Form 990

A For the 2013 calendar year, or tax year beginning

May the IRS discuss this return with the preparer shown above? (see instruction BAA For Paperwork Reduction Act Notice, see the separate instruction

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)

2013

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

, 2013, and ending

Open to Public Inspection

	В	Check if applicable	C Name of organization Call of the Sea			D Employ	er Identific	ation Number	
		Address change	Doing Business As		_	94-	29514	88	
		Name change	Number and street (or P O box if mail is not delivered to street address)	Room/si	uite	E Telepho	ne number		
		Initial return	3020 Bridgeway	278		(41.	5) 33	1-3214	
		Terminated	City or town, state or province, country, and ZIP or foreign postal code				,		
		Amended return	Sausalito CA 949	965		G Gross re	eceipts \$	368,231.	
		Application pending	F Name and address of principal officer	1	H(a) Is this a	group return	for subord		XNo
		_	Charles Hart 2330 Marinship Way #150 Sausalito CA 949	965	H(b) Are all	subordinates attach a list. (Included?	Yes	□No
ī	1	Tax-exempt status		527	If 'No,'	attach a list. (see Instruct	ions)	
	J	Website: ► ww	w.callofthesea.org		H(c) Group	exemption nu	mber ►		
ī	ĸ	Form of organization	X Corporation Trust Association Other ► L Year of	formation	n 2004	4 M s	state of lega	al domicile CA	
ſ	Pa	art I Summai	v						
_				nnec	t you	th_to	the s	ea	
	a	Educatio	nal Sails on San Francisco Bay and along the						
	Governance	coast th	at inspire youth to connect to the sea, sea				ne his	story,	
	Ĕ	and bay	and ocean ecology.						
	ŏ	2 Check this bo					sets		
	8	3 Number of vo	ting members of the governing body (Part VI, line 1a)				3		<u>13</u>
	es	4 Number of inc	dependent voting members of the governing body (Part VI, line 1b)				4		12
	Activities &	6 Total number	of individuals employed in calendar year 2013 (Part V, line 2a) of volunteers (estimate if necessary)				6		11
	톃	7a Total unrelate	d business revenue from Part VIII, column (C), line 12				7a		0.
	_		business taxable income from Form 990-T, line 34				7b		<u> </u>
-					P	rior Year	L	Current Yea	
		8 Contributions	and grants (Part VIII, line 1h)			143,2	51.		378.
	Revenue		ice revenue (Part VIII, line 2g)			210,4		267,	
	€.		come (Part VIII, column (A), lines 3, 4, and 7d)				99.	= = : , :	
-	ď		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				40.		450.
_		12 Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)			353 , 8	89.	363,	181.
		13 Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)						
					i				
,		14 Benefits paid	to or for members (Part IX, column (A), line 4)						
۶,	ທ		to or for members (Part IX, column (A), line 4)		-	196,4	34.	219,	846.
,	nses	15 Salanes, othe			-	196,4	34.	219,	846.
, [(penses	15 Salaries, othe 16a Professional i	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)		-	196,4	34.	219,	846.
, 	Expenses	15 Salaries, othe 16a Professional i	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)						
, 	Expenses	15 Salanes, other 16a Professional b Total fundrais 17 Other expens	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)	 <u>07.</u>		193,6	37.	174,	886.
,	S Expenses	15 Salaries, othe 16 a Professional i b Total fundrals 17 Other expens	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)			193,6 390,0	37.	174, 394,	886. 732.
	Expenses	15 Salaries, othe 16 a Professional i b Total fundrals 17 Other expens	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)			193,6 390,0 -36,1	37. 71. 82.	174, 394, -31,	886. 732. 551.
	salancen 5 Expenses	15 Salaries, othe 16 a Professional i b Total fundrals 17 Other expens	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)			193, 6 390, 0 -36, 1	37. 71. 82.	174, 394, -31, End of Yea	886. 732. 551.
	nd Balances 5 Expenses	15 Salanes, other 16 a Professional in the pro	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)			193, 6 390, 0 -36, 1 ng of Currer 383, 8	37. 71. 82	174, 394, -31,	886. 732. 551. r 877.
	Not Assets of Expenses	15 Salanes, other 16 a Professional in b Total fundrals 17 Other expens 18 Total expense 19 NRevenue (ess 20 Total assets 21 Total labilities	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)			193, 6 390, 0 -36, 1 ng of Currer 383, 8 379, 0	37. 71. 82 11 Year 64.	174, 394, -31, End of Yea 373, 400,	886. 732. 551. r 877. 640.
	Fund Balances 5 Expe	15 Salanes, other 16 a Professional in b Total fundrals 17 Other expens 18 Total expense 19 NRevenue (ess 20 Total assets of	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)	07. 07.		193, 6 390, 0 -36, 1 ng of Currer 383, 8	37. 71. 82 11 Year 64.	174, 394, -31, End of Yea 373,	886. 732. 551. r 877. 640.
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	Mor Assets of Experience of Ex	15 Salanes, other 16 a Professional III 16 a Professional III 17 Other expensions 18 Total expense 19 MRevenue less 20 Total assets 21 Total liabilities 22 Net assets or art II Signature er penalties of penury. Legiplete Declaration of Grepar	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)	07.	Beginnir	193,6 390,0 -36,1 ng of Currer 383,8 379,0 4,7	37. 71. 82. • 11 Year 64. 76.	174, 394, -31, End of Yea 373, 400, -26,	886. 732. 551. r 877. 640.
	Not Assets of Expe	15 Salanes, other 16 a Professional in the pro	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)	07.	Beginnir t of my knowl	193,6 390,0 -36,1 ng of Currer 383,8 379,0 4,7	37. 71. 82. • 11 Year 64. 76.	174, 394, -31, End of Yea 373, 400, -26,	886. 732. 551. r 877. 640.
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		2013) Call of the Sea	94-2951488	Page 2
Par	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	. <u> </u>
1	Bnefly	describe the organization's mission:		_
	To c	connect youth to the sea		
	Educ	cational Sails on San Francisco Bay and along the California		
	See F	orm 990, Page 2, Part III, Line 1 (continued)		
2		e organization undertake any significant program services during the year which were not listed on the	prior	
	Form 9	990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O.		
3	Did the	e organization cease conducting, or make significant changes in how it conducts, any program services	s? Ye s	X No
	If 'Yes	,' describe these changes on Schedule O		
4	Descri	be the organization's program service accomplishments for each of its three largest program services,	as measured by expens	ses
	Sectio	n 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount, the total expenses, and revenue, if any, for each program service reported.	t of grants and allocation	ns to
	outers	, the total expenses, and revenue, if any, for each program service reported.		
		· · · · · · · · · · · · · · · · · · ·		
4 a	(Code		Revenue \$2	67 <u>,253.</u>)
		cational sails on the organization's 82' schooner, SEAWARD,		
	<u>off</u> e	ering the benefits of connecting with the sea and sailing, an	<u>d</u>	-
		owering youth of all backgrounds.		 -
		s range from 3 hours to several days. Over 5,000 youth sail		
	with	us annually.		
4 b	(Code) (Expenses \$ including grants of \$) (F	Revenue \$)
				· · · · · · · · · · · · · · · · · · ·
			 -	
				
