUSLY REPORTED.

THE STRUCTURE AND OPERATION OF THE BOARD OF DIRECTORS WERE REVISED. THE NUMBER OF AUTHORIZED DIRECTORS OF THE CORPORATION WAS SET TO NO LESS THAN NINE (9) AND NO MORE THAN FIFTEEN (15), UNLESS CHANGED BY AMENDMENT. THE EXACT NUMBER OF AUTHORIZED DIRECTORS SHALL BE FIXED WITHIN SUCH RANGE BY A RESOLUTION DULY ADOPTED BY THE BOARD OF DIRECTORS. DIRECTOR ELIGIBILITY WAS TIED TO BEING A "MEMBER" UNDER SECTION 3.2, AND

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

SCHEDULE O
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization
POINT LOBOS FOUNDATION

Employer identification number
94-2546064

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

LOSS OF GOOD STANDING WAS ADDED OR CLARIFIED AS A POTENTIAL BASIS FOR REMOVAL. DIRECTOR TERM-LIMIT RULES WERE ALSO REVISED TO ADD EXCEPTIONS FOR PARTIAL-TERM APPOINTEES, THE IMMEDIATE PAST PRESIDENT, AND CERTAIN OFFICERS WHO MAY SERVE AN ADDITIONAL CONSECUTIVE TERM.

DIRECTOR REMOVAL AND VACANCY PROVISIONS WERE ALSO UPDATED. A DIRECTOR COULD BE REMOVED FOR FAILING TO ATTEND THREE (3) REGULAR MEETINGS IN A CALENDAR YEAR WITHOUT AN ACCEPTABLE EXCUSE. THE VACANCY PROVISIONS WERE EXPANDED TO INCLUDE SITUATIONS WHERE THE BOARD FAILED AT AN ANNUAL MEETING TO ELECT ENOUGH DIRECTORS TO FILL OPEN POSITIONS.

MEETING, NOTICE, PARTICIPATION, AND VOTING PROCEDURES WERE MODERNIZED. SPECIAL-MEETING NOTICE COULD BE PROVIDED BY EMAIL OR OTHER ELECTRONIC MEANS. DIRECTORS WERE PERMITTED TO VOTE ELECTRONICALLY IF QUORUM REQUIREMENTS WERE MET, AND DIRECTORS WERE PERMITTED TO PARTICIPATE BY CONFERENCE TELEPHONE, VIDEO SCREEN COMMUNICATION, OR ELECTRONIC TRANSMISSION IF THE REQUIRED COMMUNICATION STANDARDS WERE SATISFIED.

COMMITTEE GOVERNANCE WAS REVISED, AND THE EXECUTIVE COMMITTEE'S ROLE WAS CLARIFIED. COMMITTEE CHAIRS WERE TO BE NOMINATED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE BOARD. COMMITTEES NOT COMPOSED ENTIRELY OF DIRECTORS WERE CLARIFIED TO BE ADVISORY ONLY AND UNABLE TO EXERCISE BOARD AUTHORITY. DIRECTORS WERE PERMITTED TO ATTEND MOST STANDING-COMMITTEE MEETINGS IN A NON-VOTING CAPACITY. THE EXECUTIVE COMMITTEE'S COMPOSITION AND AUTHORITY WERE ALSO CLARIFIED, INCLUDING ITS LIMITED ABILITY TO ACT IN UNUSUAL CIRCUMSTANCES BETWEEN REGULAR BOARD MEETINGS, EXCLUDING FINANCIAL

Docusign Envelope ID: 845EF7C5-29C8-802E-80A5-FBBBCDAA9825

SCHEDULE O
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
POINT LOBOS FOUNDATION

Employer identification number
94-2546064

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

DECISIONS, ONLY BY UNANIMOUS VOTE OF MEMBERS PRESENT AT A DULY CALLED MEETING WITH QUORUM, WITH NOTICE TO ALL DIRECTORS WITHIN 24 HOURS AND REVIEW AT THE NEXT BOARD MEETING.

OFFICER-RELATED PROVISIONS AND INTERNAL GOVERNANCE PROCEDURES WERE STRENGTHENED. THE BYLAWS RESTRICTED ONE PERSON FROM HOLDING MORE THAN ONE PRINCIPAL OFFICER ROLE AT THE SAME TIME, EXCEPT TEMPORARILY IN AN ACTING CAPACITY FOR UP TO SIX MONTHS. THE SECRETARY AND TREASURER/CFO WERE PROHIBITED FROM SIMULTANEOUSLY SERVING AS PRESIDENT OR CHAIR. THE SECRETARY'S RECORDS WERE PERMITTED TO BE MAINTAINED BY THE EXECUTIVE DIRECTOR AND KEPT AT A PHYSICAL OR ELECTRONIC LOCATION APPROVED BY THE BOARD, AND THE TREASURER WAS REQUIRED TO PROVIDE THE BOARD WITH AN ANNUAL BUDGET AND BUDGET-TO-ACTUAL VARIANCE REPORTS.

