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Form **990-E**Z

Short Form Return of Organization Exempt From Income Tax

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

2012

OMB No. 1545-1150

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

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Department of the Treasury

at the end of the year may use this form. Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning 2012, and ending . 20 B Check if applicable. C Name of organization D Employer identification number Address change Naturist Education Foundation 39-1753792 Room/suite Name change Number and street (or P.O box, if mail is not delivered to street address) E Telephone number Initial return P.O. Box 32 (512) 282-6621 Termmated City or town, state or country, and ZiP + 4 F Group Exemption Amended return Number ▶ Oshkosh, WI 54903 Application pending H Check ▶ ☐ If the organization is not G Accounting Method:

☐ Cash ☐ Accrual Other (specify) ▶ I Website: ▶ www.naturisteducation.org required to attach Schedule B J Tax-exempt status (check only one) - 2 501(c)(3) 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 3934 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . 1 Contributions, gifts, grants, and similar amounts received 3934 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 4 5a Gross amount from sale of assets other than inventory 5a **b** Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 7a 7a Gross sales of inventory, less returns and allowances . Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7с Other revenue (describe in Schedule O) 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 393<u>4</u> Net SEGRINED EXIBHS 201 10 Grants and similar amounts paid (list in Schedule O) 10 250 11 Benefits paid to or for members 11 SSO 0 Salaries, other compensation, and employee benefits 12 12 300267 Professional fees and other payments to independent contractors. 13 13 0 14 Occupancy, rent, utilities, and maintenance . . . 14 0 15 Printing, publications, postage, and shipping. 15 0 16 Other expenses (describe in Schedule O) . . . 16 5268 17 Total expenses. Add lines 10 through 16 . 17 35785 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -31851 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 33139 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 n Net assets or fund balances at end of year. Combine lines 18 through 20 21

For Paperwork Reduction Act Notice, see the separate instructions.



1288

Form **990-EZ** (2012)

Pa	rt II	Balance Sheets (see the instructions f	or Part II)		-		
		Check if the organization used Schedule	O to respond to ar	y question in this		<u></u>	<u> </u>
				<u>[</u>	(A) Beginning of year	۰	(B) End of year
22	Cas	h, savings, and investments		[33139	22	1288
23		d and buildings		[23	
24	Oth	er assets (describe in Schedule O)				24	
25		al assets		[33139		1288
26						26	
27		assets or fund balances (line 27 of column			33139	27	1288
Par	t III	Statement of Program Service Accomp				1	Expenses
		Check if the organization used Schedule	O to respond to ar	ny question in this	Part III □		uired for section
Wha	t is the	organization's primary exempt purpose?			<u></u>		c)(3) and 501(c)(4) nizations and section
as n	neasur	ne organization's program service accomplised by expenses. In a clear and concise menefited, and other relevant information for ea	anner, describe the	f its three largest personided	orogram services, d, the number of	4947	7(a)(1) trusts, optional thers.)
28	SEE A	TTACHED STATEMENT					
						ļ	
	(Gran	ts \$) If this amount	includes foreign gra	nts, check here .	▶ □	28a	
29				-		1	
						i	1
						l	
	(Gran	ts \$) If this amount	includes foreign gra	nts, check here .	<u>▶ U</u>	29a	1
30						İ	
					•	1	
						20-	
	(Gran		includes foreign gra			30a	1
31		program services (describe in Schedule O)			_	31a	
22	(Gran	program service expenses (add lines 28a t	includes foreign gra			32	-
	t IV	List of Officers, Directors, Trustees, and Key					
rai	CIV	Check if the organization used Schedule				J. 40	
		Officer if the organization adda correction	(b) Average	(c) Reportable	(d) Health benefits,	Ť	
		(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISO (if not paid, enter -0-			Estimated amount of other compensation
Rob	ert Mor	ton, Chair, Executive Director					
P.O.	Box 17	83, San Marcos, Texas 78667	25	3026	7	_	
R. A	llen Ba	ylis, Treasurer					
8682	Doren	nere Drive, Huntington Beach, CA 92646	15				
Mari	Store	y, Secretary	15				
<u>2142</u>	N. 147	th Street, Shoreline, WA 98113					-
		ms, Director	15				
		rman Road, Bradner, BC V4X 2P3, Canada		ļ	 	-	
		Director	-				
		th Ave, Canby, OR 97013	15	<u> </u>		+	
		jer, Director]	
		ad, Apt. J313, Scarborough, ME 04074	15			+	
		rris, Director	1				
		ks Drive, San Rafael, CA 94903	15		 	+	
		loss, Director	1=	1			
		n Road Loxahatchee, FL 33470	15	 		+	
		sco, Director	15	Į.			
530	<u>suisse</u>	Drive, San Jose, California 95123	15	 	+	+	
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	-		1				
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		***************************************				- 1	

