

Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service▶ 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

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CALIFORNIA STATE PARKS FOUNDATION		D Employer identification number 707583
	Doing business as		E Telephone number 415-262-4400
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 50 FRANCISCO ST. 110		G Gross receipts \$ 18,218,641.
	City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94133		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: ELIZABETH GOLDSTEIN SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.CALPARKS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			
L Year of formation: 1969 M State of legal domicile: CA			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO IMPROVE AND MAINTAIN CALIFORNIA'S STATE PARKS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	33
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	33
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	44
	6 Total number of volunteers (estimate if necessary)	6	1000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-10,267.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-10,267.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,825,566.	9,481,368.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	806,315.	1,348,336.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	274,543.	-50,448.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,906,424.	10,779,256.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,467,530.	1,589,901.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,870,829.	2,765,630.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,060,311.	155,441.	146,951.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,951,292.	5,984,985.
	19 Revenue less expenses. Subtract line 18 from line 12	12,445,092.	10,487,467.
	20 Total assets (Part X, line 16)	-538,668.	291,789.
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	21,170,963.	20,163,688.
		4,426,717.	4,323,202.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	ELIZABETH GOLDSTEIN, PRESIDENT	11 May 2014
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	MAGA E. KISRIEV	MAY 11 2014
	Firm's name ▶ HOOD & STRONG LLP	Firm's EIN ▶ 94-1254756
	Firm's address ▶ 100 FIRST STREET, 14TH FLOOR	Phone no. 415.781.0793
	SAN FRANCISCO, CA 94105	

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

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	CALIFORNIA STATE PARKS FOUNDATION	94-1707583
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	50 FRANCISCO ST., NO. 110	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SAN FRANCISCO, CA 94133	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- MICHAEL BANKERT**
- The books are in the care of **50 FRANCISCO ST., STE 110 - SAN FRANCISCO, CA 94133**
Telephone No. **(415) 262-4400** Fax No.
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **MAY 15, 2016**.
- 5 For calendar year , or other tax year beginning **JUL 1, 2014**, and ending **JUN 30, 2015**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension
THE TAXPAYER'S FINANCIAL MATTERS ARE QUITE COMPLEX. ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **ACCOUNTANT**

Date **2/3/16**

Form 8868 (Rev. 1-2014)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **X**
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

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

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	CALIFORNIA STATE PARKS FOUNDATION	94-1707583
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	50 FRANCISCO ST., NO. 110	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SAN FRANCISCO, CA 94133	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MICHAEL BANKERT

- The books are in the care of ► 50 FRANCISCO ST., STE 110 - SAN FRANCISCO, CA 94133
Telephone No. ► (415) 262-4400 Fax No. ►

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year or
- ☒ tax year beginning **JUL 1, 2014**, and ending **JUN 30, 2015**.

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

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

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

Part III Statement of Program Service Accomplishments

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

☒

1 Briefly describe the organization's mission:

THE CALIFORNIA STATE PARKS FOUNDATION IS A NON-PROFIT MEMBERSHIP ORGANIZATION DEDICATED TO PROTECTING, ENHANCING AND ADVOCATING FOR CALIFORNIA STATE PARKS.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,362,819. Including grants of \$ 1,345,401.) (Revenue \$)

THE FOUNDATION IS A MEMBER-SUPPORTED NONPROFIT DEDICATED TO PROTECTING, IMPROVING AND ADVOCATING FOR ALL OF CALIFORNIA'S STATE PARKS. WITH OUR COMMUNITY OF SUPPORTERS, CSPF DELIVERS INNOVATIVE SOLUTIONS FOR AN EXCELLENT PARKS SYSTEM BY FACILITATING PARK IMPROVEMENTS, INSPIRING STEWARDSHIP, SUPPORTING PARTNERS, ADVOCATING FOR SOUND POLICIES, AND CONNECTING PEOPLE TO PARKS. TOGETHER WE ENSURE THAT THE NATURAL BEAUTY, RICH CULTURE AND HISTORY, AND RECREATIONAL AND EDUCATIONAL OPPORTUNITIES OF OUR 280 STATE PARKS ARE AVAILABLE FOR ALL TO ENJOY NOW AND FOR GENERATIONS TO COME. THE FOUNDATION ALSO PROVIDES FUNDING FOR AND MANAGES EDUCATIONAL PROGRAMS AND ACTIVITIES THROUGHOUT THE STATE PARK SYSTEM. THE FOUNDATION WORKS CLOSELY WITH CALIFORNIA STATE PARKS AND THE CALIFORNIA DEPARTMENT OF PARKS AND RECREATION IN CAPITAL AND