				
				
				
4 c	(Code) (Expenses \$ including grants of \$) (F	Revenue \$	
	,			
				-
		- -		
	O#F ==	Program and the Charles of Cabadula O.)		
4 d		program services. (Describe in Schedule O.)		
	(Exper)
4 e	lotal p	program service expenses ► 332,703.		

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7	_	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If Yes, complete Schedule D, Part VI	11 a	Х	
١	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	11 b		Х
•	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
(e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.	11 f		х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
1	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		х
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		х
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		Х
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		х
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_		Х
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
	a Did the organization operate one or more hospital facilities? If Yes,' complete Schedule H	20		Х
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, go to line 25a	24a		X
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	I Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
t	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	х	
27		27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule I. Part IV	-		
_	Instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If Yes,' complete Schedule L, Part IV			
		28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If Yes, complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	of 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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O	38	Х	

BAA

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			·L
			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 8	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 11			
ı	o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
1	olf 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 :	a 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)?	4 a		Х
1	olf 'Yes,' enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 8	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
1	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	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		х
ı	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	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?	7 a	-, <i>ii</i> ii -	½ X
	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	If Yes,' indicate the number of Forms 8282 filed during the year	1 11/4	<i>[[1]</i>	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	ZZ.Z`	<i>₩\#2</i>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	. 3		
	Form 1098-C?	7 h	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<u>; *</u>	<u>'</u>	
9	Sponsoring organizations maintaining donor advised funds.	9/4	MATELY ONLY WILL TO	1 / A
á	a Did the organization make any taxable distributions under section 4966?	9 a	terllikt name	12 min
_	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b	_	
10	Section 501(c)(7) organizations. Enter	4,	1/4	64 15
á	Initiation fees and capital contributions included on Part VIII, line 12			in in 10:
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	,		
11	Section 501(c)(12) organizations. Enter	2	4	/
á	Gross income from members or shareholders	"	Ž.	1
ŀ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<i>',</i>		,
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
ŀ	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			,
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.		,	
t	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			
	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Form	990 (2013) Call of the Sea 94~2951488		Р	age 6
Pai	described to the second state of the second state of the second s	, and	for	
	Schedule O. See instructions.			_
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI	• • •	· · ·	. X
Sec	tion A. Governing Body and Management	— т	Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			110
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
t	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents	l . l		١.,
5	since the pnor Form 990 was filed?	5		X
6	Did the organization have members or stockholders?	6		$\frac{\hat{x}}{x}$
_	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?	7 a		X
t	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8 a	Χ	<u> </u>
	Each committee with authority to act on behalf of the governing body?	8 b	Х	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		<u> x</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	oae.) Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10a	165	X
	of Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 Ь		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Χ	\vdash
Ł	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Χ	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		х
•	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	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?			
	The organization's CEO, Executive Director, or top management official	15a		X
t	Other officers of key employees of the organization	15b		X
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 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
t	olf 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its		_	
800	organization's exempt status with respect to such arrangements?	16 b		Щ_
18	List the states with which a copy of this Form 990 is required to be filed <u>California</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the lax year	le to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	n		
BAA	Charlie Hart 400-C Harbor Dr. Sausalito CA 94965 (4:	1 <u>5)</u> 3 Form		

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Part VII Con	pensation of Officers	Directors, Trustees, Key Employees	, Highest Compensated Employees, and