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	v . Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	10
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
_	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		-
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		v
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b 38a	Did the organization file Form 1120-POL for this year?	37b		~
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		,
оэ a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	,		}
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			,
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	٠		,
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		V
41	List the states with which a copy of this return is filed ▶			
42a		512) 2	B2-662	21
	Located at ► 12603 Mistletoe Trail, Manchaca, Texas ZIP + 4 ►	78	552	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No 🗸
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
	and since the amount of tax exempt interest received or approach daming the tax year.		Yes	No
44 _a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		V
c	Did the organization receive any payments for indoor tanning services during the year?	44c		1
ď	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			<u> </u>
	explanation in Schedule O	44d		~
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		~

Form 99	10-EZ (20	012)						P	age 4				
								Yes	No				
46	Did th	ne organization engage, directly or ind	irectly, in political c	ampaign activities	on behalf o	for in opposit	ion	, '					
-4		ndidates for public office? If "Yes," co							1				
Part '		Section 501(c)(3) organizations	·					<u>. </u>					
· art		All section 501(c)(3) organizations		stions 47–49h an	d 52 and	complete the	e tables f	or line	es				
		50 and 51	masi answer que	3110113 47 40D an	a oz, ana	oompioto an	J 445.00	•	•				
			dula O ta raspand	l to only augostion is	a this Dort \	л							
		Check if the organization used School	edule O to respond	to any question i	i uiis Fart	<u> </u>	· · · · ·	· ·					
				. 5045) 1				Yes	No				
47		ne organization engage in lobbying a			tion in ene	ct during the	. 47	1	١.				
	•	ear? If "Yes," complete Schedule C, Part II											
48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," complet	te Schedule	E	. 48	<u> </u>	~				
49a	Did th	I the organization make any transfers to an exempt non-charitable related organization? 49a											
b	If "Ye	Yes," was the related organization a section 527 organization?											
50	Com	omplete this table for the organization's five highest compensated employees (other than officers, directors, trustees and keep											
	emple	oyees) who each received more than	\$100,000 of comper	nsation from the org	ganization.	If there is non	e, enter "N	lone."	,				
			(b) Average	(c) Reportable		alth benefits,							
	(a)	Name and title of each employee paid more than \$100,000	hours per week	compensation	SC) contributions to employed benefit plans, and deferre compensation								
		paid more than \$100,000	devoted to position	(Forms W-2/1099-MIS			erreu ourer compensar						
													
							ı						
				 									
					ŀ		i						
							}						
					-								
							ł						
51 ———	\$100	plete this table for the organization's ,000 of compensation from the organ and address of each independent contractor paid	ization. If there is no	ensated independe one, enter "None." (b) Type of s		1	received Compensati		thar				
			<u> </u>										
				1									
					·····								
				1		1							
			· · · · · · · · · · · · · · · · · · ·										
				-									
				-									
				-									
						_1							
đ		number of other independent contract			· P	177 1741							
52		he organization complete Schedule A					.	_					
		xempt charitable trusts must attach a					► ✓ Yes		No				
Under p	penalties	of perjury, I declare that I have examined this reid complete Declaration of prepager (with a than	turn, including accompar	lying schedules and stat	ements, and to	the best of my ki	nowledge and	d belief,	, it is				
true, co	rrect, ar	d complete Declaration of preparer (4the than	orricer) is based on all info	ormation of which prepar	rer nas any kno	owieage.	<u> </u>						
		KING IIII	<u> </u>			05/07/	13						
Sign		Signature of officer	,			Date /	•						
Here		Robert A. Morton, Chair, Executive	Director										
		Type or print name and title		· · · · · · · · · · · · · · · · · · ·				•					
		Print/Type preparer's name	Preparer's signature		Date	Charle F	PTIN						
Paid		типо гуро ргоровог о пашто	1			Check self-emplo	- 1						
Prep		F 1	<u> </u>				·						
Use	Only	Firm's name				Firm's EIN ▶							
Maria	ho IDO	Firm's address ► Phone no. ⇒ IRS discuss this return with the preparer shown above? See instructions											
ıvıay ti	ne ins	discuss this return with the preparer	SHOWIT ADOVE? See	matructions	<u> </u>		► <a> Yes	<u>ليا</u>	No				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

ion

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Employer identification number