4b (Code:) (Expenses \$ 1,052,493. Including grants of \$) (Revenue \$)

TO ADVANCE ITS AGENDA IN PROTECTING, ADVOCATING AND ENHANCING CALIFORNIA STATE PARKS, THE FOUNDATION MAINTAINS A ROBUST ADVOCACY PROGRAM THAT INCLUDES RESEARCH, POLICY DEVELOPMENT, LOBBYING, GRASSROOTS RELATIONS AND MORE. IT IS THE LEAD VOICE ON STATE PARK ISSUES TO THE LEGISLATURE AND GOVERNOR'S ADMINISTRATION. ITS LEGISLATIVE EFFORTS FOCUS ON PARK PROTECTION, FISCAL SUSTAINABILITY AND NONPROFIT AUTHORITY TO OPERATE STATE PARKS. THE FOUNDATION HAS BUILT A LARGE NETWORK OF INDIVIDUALS AS ADVOCATES THROUGH ITS MEMBERSHIP PROGRAM, AS WELL AS THROUGH OUTREACH TO KEY NONPROFIT, BUSINESS AND CIVIC GROUPS, INFORMING THEM OF CRITICAL STATE PARK POLICY AND BUDGETARY ISSUES THAT AFFECT ACCESS, USE AND ENJOYMENT OF CALIFORNIA'S STATE PARKS.

4c (Code:) (Expenses \$ 706,135. Including grants of \$) (Revenue \$)

THE FOUNDATION'S PARK CHAMPIONS PROGRAM IS DESIGNED TO MAKE "EVERY DAY EARTH DAY" BY RECRUITING AND TRAINING VOLUNTEERS TO LEAD WORKDAYS THROUGHOUT THE STATE TO ASSIST IN PARK CLEANUP AND RESTORATION. IN FY14-15, PARK CHAMPIONS OPERATED 160 WORKDAYS IN 26 PARKS WITH APPROXIMATELY 1,100 VOLUNTEERS CONTRIBUTING 7,900 HOURS TOWARD MAINTAINING AND BEAUTIFYING STATE PARKS. BESIDES THE ONGOING PARK CHAMPIONS WORKDAYS, THE FOUNDATION ALSO SPONSORED ACTIVITIES IN PARKS THROUGHOUT CALIFORNIA IN CELEBRATION OF EARTH DAY IN APRIL 2015. THE FOUNDATION PROVIDES ONGOING FISCAL AND ADMINISTRATIVE SUPPORT FOR BEACH CLEAN UP ACTIVITIES UP AND DOWN THE COAST OF CALIFORNIA. IN ADDITION TO OPERATING VOLUNTEER PROGRAMS, THE FOUNDATION MADE GRANTS TO VOLUNTEER GROUPS ACROSS THE STATE IN RECOGNITION OF THEIR WORK ON BEHALF OF

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

(Expenses \$ 244,500. Including grants of \$ 244,500.) (Revenue \$ 114,333.)

4e Total program service expenses 7,365,947.

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

Form 990 (2014)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	36	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	44	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	33													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.														
b Enter the number of voting members included in line 1a, above, who are independent		33												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?														X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?														X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O														X

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?														X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?														
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X											
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.														
12a Did the organization have a written conflict of interest policy? If "No," go to line 13				X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				X										
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done				X										
13 Did the organization have a written whistleblower policy?				X										
14 Did the organization have a written document retention and destruction policy?				X										
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?														
a The organization's CEO, Executive Director, or top management official				X										
b Other officers or key employees of the organization				X										
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).														
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?														X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?														

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **MICHAEL BANKERT - (415) 262-4400**
50 FRANCISCO ST., STE 110, SAN FRANCISCO, CA 94133