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

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

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

Check this box if neither the organization	T			(0		<u> </u>			,	
(A) Name and Title	Name and Title Average hours per officer and a dire			erson	ıs both	an)	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other	
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	10.00									_
Director		Х	-					0,	0.	0.
(2) Carter Collins	3.00	, <i>,</i>						•	_	
Director	2 00	Х						0.	0.	0.
(3) Jerry Fiddler	3.00	,,						0.	0	
Director _(4)_Graham_Green	3.00	X							0.	0.
Chairman	1-3.00	Х		Х				0.	0.	0
(5) Chris Kieliger	3.00	-^-						0.	0.	0.
Director	4-3:00	Х						0.	0.	0.
(6) David MacGregor	3.00	<u> </u>		-				_0.	0.	
Director	1-2:00	х						0.	0.	0.
(7) Alan Olson	6.00	 ^		\neg		_	_	0.	<u> </u>	· ·
Director	7-3-3	х						0.	0.	0.
(8) Charles Hart	50.00							<u> </u>		<u> </u>
Executive Dir.	1	Х		Х				65,000.	0.	0.
(9) Russell Hamel	6.00									-
Director	7	Х						0.	0.	0.
(10) Dan Sillin	3.00									
Secretary		Х		Х				0.	0.	0.
(11) Dave Stuhlbarg	3.00									
Director		Х						0.	0.	0.
(12) Michael O Callaghan	3.00									
Director		Х						0.	0.	0.
(13) Rob McClurg	3.00									
Director	<u> </u>	Х	Ш					0.	0.	0.
(14)	4									
			Ш							

Form 990 (2013) Call of the Sea									94-2951488	3		ge 8
Part VII Section A. Officers, Directors, Tru		Key T	En			es,	an	d Highest Con	npensated Emp	loyees	S (cont	ınued)
(A) Name and utle	Name and title hours box, unless person is both an officer and a director/trustee) week				(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		ner			
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	fr orga and	persallo om the anization d related anization	}
(15)									-			_
(16)												
(17)	+	-										
(18)												
(19)												
(20)	 								-			
(21)		<u> </u>										
(22)							-		1	_	-	
(23)												
(24)								-			_	
(25)												
1 b Sub-total.			•		•		<u> </u>	65,000.	0.		_	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)			• •				-	65,000.	0.			0.
Total number of individuals (including but not limited from the organization				_			ive			npensa	tion	
											Yes	No
Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such in	dıvıdual		• •		•			.:	nployee · · ·	. 3		X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the such individual	nan \$150,	०००२	If 'Y	'es'	com	plete	Scl	hedule J for		. 4		x
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' c										. 5		Х
Section B. Independent Contractors 1 Complete this table for your five highest compensate	ed indene	nden	t coi	ntrad	rtors	that	rec	eived more than \$	100 000 of		-	
compensation from the organization. Report compe	nsation fo	r the	cale	nda	r yea	ar en	ding	with or within the	organization's tax ye			
Name and business addre	ess							Description of		Compe	C) ensatio	n
						_						
2 Total number of independent contractors (including	but not lin	nited	to th	ose	liste	d ab	ove) who received mo	re than			
\$100,000 of compensation from the organization		TEEA	1108	11/1	1/13					Form	990 (2013)

Pai	rt VIII Statement of Revenue Check if Schedule O contains a response or note to any I	ing in this Bart VIII			
	Orleck if ochequie of contains a response of note to any i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 23,600. d Related organizations 1d e Government grants (contributions) . 1e f All other contributions, gifts, grants, and similar amounts not included above . 1f 72,778. g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f		revenue		312-314
REVENUE	2a Sailing fees 900099 b	96,378.	267,253.	0.	0.
SRAM SERVICE	d e f All other program service revenue				
PRO		267,253.			
	Investment income (including dividends, interest and other similar amounts)				
	6 a Gross rents b Less rental expenses c Rental income or (loss).		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>i</i> ,	í í
	d Net rental income or (loss)				,
	and sales expenses c Gain or (loss)		, May	11) 18/1	, , , , , , , , , , , , , , , , , , ,
OTHER REVENUE	8 a Gross income from fundraising events (not including . \$ 23,600. of contributions reported on line 1c). See Part IV, line 18				
OTE	c Net income or (loss) from fundraising events			0.	-450.
	9 a Gross income from gaming activities. See Part IV, line 19. b Less direct expenses b c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances		_	_	
	c Net income or (loss) from sales of inventory		-		
	b				
	d All other revenue				
	12 Total revenue. See instructions	363,181.	267,253.	0.	-450.