COMPENSATION OVERSIGHT, ANNUAL REPORTING, RELATED-PARTY DISCLOSURE, INDEMNIFICATION, AND INSURANCE PROVISIONS WERE ADDED OR CLARIFIED. DIRECTORS REMAINED UNCOMPENSATED AS DIRECTORS, EXCEPT FOR EXPENSE REIMBURSEMENTS. THE BOARD OR AN AUTHORIZED COMMITTEE WAS REQUIRED TO REVIEW AND APPROVE COMPENSATION FOR THE CEO AND CFO TO ENSURE IT WAS JUST AND REASONABLE. THE BYLAWS ALSO REQUIRED AN ANNUAL REPORT TO DIRECTORS WITHIN 120 DAYS AFTER YEAR-END AND REQUIRED DISCLOSURE OF INTERESTED-PERSON TRANSACTIONS OVER $50,000 AND INDEMNIFICATIONS OR ADVANCES OVER $10,000.

THE INDEMNIFICATION PROVISIONS WERE EXPANDED AND CLARIFIED. THE BYLAWS MORE FULLY DEFINED COVERED PERSONS AND PROCEEDINGS, DESCRIBED INDEMNIFICATION STANDARDS, PERMITTED ADVANCES OF EXPENSES, ADDRESSED VOLUNTEER DIRECTOR AND OFFICER LIABILITY,

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SCHEDULE O
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
Open to Public Inspection

Name of the organization
POINT LOBOS FOUNDATION

Employer identification number
94-2546064

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

AND REQUIRED BEST EFFORTS TO MAINTAIN INSURANCE.

FINALLY, THE AMENDMENT APPROVAL THRESHOLD WAS CHANGED. THE BYLAWS WERE REVISED TO PERMIT AMENDMENT BY APPROVAL OF A MAJORITY OF THE AUTHORIZED NUMBER OF DIRECTORS WITH 30 DAYS' NOTICE, REPLACING THE PRIOR TWO-THIRDS APPROVAL.

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

THE 990 IS FIRST REVIEWED BY STAFF AND THE TREASURER, AND THEN ONCE A DRAFT IS APPROVED, THE FINANCE COMMITTEE REVIEWS AND RECOMMENDS ITS APPROVAL TO THE FULL BOARD. THE BOARD REVIEWS AND VOTES FOR THE APPROVAL.

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

EACH BOARD MEMBER SIGNS A LETTER ANNUALLY, STATING THEY DO NOT HAVE A CONFLICT AS DEFINED IN THE CONFLICT-OF-INTEREST POLICY. THESE LETTERS ARE MAINTAINED AND MONITORED BY THE SECRETARY.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE EXECUTIVE COMMITTEE AND/OR GOVERNANCE COMMITTEE REVIEWS AND APPROVES THE ORGANIZATION'S EMPLOYEE COMPENSATION ANNUALLY.

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

THE EXECUTIVE COMMITTEE AND/OR GOVERNANCE COMMITTEE REVIEWS AND APPROVES THE ORGANIZATION'S EMPLOYEE COMPENSATION ANNUALLY.

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

THE AUDITED FINANCIAL STATEMENTS, FORM 990 AND PUBLIC MEETING MINUTES ARE MADE AVAILABLE TO THE GENERAL PUBLIC ON THE FOUNDATION'S WEBSITE. GOVERNING DOCUMENTS AND THE CONFLICT-OF-INTEREST POLICY ARE AVAILABLE UPON REQUEST.

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POINT LOBOS FOUNDATION **94-2546064**

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 990/990-PF										
AMORTIZATION										
4	AMORTIZATION	VARIOUS		17,000			11,583	S/L		2,000
	TOTAL AMORTIZATION			17,000		0	11,583			2,000
AUTO / TRANSPORT EQUIPMENT										
1	VEHICLES	VARIOUS		21,506			21,506	S/L		0
	TOTAL AUTO / TRANSPORT EQUI			21,506		0	21,506			0
FURNITURE AND FIXTURES										
2	FURNITURE & FIXTURES	VARIOUS		43,459			38,185	S/L		3,016
	TOTAL FURNITURE AND FIXTURE			43,459		0	38,185			3,016
MACHINERY AND EQUIPMENT										
3	EQUIPMENT	VARIOUS		41,249			38,695	S/L		1,276
	TOTAL MACHINERY AND EQUIPME			41,249		0	38,695			1,276
	TOTAL DEPRECIATION			106,214		0	98,386			4,292
	GRAND TOTAL AMORTIZATION			17,000		0	11,583			2,000
	GRAND TOTAL DEPRECIATION			106,214		0	98,386			4,292