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID MANDELKERN CHAIRPERSON	3.00	X		X				0.	0.	0.
(2) CATHERINE FISHER VICE-CHAIRPERSON	3.00	X		X				0.	0.	0.
(3) ELIZABETH LAKE SECRETARY	2.00	X		X				0.	0.	0.
(4) SETH TEICH TREASURER	3.00	X		X				0.	0.	0.
(5) MICHAEL ALVAREZ TRUSTEE	2.00	X						0.	0.	0.
(6) DOUG BEEBE TRUSTEE	2.00	X						0.	0.	0.
(7) LEE BLACK TRUSTEE	2.00	X						0.	0.	0.
(8) MICHAEL BRILL TRUSTEE (THRU 6/5/15)	2.00	X						0.	0.	0.
(9) KATHLEEN COCHRAN TRUSTEE (THRU 1/23/15)	2.00	X						0.	0.	0.
(10) DON COOLEY TRUSTEE	2.00	X						0.	0.	0.
(11) CAROLYN DEVINNY TRUSTEE	2.00	X						0.	0.	0.
(12) WILLIAM DOOLITTLE TRUSTEE	2.00	X						0.	0.	0.
(13) WILLIAM DUFF TRUSTEE (THRU 9/26/14)	2.00	X						0.	0.	0.
(14) DIANA LU EVANS TRUSTEE	2.00	X						0.	0.	0.
(15) WILLIAM FAIN TRUSTEE	2.00	X						0.	0.	0.
(16) MANNY GRACE TRUSTEE	2.00	X						0.	0.	0.
(17) JOHN HARRINGTON TRUSTEE	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SANDY HARTMAN TRUSTEE	2.00	X						0.	0.	0.
(19) WENDY JAMES TRUSTEE	2.00	X						0.	0.	0.
(20) STEVE JOHNSON TRUSTEE	2.00	X						0.	0.	0.
(21) GAIL KAUTZ TRUSTEE	2.00	X						0.	0.	0.
(22) VIRGINIA CHANG KIRALY TRUSTEE	2.00	X						0.	0.	0.
(23) PATRICK LEE TRUSTEE	2.00	X						0.	0.	0.
(24) ROZ NIEMAN TRUSTEE	2.00	X						0.	0.	0.
(25) JOHN O'CONNOR TRUSTEE	2.00	X						0.	0.	0.
(26) MAIDIE OLIVEAU TRUSTEE	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								512,224.	0.	60,525.
d Total (add lines 1b and 1c)								512,224.	0.	60,525.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CHAPMIN CUBINE ADAMS + HUSSEY, 2000 15TH STREET NORTH STE 550, ARLINGTON, VA 22201	DIRECT MAIL CONSULTANTS	381,838.
DIRECT MAILING SYSTEMS 565 MARTIN AVENUE, ROHNERT PARK, CA 94928	DIRECT MAIL FULFILLMENT	350,398.
ARCHITECTURAL RESOURCES GROUP, PR 9, THE EMBARCADERO, #107, SAN FRANCISCO, CA 94111	ARCHITECTURAL PROGRAM CONSULTANT	192,516.
CP DIRECT, INC P.O. BOX 64814, BALTIMORE, MD 21264	PRINTING AND MAILING	176,370.
SHUTE, MIHALY AND WEINBERGER, LLP 369 HAYES STREET, SAN FRANCISCO, CA 94102	LEGAL SERVICES	157,001.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **12**

SEE PART VII, SECTION A CONTINUATION SHEETS

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(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LARRY PALMER TRUSTEE	2.00	X						0.	0.	0.
(28) ROBERT PATTERSON TRUSTEE	2.00	X						0.	0.	0.
(29) PATRICIA PEREZ TRUSTEE	2.00	X						0.	0.	0.
(30) MICHAEL PINTO TRUSTEE	2.00	X						0.	0.	0.
(31) FRANK QUEVEDO TRUSTEE	2.00	X						0.	0.	0.
(32) DON ROBINSON TRUSTEE	2.00	X						0.	0.	0.
(33) ROGER SCHRIMP TRUSTEE	2.00	X						0.	0.	0.
(34) JIM SCILACCI TRUSTEE	2.00	X						0.	0.	0.
(35) MARK SMITH TRUSTEE	2.00	X						0.	0.	0.
(36) PETER WEINER TRUSTEE	2.00	X						0.	0.	0.
(37) MICHAEL BANKERT VP FINANCE & ADMINISTRATION	37.50			X				125,666.	0.	16,595.
(38) ELIZABETH GOLDSTEIN PRESIDENT	37.50			X				166,958.	0.	20,345.
(39) JEROME EMORY VP COMMUNICATIONS & PROGRAMS	37.50					X		114,910.	0.	18,351.
(40) TRACI VERARDO-TORRES VP GOVERNMENTAL AFFAIRS	37.50					X		104,690.	0.	5,234.
Total to Part VII, Section A, line 1c								512,224.		60,525.