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		 Т

Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				- '
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				11540
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees	67,400.	40,440.	13,480.	13,480.
7	Other salaries and wages	135,169.	127,082.	5,776.	2,311.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	133,107.	121,002.	3,770.	2,311.
9	Other employee benefits	·			
10	Payroll taxes	17,277.	13,649.	1,970.	1,658.
11	Fees for services (non-employees)			-,,,,,,,	2,000.
á	Management				
ı	Legal				·
	Accounting	2,656.	0.	2,656.	0.
	j Lobbying				
	Professional fundraising services See Part IV, line 17		Marin Charles Con Sec.		
	Investment management fees		<u>''' </u>	****	
g	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .				
12	Advertising and promotion	2,772.	2,772.	0.	0.
13	Office expenses	14,235.	8,541.	2,135.	3, <u>5</u> 59.
14	Information technology				
15	Royalties				
16	Occupancy	8,867.	5,320.	1,330.	2,217.
17	Travel [1,276.	1,276.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	15,091.	15,091.	0.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,172.	21,172.	0.	0.
23	Insurance	20,077.	19,020.	990.	67.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		, ,		,
a	Ship/sailing_costs	76,681.	76,681.	0.	0.
t	Fundralsing	6,315.	0.		6.315.
	Bank fees	4,085.	0.	4,085	0.
c	Educational	1,659.	1,659.	0.	0
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	394,732.	332,703.	32,422.	29,607.
	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)	. <u> </u>			
BAA		TEEA0110 11/	2014.2		Form 990 (2013)

	II (A	Datalice Silect		_	
		Check if Schedule O contains a response or note to any line in this Part X	<u> </u>	<u></u>	· · · · <u>· · · · · · </u>
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	2,238.	1	8,511.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	933.	4	3,178.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	1.0
A S	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use	893.	8	
T S	9	Prepaid expenses and deferred charges	5,849.	9	6,365.
	10-	Land, buildings, and equipment cost or other basis			0,000.
	iva	Complete Part VI of Schedule D			
	b	Less accumulated depreciation	370,713.	10 c	350,329.
	11	Investments – publicly traded securities	3701,1131	11	330,323.
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	•
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	3,238.	15	5,494.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	
-	17	Accounts payable and accrued expenses.	383,864. 9,376.	17	373,877. 5,483.
	18	Grants payable	9,310.	18	5,403.
	19	Deferred revenue	13,400.	19	32,304.
.	20	Tax-exempt bond liabilities	15,400.	20	32,304.
į	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ABIL.	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons			
L		Complete Part II of Schedule L	136,300.	22	131,800.
E S	23	Secured mortgages and notes payable to unrelated third parties	220,000.	23_	220,000.
3	24	Unsecured notes and loans payable to unrelated third parties		24	11,053.
	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	379,076.	26	400,640.
ZET		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.			
A	27	Unrestricted net assets		27	
ASSETS	28	Temporarily restricted net assets		28	
s	29	Permanently restricted net assets		29	
Ř	25	Organizations that do not follow SFAS 117 (ASC 958), check here ► X		29	
E DZO	30	and complete lines 30 through 34. Capital stock or trust principal, or current funds			
	31	Paid-in or capital surplus, or land, building, or equipment fund		30	
B	-	- · · · · · · · · · · · · · · · · · · ·		31	
Ā	32	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	4,788.	32	<u>-26,763.</u>
BALARCES	33		4,788.	33	<u>-26,763.</u>
S	34	Total liabilities and net assets/fund balances	383,864.	34	<u>373,877.</u>

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Form 990 (2013)

		<u>-2951</u>	488		Pag	ge 12
Pa	nt.XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		36	3,1	81.
2	Total expenses (must equal Part IX, column (A), line 25)	2		39	4,7	32.
3	Revenue less expenses Subtract line 2 from line 1	3		3	1,5	51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			4,7	88.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		_		
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
<u></u>	column (B))	10		<u>-2</u>	<u>6,7</u>	<u>63.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		•			. П
	<u> </u>				/es	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				, i	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			11 mily 12 mil		,
2 :	Were the organization's financial statements compiled or reviewed by an independent accountant?		.	2 a	1	Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both	а		4 2 6		<i>"</i> .
	Separate basis Consolidated basis Both consolidated and separate basis			•		-
-	Were the organization's financial statements audited by an independent accountant?		.	2 b		Х
	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			(
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	dıt,		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl Audit Act and OMB Circular A-133?	е .		3 a	-	X
1	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		.	3 Б		
BAA				Form 9	90 (2	2013)
					•	,