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POINT LOBOS FOUNDATION **94-2546064**

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 199										
AMORTIZATION										
4	AMORTIZATION	VARIOUS		17,000			11,583	S/L		2,000
	TOTAL AMORTIZATION			17,000		0	11,583			2,000
AUTO / TRANSPORT EQUIPMENT										
1	VEHICLES	VARIOUS		21,506			21,506	S/L		0
	TOTAL AUTO / TRANSPORT EQUI			21,506		0	21,506			0
FURNITURE AND FIXTURES										
2	FURNITURE & FIXTURES	VARIOUS		43,459			38,185	S/L		3,016
	TOTAL FURNITURE AND FIXTURE			43,459		0	38,185			3,016
MACHINERY AND EQUIPMENT										
3	EQUIPMENT	VARIOUS		41,249			38,695	S/L		1,276
	TOTAL MACHINERY AND EQUIPME			41,249		0	38,695			1,276
	TOTAL DEPRECIATION			106,214		0	98,386			4,292
	GRAND TOTAL AMORTIZATION			17,000		0	11,583			2,000
	GRAND TOTAL DEPRECIATION			106,214		0	98,386			4,292

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POINT LOBOS FOUNDATION 94-2546064

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 199																
AMORTIZATION																
4	AMORTIZATION	VARIOUS		17,000							17,000	11,583	S/L			2,000
	TOTAL AMORTIZATION			17,000		0	0	0	0	0	17,000	11,583				2,000
AUTO / TRANSPORT EQUIPMENT																
1	VEHICLES	VARIOUS		21,506							21,506	21,506	S/L			0
	TOTAL AUTO / TRANSPORT EQUIP			21,506		0	0	0	0	0	21,506	21,506				0
FURNITURE AND FIXTURES																
2	FURNITURE & FIXTURES	VARIOUS		43,459							43,459	38,185	S/L			3,016
	TOTAL FURNITURE AND FIXTURE			43,459		0	0	0	0	0	43,459	38,185				3,016
MACHINERY AND EQUIPMENT																
3	EQUIPMENT	VARIOUS		41,249							41,249	38,695	S/L			1,276
	TOTAL MACHINERY AND EQUIPME			41,249		0	0	0	0	0	41,249	38,695				1,276
	TOTAL DEPRECIATION			106,214		0	0	0	0	0	106,214	98,386				4,292
	GRAND TOTAL AMORTIZATION			17,000		0	0	0	0	0	17,000	11,583				2,000
	GRAND TOTAL DEPRECIATION			106,214		0	0	0	0	0	106,214	98,386				4,292

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POINT LOBOS FOUNDATION 94-2546064

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 199																
AMORTIZATION																
4	AMORTIZATION	VARIOUS		17,000							17,000	13,583	S/L			0
	TOTAL AMORTIZATION			17,000		0	0	0	0	0	17,000	13,583				0
AUTO / TRANSPORT EQUIPMENT																
1	VEHICLES	VARIOUS		21,506							21,506	21,506	S/L			0
	TOTAL AUTO / TRANSPORT EQUIP			21,506		0	0	0	0	0	21,506	21,506				0
FURNITURE AND FIXTURES																
2	FURNITURE & FIXTURES	VARIOUS		43,459							43,459	41,201	S/L			0
	TOTAL FURNITURE AND FIXTURE			43,459		0	0	0	0	0	43,459	41,201				0
MACHINERY AND EQUIPMENT																
3	EQUIPMENT	VARIOUS		41,249							41,249	39,971	S/L			0
	TOTAL MACHINERY AND EQUIPME			41,249		0	0	0	0	0	41,249	39,971				0
	TOTAL DEPRECIATION			106,214		0	0	0	0	0	106,214	102,678				0
	GRAND TOTAL AMORTIZATION			17,000		0	0	0	0	0	17,000	13,583				0
	GRAND TOTAL DEPRECIATION			106,214		0	0	0	0	0	106,214	102,678				0

Certificate Of Completion

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Browsers (for SENDERS):	Internet Explorer 6.0¬ or above
Browsers (for SIGNERS):	Internet Explorer 6.0¬, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	ò Allow per session cookies ò Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

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