Natu Pa	rist Education Foun		rity Status (All orga	nization	e muet c	omplote	thic no	rt \ Soo i		753792	
-			ation because it is: (Fo						11Struction	0115.	
1 2	A church, con	vention of churc ribed in section	hes, or association of 170(b)(1)(A)(ii). (Attac	churches ch Sched	s describe ule E.)	ed in sec	tion 170	(b)(1)(A)(i).		
3 4	☐ A medical resentation hospital's name	earch organizatione, city, and stat		ction with	n a hospit	al descri	bed in se	ection 17			
5		on operated for)(1)(A)(iv). (Com	the benefit of a colle- plete Part II.)	ge or uni	iversity o	wned or	operated	l by a go	vernmen	ital unit descri	bed in
6 7	J J J J										
8	A community	trust described i	n section 170(b)(1)(A)(vi). (Cor	mplete Pa	ırt II.)					
9	An organization that normally receives: (1) more than 331/3% 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 331/3% 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.)										
			i operated exclusively								
11	purposes of o	ne or more put	nd operated exclusive plicly supported organd describes the type of	nizations	describe	d in sect	ion 509(a	a)(1) or se	ection 50	09(a)(2). See s	
е		ndation manage	II c Type II that the organization ers and other than one	ıs not co	ntrolled d	irectly o	ndirectl	y by one	or more		ersons
f		ation received a check this box	a written determination	on from	the IRS 1	that it is	a Type	I, Type	ll, or Typ	pe III support	ing
g	Since August following pers		he organization accep	pted any	gift or co	ontributio	n from a	ny of the	•		
			ndirectly controls, eitlody of the supported of					describe	din(ii)a.	nd Yes	No
	(ii) A family m	ember of a pers	on described in (i) abo	ve?						. 11g(ii)	~
			a person described in							. 11g(iii)	~
h	Provide the fo	lowing informati	on about the support	ed organi	ization(s).						
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? (v) Did you notify the organization in col. (ii) of your support?		nization in of your	(vi) Is the organization in col. (i) organized in the US?		(vii) Amount of m support		
				Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)											
(D)											
(E)											
Tota	!										

Part	Support Schedule for Organiza (Complete only if you checked the						
•	Part III. If the organization fails to						amy under
Secti	ion A. Public Support	y quality article	or the tests he	stea Belevi, p	loade comple	310 T G.T. 1111)	
	idar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		(2, 233	(4) = 2.73			
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.						
Sect	ion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he ion C. Computation of Public Support	re					
<u>Sect</u>	Public support percentage for 2012 (line			11 column (f)		14	%
15	Public support percentage for 2012 (inter-		•			15	//
16a	331/3% support test—2012. If the organi box and stop here. The organization qua	zation did not	check the box	on line 13, and	d line 14 is 33	1/3% or more, o	check this
b	331/3% support test—2011. If the organ check this box and stop here. The organ					e 15 is 33 ¹ /3%	_
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the " organization	ets the "facts- facts-and-circ	-and-circumsta umstances" te	ances" test, che st. The organiz	eck this box a ation qualifies	nd stop here. as a publicly s	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	tion meets the	e "facts-and-c s-and-circums	ircumstances" stances" test. 7	test, check t The organization	his box and son qualifies as	i, and line top here.
18	Private foundation. If the organization d						

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.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	4531	104,502	6913	4001	3934	123881
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the				ł		
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513			İ			
4	Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf		1	Į			
5	The value of services or facilities					-	
	furnished by a governmental unit to the			1			
	organization without charge			i	}	İ	
6	Total. Add lines 1 through 5	4531	104,502	6913	4001	3934	123881
	Amounts included on lines 1, 2, and 3		10.1,002				
	received from disqualified persons .			j			
ь	Amounts included on lines 2 and 3				•		
_	received from other than disqualified		į			1	
	persons that exceed the greater of \$5,000	ŀ	1				
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						- · · · · · · · · · · · · · · · · · · ·
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	4531	104,502	6913	4001	3934	123881
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
	and 12.)	4531	104,502	6913	4001	3934	123881
14	First five years. If the Form 990 is for the						
Casti	organization, check this box and stop he on C. Computation of Public Support					• • • • •	· · • <u> </u>
<u> 15</u>	Public support percentage for 2012 (line			3 column (fl)		15	100 %
	Public support percentage for 2012 (illie Public support percentage from 2011 Sc		-			16	100 %
16 Secti	on D. Computation of Investment In			<u> </u>		1.71	100 /0
17	Investment income percentage for 2012			v line 13 colum	nn (f))	17	0 %
18	Investment income percentage for 2012 investment income percentage from 201	•		•		18	0 %
	331/3% support tests—2012. If the organ						
19a	17 is not more than 33½%, check this box						
b	331/3% support tests—2011. If the organiz						
D	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	-	_				