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

		f the Sea								95148			
Part	1	Reason for Pub	lic Charity Status	(All organizations	must co	omplet	e this p	art.) S	See inst	truction	ns.		
The o	rganı	zation is not a private	e foundation because it	is. (For lines 1 through	11, chec	k only o	ne box.)	•					
1	\Box	A church, convention	of churches or associa	ation of churches describ	ed in se	ction 17	0(b)(1)(A	A)(i).					
2	\square	A school described in	section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	\square	A hospital or a coope	rative hospital service	organization described in	n section	170(b)	(1)(A)(iii	١.					
4				conjunction with a hosp					1)(Δ)(iii)	Enter th	he hospital's	2	
		name, city, and state	• • • • • • • • • • • • • • • • • • • •	,,				()(-,(, -,(,,		Тоттоорпате		
5	\Box		ated for the benefit of a	college or university ow	ned or o	perated	by a gov	ernmen	ital unit d	lescribed	in section		
6	\Box	A federal, state, or loc	eral, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	\Box	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 de	scribed in section 170	(b)(1)(A)(vi). (Complete	Part II)								
9		An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)											
10				clusively to test for public									
11	-r	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h											
	a				-	-			• .		inctionally in	ntegrate	∌d
е	\Box	By checking this box, other than foundation section 509(a)(2)	I certify that the organi managers and other th	zation is not controlled on nan one or more publicly	directly or supporte	ndirected	tly by one	e or moi describ	re disqua ed in sec	ilified pe ction 509	rsons 9(a)(1) or		
f	l ⁱ	f the organization rec check this box	eived a written determ	ination from the IRS that	tıs a Typ	e I, Typ	e II or Ty	pe III su	pporting	organız	ation,		. [
g	5	Since August 17, 200	6, has the organization	accepted any gift or co	ntributio	n from a	ny of the	followir	ng persoi	ns?			
							-		-			Yes	No
	(i) A person who d	irectly or indirectly con	trols, either alone or tog	ether with	n person	ıs describ	oed in (i	ı) and (ııı)	11 a /i)		
			rning body of the supp	o .						• •	. 11 g (i)	\vdash	
	(•	er of a person describe	``	• • •	•		•		• •	. 11 g (ii)		
	•			scribed in (i) or (ii) above		-					· 11 g (ni)		
h	F	Provide the following	information about the s	supported organization(s	<u> </u>							<u></u>	
	((i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(IV) is organiza column (I) your gov docum	ation in listed in verning	(v) Did yo the organi column (i) supp	zation in of your	(vi) l: organizi colum organize U :	ation in in (i) d in the	(vii) Amoun sup	t of mone	tary
					Yes	No	Yes	No	Yes	No			
(A)							ļ <u> </u>		ļ				
(D)													
(B)					 			<u> </u>					
(C)													
(D)													
(D)					 		<u> </u>						
(E)													
T-4-1													
Total			- A - A N - 41	<u> </u>	<u> </u>		1	L	<u> </u>	<u> </u>			
RAA	rorf	∙aperwork Reductio	IN ACT NOTICE, see the	Instructions for Form	990 or 9	90-EZ.			schedule	A (Form	n 990 or 990	JEZ) 20	ე13

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale: begii	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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					an was the contract of	
Sec	tion B. Total Support						
	ndar year (or fiscal year nning ɪn) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
11	Total support, Add lines 7 through 10					er, Shilly La ra Santa	62
12	Gross receipts from related activiti	es, etc (see instruc	tions)		.	12	2
13	First five years. If the Form 990 is organization, check this box and s			third, fourth, or fifth			▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 201	• • • • • • • • • • • • • • • • • • • •	•	1, column (f)) · ·		14	
15	Public support percentage from 20	12 Schedule A, Pa	rt II, line 14	• • • •		1	5 %
16 a	33-1/3% support test — 2013. If and stop here. The organization of						ck this box
b	33-1/3% support test — 2012. If t and stop here. The organization of	he organization did qualifies as a public	not check a box only supported organical	on line 13 or 16a, a nization	ind line 15 is 33-1/3	3% or more, che	eck this box
17 a	10%-facts-and-circumstances to or more, and if the organization meets the 'facts-attent's facts-attent's facts-attent's facts-attention meets the 'facts-attent's facts-attention for the state of the s	eets the 'facts-and-	circumstances' te	st, check this box a	nd stop here. Exp	lain in Part IV h	ow 🖂
	10%-facts-and-circumstances to or more, and if the organization meorganization meets the 'facts-and-	eets the 'facts-and- circumstances' test	circumstances' te The organization	st, check this box a n qualifies as a pub	ind stop here. Exp licly supported org	laın ın Part IV h anızatıon	ow the
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	17b, check this box	and see instruc	ctions ►
DAA					0-1	adula A /Cama	000 or 000 EZ) 2012