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 6,099.			
	b Membership dues	1b 4,124,899.			
	c Fundraising events	1c 297,217.			
	d Related organizations	1d			
	e Government grants (contributions)	1e 250,009.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 4,803,144.			
	g Noncash contributions included in lines 1a-1f: \$	839,081.			
	h Total. Add lines 1a-1f	9,481,368.			
	Program Service Revenue	2 a _____	Business Code		
b _____					
c _____					
d _____					
e _____					
f All other program service revenue					
g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)				291,028.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	(i) Real (ii) Personal			
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
	8 a Gross income from fundraising events (not including \$ 297,217. of contributions reported on line 1c). See Part IV, line 18	a 94,905.			
	b Less: direct expenses	b 309,710.			
	c Net income or (loss) from fundraising events		-214,805.		-214,805.
	9 a Gross income from gaming activities. See Part IV, line 19	a 34,000.			
	b Less: direct expenses	b 1,790.			
	c Net income or (loss) from gaming activities		32,210.		32,210.
	10 a Gross sales of inventory, less returns and allowances	a 67,867.			
	b Less: cost of goods sold	b 50,053.			
	c Net income or (loss) from sales of inventory		17,814.	-10,267.	28,081.
Miscellaneous Revenue		Business Code			
11 a EARNED REVENUE	900099	69,576.	69,576.		
b MITIGATION PROCEEDS	900099	39,270.	39,270.		
c MISCELLANEOUS REVENUE	900099	5,487.	5,487.		
d All other revenue					
e Total. Add lines 11a-11d		114,333.			
12 Total revenue. See instructions.		10,779,256.	114,333.	-10,267.	1,193,822.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	871,073.	871,073.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	718,828.	718,828.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	361,135.	126,156.	188,027.	46,952.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,897,258.	977,301.	306,937.	613,020.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	66,087.	31,678.	13,902.	20,507.
9 Other employee benefits	280,192.	136,890.	54,317.	88,985.
10 Payroll taxes	160,958.	79,475.	33,662.	47,821.
11 Fees for services (non-employees):				
a Management				
b Legal	134,303.	81,101.	49,243.	3,959.
c Accounting	38,592.		38,592.	
d Lobbying	57,000.	57,000.		
e Professional fundraising services. See Part IV, line 17	146,951.			146,951.
f Investment management fees	47,177.		47,177.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	744,589.	659,311.	14,856.	70,422.
12 Advertising and promotion	106,813.	80,152.	41.	26,620.
13 Office expenses	724,431.	428,109.	79,591.	216,731.
14 Information technology	374,669.	188,371.	74,394.	111,904.
15 Royalties				
16 Occupancy	380,220.	190,096.	78,393.	111,731.
17 Travel	93,630.	43,495.	35,323.	14,812.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,869.	3,375.	1,139.	2,355.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	110,835.	55,413.	22,852.	32,570.
23 Insurance	25,029.	9,534.	11,593.	3,902.
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 MEMBERSHIP	2,121,893.	1,626,646.		495,247.
b PROGRAM EXPENSES	302,142.	302,142.		
c EVENTS	150,489.	133,497.	11,170.	5,822.
d PARK POLICY & ADVOCACY	23,954.	23,954.		
e All other expenses	542,350.	542,350.		
25 Total functional expenses. Add lines 1 through 24e	10,487,467.	7,365,947.	1,061,209.	2,060,311.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	3,178,682.	1,831,672.	0.	1,347,010.

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,796,217.	1	1,233,231.
	2 Savings and temporary cash investments	7,944,917.	2	7,317,834.
	3 Pledges and grants receivable, net	354,800.	3	1,127,531.
	4 Accounts receivable, net		4	
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	717,246.	7	
	8 Inventories for sale or use	21,302.	8	682,469.
	9 Prepaid expenses and deferred charges	292,553.	9	317,630.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,189,573.		
	b Less: accumulated depreciation	10b 881,034.	10c	308,539.
	11 Investments - publicly traded securities	9,523,375.	11	9,062,253.
	12 Investments - other securities. See Part IV, line 11	117,859.	12	114,201.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,170,963.	16	20,163,688.	
Liabilities	17 Accounts payable and accrued expenses	1,611,515.	17	1,257,895.
	18 Grants payable		18	
	19 Deferred revenue	1,519,813.	19	1,408,435.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,099,688.	21	1,050,749.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	178,000.	23	590,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	17,701.	25	16,123.
	26 Total liabilities. Add lines 17 through 25	4,426,717.	26	4,323,202.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,420,732.	27	6,674,228.
	28 Temporarily restricted net assets	6,414,740.	28	6,257,484.
	29 Permanently restricted net assets	2,908,774.	29	2,908,774.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	16,744,246.	33	15,840,486.
34 Total liabilities and net assets/fund balances	21,170,963.	34	20,163,688.	