Page	4

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

0MB No. 1545-0047

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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

Naturist Education Foundation	39-1753792
FORM 990-EZ line 10 Grants and similar amounts paid: GRANTEE: Wreck Beach Preservation Society	
Sponsorship of awareness raising - 5K run \$250	
FORM 990-EZ line 16, Other Expenses:	
Accounting and Professional: 457	
Advertising and Promotion: 661	
Bank and Credit Cards Fees: 1116	
Board Member Reimbursements: 1528	
Domain Hosting: 550	
DVD/CD Production: -500	
Other Misc. Operating Expenses: 261	
Registration and License: 352	
Supplies: 25	
Telephone and Fax: 562	
Travel: 356	
Total: 5268	

chedule O (Form 990 or 990-EZ) (2012)		raye &
lame of the organization	Employer identification number	
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P.O. BOX 132 OSHKOSH, WISCONSIN 54903 (512) 282-6621 FAX (512) 282-2503

Naturist Education Foundation Activity Highlights, 2012

COMMUNICATIONS

The Naturist Education Foundation:

 enhanced and maintained its Internet web site, which includes the online Toni Egbert Naturist Law Library. The site's address:

www.naturisteducation.org

 supported the publication of *Nude & Natural*, a quarterly journal that documents the history and contemporary condition of naturism in North America.

LEGAL

The Naturist Education Foundation provided resources in a number of instances and cases of importance to naturists. Examples include:

- CA: San Onofre State Beach
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- CA: Gaviota State Park
- FL: recreational nudity on public land
- · TX recreational nudity on public land
- · VT: recreational nudity on public land
- · AZ: recreational nudity on public land

EDUCATIONAL & INFORMATIONAL SEMINARS / WORKSHOPS

NEF maintains an active program of seminars and workshops through presentations at regional Naturist Gatherings and Festivals across the U.S. Example topics:

- Laws affecting naturists
- · Measuring public opinion

EDUCATIONAL & INFORMATIONAL MATERIALS

NEF publishes and/or distributes various naturist-related material. Examples include:

- · The Lawmaker's Guide to Skinny-Dipping Issues
- · Naturists Strong Supporters of Family Values
- Nude Recreation is Good Business (video)
- Chasing the Sun (video)

www naturisteducation org

NATURIST EDUCATION FOUNDATION 2012 Activities

PUBLIC OPINION POLLING

The Naturist Education Foundation continued distribution of a nationwide public opinion poll it had commissioned in 2006. The 2006 NEF-Roper Poll updates the opinions of Americans on issues pertaining to the public acceptance of naturist values and activities.

The Naturist Education Foundation continued public distribution of a statespecific opinion survey, which was conducted in California by the independent polling firm of Zogby International.

OUTREACH / INVOLVEMENT

In 2012, the Naturist Education Foundation continued its outreach programs

- NEF began development of a brochure especially intended to address the concerns and issues of non-naturist women.
- NEF conducted informational sessions at festivals and gatherings that served those outside the traditional naturist community.

SPECIAL PROJECTS

During the reported time period, NEF undertook a number of special projects. Those included:

- NEF SCHOLASTIC AWARD. NEF continued a program of awards for naturist collegeaged students who submit written works concerning naturism / naturist issues / body acceptance.
- NEF JUNIOR SCHOLASTIC AWARD. NEF cexpanded its scholastic award program
 to include those of high school age. The standard for the work is lower than that of the
 college-aged competition, and so is the award.
- NEF SPEAKERS BUREAU. The Naturist Education Foundation continued a speakers bureau program that will ultimately result in making knowledgeable naturist speakers available for informational and educational purposes throughout North America.
- TONI EGBERT NATURIST LAW LIBRARY. NEF expanded this online compendium of legal resources on naturist topics. The library is a part of the web site of the Naturist Education Foundation and is open to all.
- NEF was a sponsor of a 5 kilometer clothing-optional walk/run that served as an awareness raising event at Wreck Beach in Vancouver, British Columbia.