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

	Allera A. Darlella Orrio						
	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·					
	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants ')	53,548.	98,577.	109,508.	143,251.	100,978.	505,862.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	137,401.	264,719.	251,461.	211,339.	267,253.	1,132,173.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
6	Total. Add lines 1 through 5	190,949.	363,296.	360,969.	354,590.	368,231.	1,638,035.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	11,272.	24,475.	37,050.	16,515.	8,250.	97,562.
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	15,500.	10,250.	4,500.	11,650.	8,600.	50,500.
c	: Add lines 7a and 7b	26,772.	34,725.	41,550.	28,165.	16,850.	148,062.
	Public support (Subtract line 7c from line 6)	20,772.	34,723.	41,330.	20,103.	10,030.	1,489,973.
Sec	tion B. Total Support						<u> </u>
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	190,949.	363,296.	360,969.	354,590.	368,231.	1,638,035.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	14.	6.	2.	8.	0.	30.
c	Add lines 10a and 10b	14.	6.	2.	8.	0.	30.
_	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	211	0.			<u> </u>	30.
12	Other income. Do not include				1		T
	gain or loss from the sale of capital assets (Explain in Part IV.)						
13	gain or loss from the sale of capital assets (Explain in	190,963.	363,302.	360,971.	354,598.	368,231.	1,638,065.
14	gain or loss from the sale of capital assets (Explain in Part IV.)	for the organization top here	on's first, second, th	 ' 			1,638,065.
14 Sec	gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add ins 9,10c, 11 and 12) First five years. If the Form 990 is organization, check this box and s' tion C. Computation of Pul	for the organization top here blic Support P	ercentage	nird, fourth, or fifth			1,638,065.
14 Sec 15	gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add ins 9,10c, 11 and 12) First five years. If the Form 990 is organization, check this box and stion C. Computation of Pul Public support percentage for 2013	for the organization here blic Support P 3 (line 8, column (f)	ercentage divided by line 13,	column (f))	tax year as a secti	on 501(c)(3)	1,638,065.
14 Sec 15	gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add ins 9,10c, 11 and 12) First five years. If the Form 990 is organization, check this box and s' tion C. Computation of Pul	for the organization here blic Support P 3 (line 8, column (f)	ercentage divided by line 13,	column (f))	tax year as a secti	on 501(c)(3)	. • []
14 Sec 15 16	gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add ins 9,10c, 11 and 12) First five years. If the Form 990 is organization, check this box and stion C. Computation of Pul Public support percentage for 2013	for the organization here blic Support P 3 (line 8, column (f) 12 Schedule A, Pa	on's first, second, the second	column (f))	tax year as a secti	on 501(c)(3)	90.96 %
14 Sec 15 16 Sec	gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add ins 9,10c, 11 and 12) First five years. If the Form 990 is organization, check this box and ston C. Computation of Pul Public support percentage for 2013 Public support percentage from 20	for the organization top here blic Support P 3 (line 8, column (f) 12 Schedule A, Pa estment Incon	ercentage divided by line 13, rt III, line 15	column (f))	tax year as a secti	on 501(c)(3)	90.96 %
14 Sec 15 16 Sec 17	gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add ins 9,10c, 11 and 12) First five years. If the Form 990 is organization, check this box and station C. Computation of Pul Public support percentage for 2013 Public support percentage from 20 tion D. Computation of Inv	for the organization top here blic Support P 3 (line 8, column (f) 12 Schedule A, Pa estment Incon 2013 (line 10c, col	ercentage divided by line 13, rt III, line 15 ne Percentage umn (f) divided by	column (f))	tax year as a secti	on 501(c)(3)	90.96 % 90.36 %
14 Sec 15 16 Sec 17 18 19 a	gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add ins 9,10c, 11 and 12) First five years. If the Form 990 is organization, check this box and statement of Pulling Support percentage for 2013 Public support percentage from 202 tion D. Computation of Investment income percentage for Investment income percentage from 33-1/3% support tests — 2013. If is not more than 33-1/3%, check the	for the organization top here Silve Support P Gilline 8, column (f) 12 Schedule A, Pa estment Incon 2013 (line 10c, column 2012 Schedule A the organization dies box and stop he	ercentage divided by line 13, rt III, line 15. ne Percentage umn (f) divided by A, Part III, line 17. d not check the borere. The organizati	column (f))	tax year as a secti	15 16 17 18 18	90.96 % 90.36 % 0.00 % 0.00 %
14 15 16 Sec 17 18 19 a	gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add ins 9,10c, 11 and 12) First five years. If the Form 990 is organization, check this box and station C. Computation of Pullipublic support percentage for 2013 Public support percentage from 20 tion D. Computation of Investment income percentage for Investment income percentage from 33-1/3% support tests — 2013. If	for the organization top here dic Support P dic S	ercentage divided by line 13, rt III, line 15. ne Percentage umn (f) divided by A, Part III, line 17. d not check the boore. The organization of the check a book stop here. The organization of the check a book stop here. The organization of the check a book stop here. The organization of the check a book stop here. The organization of the check a book stop here. The organization of the check a book stop here.	column (f)) line 13, column (f) x on line 14, and line on qualifies as a pon line 14 or line 1 panization qualifies	ne 15 is more than ublicly supported of 9a, and line 16 is re as a publicly supp		90.96 % 90.36 % 0.00 % 0.00 % e 17

	(Form 990 or 990-EZ) 2013	Call of the	Sea	94	-2951488 Page 4
Part IV	Supplemental Informa or 17b, and Part III, line (See instructions).	tion. Provide the 12. Also complete	explanations required be this part for any addition	y Part II, line 10; Par nal information.	t II, line 17a
				-	
-					
			-		
		-	-		
_					
			- 		
			- 		-

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

rm990. Open to Public Inspection
Employer identification number

Ca	ll of the Sea			94-2951488
Pa		or Advised Funds or Other Simil	ar Funds or Ac	
<u> </u>	Complete if the organization answ	vered 'Yes' to Form 990, Part IV, lir	ne 6.	counts.
_		(a) Donor advised funds		unds and other accounts
1	Total number at end of year	(2) 201101 4441000 141100	(8)1	unds and other accounts
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year		_	
	•			
5	Did the organization inform all donors and donor are the organization's property, subject to the organization or the organization of the organizat	r advisors in writing that the assets held in organization's exclusive legal control?	donor advised funds	. Yes No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	f the donor or donor advisor, or for any other	nds can be used only er purpose conferring	y 3 Yes No
Pai				-
		vered 'Yes' to Form 990, Part IV, lin	ne 7	
1	Purpose(s) of conservation easements held by to	• , , , , , , , , , , , , , , , , , , ,		
	Preservation of land for public use (e g , rec	reation or education) Preserv	ation of an historical	lly important land area
	Protection of natural habitat	Preserv	ation of a certified h	storic structure
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution i	n the form of a conse	ervation easement on the
	last day of the tax year.		£	
			Ž (Held at the End of the Tax Year
•	a Total number of conservation easements		· · 2a	
١	b Total acreage restricted by conservation easeme	ents	2 b	
•	Number of conservation easements on a certifie	d historic structure included in (a)	2c	
(d Number of conservation easements included in (structure listed in the National Register		11	
3	Number of conservation easements modified, tratax year ►	ansferred, released, extinguished, or termin	ated by the organiza	ation during the
4	Number of states where property subject to cons	servation easement is located >		
5	Does the organization have a written policy rega and enforcement of the conservation easements		andling of violations,	Yes No
6	Staff and volunteer hours devoted to monitoring,	, inspecting, and enforcing conservation ear	sements during the y	year
7	Amount of expenses incurred in monitoring, insp	pecting, and enforcing conservation easeme	ents during the year	
8	Does each conservation easement reported on l	line 2(d) above satisfy the requirements of s	section 170(h)(4)(B)(9) — —
9	and section 170(h)(4)(B)(ii)?		• • • • • • • • • • • • • • • • • • • •	· · · · · L Yes L No
	include, if applicable, the text of the footnote to the conservation easements	he organization's financial statements that of	describes the organi	zation's accounting for
Par	t III Organizations Maintaining Colle Complete if the organization answ	ections of Art, Historical Treasur vered 'Yes' to Form 990, Part IV, lin	es, or Other Sir	milar Assets.
1 8	a If the organization elected, as permitted under S art, historical treasures, or other similar assets hi in Part XIII, the text of the footnote to its financial	eld for public exhibition, education, or resea	enue statement and arch in furtherance o	balance sheet works of f public service, provide,
ŀ	 If the organization elected, as permitted under S historical treasures, or other similar assets held f following amounts relating to these items 	FAS 116 (ASC 958), to report in its revenue for public exhibition, education, or research	e statement and bala in furtherance of pu	ance sheet works of art, blic service, provide the
	(i) Revenues included in Form 990, Part VIII, Iir			
	(ii) Assets included in Form 990, Part X			▶ \$
2	If the organization received or held works of art, amounts required to be reported under SFAS 11	historical treasures, or other similar assets		
ā	Revenues included in Form 990, Part VIII, line 1	, ,		► S
	Assets included in Form 990. Part X			<u> </u>

•								
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of the Se				94-295			Page
Part III Organizations Maintai	ning Colle	ctions of Art, Hist	orical Treasures, o	r Other	Similar As	sets (c	ontinu	ied)
 Using the organization's acquisition items (check all that apply). 	i, accession, a	nd other records, check	any of the following that	are a sign	ficant use of it	s collect	ion	
a Public exhibition		d Loan	or exchange programs					
b Scholarly research		e Other	·					
c Preservation for future generati								
4 Provide a description of the organiz Part XIII.	ation's collecti	ons and explain how th	ey further the organization	n's exemp	t purpose in			
5 Dunng the year, did the organizatio to be sold to raise funds rather than	n solicit or reco	eive donations of art, hi ned as part of the orgar	storical treasures, or othe sization's collection?	er sımılar a 	ssets	Yes	Г	No
Part IV Escrow and Custodial	Arrangem	ents. Complete if t	he organization ans	wered 'Y	es' to Form	990, F	art IV	,
line 9, or reported an ar	mount on Fo	orm 990, Part X, lin	e 21.					
1 a Is the organization an agent, trustee	e custodian o	r other intermediary for	contributions or other as	sets not in	cluded			
on Form 990, Part X?	• • • • • •	·····	····			Yes	[No
b If 'Yes,' explain the arrangement in	Part XIII and o	complete the following to	able.					
						Amoun	l	
c Beginning balance				1 c				
d Additions during the year .				. 1 d				
e Distributions during the year				1 e				
f Ending balance				1f				
2 a Did the organization include an amo						Yes	L	No
b If 'Yes,' explain the arrangement in	Part XIII. Ched	ck here if the explantion	has been provided in Pa	art XIII		-	- [
5 11 5 15 15		-			. 15 4 1 4	_		
Part V Endowment Funds. Co								
	(a) Current y	ear (b) Prior yea	r (c) Two years bacl	k (d) T	hree years back	(e) f	our years	s back
1 a 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	of the current y	ear end balance (line 1	g, column (a)) held as		•			
a Board designated or quasi-endown	nent ►	%						
b Permanent endowment ►	용							
c Temporarily restricted endowment		%						
The percentages in lines 2a, 2b, an	d 2c should ed	ual 100%						
3 a Are there endowment funds not in to organization by	he possession	of the organization tha	t are held and administer	red for the		i	Yes	No
(i) unrelated organizations						. 3a(i)		
(ii) related organizations						. 3a(ii)		
b If 'Yes' to 3a(II), are the related orga	anizations liste	d as required on Sched	ule R?			. 3b		T
4 Describe in Part XIII the intended us	ses of the orga	anization's endowment	funds					
Part VI Land, Buildings, and I	Equipment.		· · · · ·					
Complete if the organization			990, Part IV, line 11	a. See F	orm 990, Pa	art X, li	ne 10.	
Description of property		a) Cost or other basis (investment)	(b) Cost or other basis (other)		cumulated reciation	(d)	Book va	alue
1 a Land			,					
a. D. ulaka a a	Г							

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,539.	732.	807.
e Other		493,609.	144,087.	349,522.
Total. Add lines 1a through 1e. (Column (d) must equi	al Form 990, Part X, colu	mn (B), line 10(c)) .		350.329.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

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Schedule **D** (Form 990) 2013

Schedule D (Form 990) 2013 Call of the Sea		94-295	1488 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered '			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-o	f-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other		 	
(A)	<u> </u>		
(B)			
(C) (D)		-	
(<u>E)</u>			
(F)			
(G)			
(H)			
(I)			
Total (Column (b) must equal Form 990, Part X, column (B) line 12) . •			
Part VIII Investments - Program Related.		· <u>·</u>	
Complete if the organization answered '			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)		· · · · · · · · · · · · · · · · · · ·	
<u>(6)</u> (7)			
(8)	 		
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13) . ▶		May " an Martin refres	Mills a le suber suiver la service
Part IX & Other Assets.			
Complete if the organization answered		Part IV, line 11d. See Form 990, F	
	escription		(b) Book value
<u>(1)</u> (2)	 -		
(3)			
(4)			
(5)			
(6)		· · · · · · · · · · · · · · · · · · ·	
(7)			
(8)	, , , , , , , , , , , , , , , , , , , ,		
(9)		_	
(10)	lung dE)		
Total. (Column (b) must equal Form 990, Part X, column (B),	ime 15)	···	<u> </u>
Other Liabilities. Complete if the organization answered 'Yes' to F	orm 990. Part IV. line 1	1e or 11f. See Form 990. Part X. line 25.	
(a) Description of liability	(b) Book value	10 01 111 300 1 0111 770,1 ut (X) 1110 20	
(1) Federal income taxes			ļ
(2)			ļ
(3)			
(4)			ŗ
(5) (6)			ì
(7)			
(8)		 	:
(9)			
(10)			
(11)			
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	•		
2. Liability for uncertain lax positions. In Part XIII, provide the text of the foot		incial statements that reports the organization's lia	bility for uncertain
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote			
BAA	TEEA3303 10/02/13	Sche	dule D (Form 990) 2013

Schedule **D** (Form 990) 2013

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.
	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Tota	l revenue, gains, and other support per audited financial statements	. 1
2 Amo	ounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net	unrealized gains on investments	
b Dona	ated services and use of facilities	
c Rec	overies of prior year grants	
d Othe	er (Describe in Part XIII)	_
e Add	lines 2a through 2d	2e
3 Subt	tract line 2e from line 1	3
4 Amo	unts included on Form 990, Part VIII, line 12, but not on line 1	
a Inve	stment expenses not included on Form 990, Part VIII, line 7b 4a	
b Othe	er (Describe in Part XIII)	-
c Add	lines 4a and 4b	. 4c
5 Tota	I revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 5
	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.
	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
4 Tota		
	I expenses and losses per audited financial statements	· 1
		,
_	· · · · · · · · · · · · · · · · · · ·	
	20	
_	er losses	<u></u>
	er (Describe in Part XIII)	
	lines 2a through 2d	
	tract line 2e from line 1	3
	ounts included on Form 990, Part IX, line 25, but not on line 1	* \$
	stment expenses not included on Form 990, Part VIII, line 7b	— <i>ij</i>
-	lines 4a and 4b	
	I expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
	Supplemental Information.	
Provide th line 4, Par	e descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, t X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional information
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Schedule D	(Form 990) 2013 Call of the Sea Supplemental Information (continued)	94-2951488	Page 5
Part XIII	Supplemental Information (continued)		
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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Call of the Sea

Employer Identification number

94-2951488

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
•		person and organization		Yes	No
(1)			-		
(2)					
(3)					
(4)					
(5)			-		t
(6)					t

2	Enter the amount of tax incurred by the organization managers or disqualified persons during the year under		
	section 4958	•	\$
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	_	

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship (c) Purpose of loan		(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No
(1) Gary Schwarzman	Director	Boat purchase	Х		220,000.	127,800.		Х	Х		Х	
(2) Alan Olson	Director	Short-term loan	Х		4,000.	4,000.		Х	Х			Х
(3)						·						
(4)												
(5)												
(6)												
(7)												
(8)												
(9)						••	<u> </u>					
(10)							1					
Total				• •	▶\$	131,800.	4 9 83	.W	7		?· 3	(n +1

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		-		
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2013

(f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shar organiza reveni	(e) Sharing of organization's revenues?	
(2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Provide additional information for responses to questions on Schedule L (see instructions)						No	
(3) (4) (5) (6) (7) (9) (9) 10) 2art V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions)	(1)						
(4) (5) (6) (7) (8) (9) (9) The structure of the structur						L	
(5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9			 _			⊢	
(8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				<u> </u>		⊢	
(P) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B						\vdash	
(9) 10) 1art V Supplemental Information Provide additional Information for responses to questions on Schedule L (see instructions)						 	
10) Provide additional information Provide additional information for responses to questions on Schedule L (see instructions)							
Provide additional information Provide additional information for responses to questions on Schedule L (see instructions)						▙	
Provide additional information for responses to questions on Schedule L (see instructions)	(10)					Щ	
	Provide additional information for i	responses to questions on Sche	dule L (see instructions	3)			
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	Employer Identification number
Call of the Sea	94-2951488
Pt VI, Line 11b The board does not have a formal process. The form	
Pt XI Line 5-rounding	

TEEA4901 09/09/2013

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission coast that inspire youth to connect to the sea, seafaring, maritime history, and bay and ocean ecology.