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,779,256.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,487,467.
3	Revenue less expenses. Subtract line 2 from line 1	3	291,789.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,744,246.
5	Net unrealized gains (losses) on investments	5	-1,211,820.
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	16,271.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,840,486.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2014)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

2014

Open to Public Inspection

Name of the organization

CALIFORNIA STATE PARKS FOUNDATION

Employer identification number

94-1707583

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s). _____

g. Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 08-17-14

Schedule A (Form 990 or 990-EZ) 2014

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10179097.	22253949.	11640556.	10825566.	9481368.	64380536.
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	10179097.	22253949.	11640556.	10825566.	9481368.	64380536.
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)						470,154.
6 Public support. Subtract line 5 from line 4.						63910382.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	10179097.	22253949.	11640556.	10825566.	9481368.	64380536.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	262,148.	248,588.	271,607.	281,724.	291,028.	1355095.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			116,597.			116,597.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	155,590.	239,869.	367,822.	257,909.	128,905.	1150095.
11 Total support. Add lines 7 through 10						67002323.
12 Gross receipts from related activities, etc. (see instructions)					12	327,483.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	95.39	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	95.06	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2014

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2014

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2014

Name of the organization

Employer identification number

CALIFORNIA STATE PARKS FOUNDATION

94-1707583

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization	Employer identification number
CALIFORNIA STATE PARKS FOUNDATION	94-1707583

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>257,339.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>216,667.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CALIFORNIA STATE PARKS FOUNDATION**94-1707583****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

Employer identification number

CALIFORNIA STATE PARKS FOUNDATION**94-1707583****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info once) ▶ \$

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

CALIFORNIA STATE PARKS FOUNDATION

Employer identification number

94-1707583

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ▶ \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2014

LHA
432041
10-21-14

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		24,486.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		183,888.													
c Total lobbying expenditures (add lines 1a and 1b)		208,374.													
d Other exempt purpose expenditures		10,027,965.													
e Total exempt purpose expenditures (add lines 1c and 1d)		10,236,339.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		661,817.													
<table border="1"> <thead> <tr> <th>If the amount on line 1a, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1a.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1a, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1a.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1a, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1a.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		165,454.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	970,031.	778,293.	761,795.	661,817.	3,171,936.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,757,904.
c Total lobbying expenditures	140,416.	161,589.	154,994.	208,374.	665,373.
d Grassroots nontaxable amount	242,508.	194,573.	190,449.	165,454.	792,984.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,189,476.
f Grassroots lobbying expenditures	42,602.	76,087.	11,328.	24,486.	154,503.

Schedule C (Form 990 or 990-EZ) 2014

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part IV	Supplemental Information
----------------	---------------------------------

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 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

2014

Open to Public
Inspection

Name of the organization

CALIFORNIA STATE PARKS FOUNDATION

Employer identification number
94-1707583

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

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

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

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

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

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

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,780,929.	8,747,504.	7,286,038.	7,209,965.	6,363,968.
b Contributions		100,000.	1,334,841.	166,472.	200,000.
c Net investment earnings, gains, and losses	-14,592.	1,242,822.	732,874.	-63,457.	997,973.
d Grants or scholarships					
e Other expenditures for facilities and programs	728,548.	309,397.	606,249.	26,942.	351,976.
f Administrative expenses					
g End of year balance	9,037,789.	9,780,929.	8,747,504.	7,286,038.	7,209,965.

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

- a Board designated or quasi-endowment ☒ 59.38 %
 b Permanent endowment ☒ 32.18 %
 c Temporarily restricted endowment ☒ 8.44 %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		822,023.	572,623.	249,400.
d Equipment		143,997.	127,056.	16,941.
e Other		223,553.	181,355.	42,198.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				308,539.

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY TO BENEFICIARIES OF	
(3) PLANNED GIFTS	16,123.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	
	16,123.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2014

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	Total revenue, gains, and other support per audited financial statements	1	9,831,759.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,211,820.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-1,211,820.
3	Subtract line 2e from line 1	3	11,043,579.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	47,177.
b	Other (Describe in Part XIII.)	4b	-311,500.
c	Add lines 4a and 4b	4c	-264,323.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,779,256.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	10,735,519.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	-16,271.
e	Add lines 2a through 2d	2e	-16,271.
3	Subtract line 2e from line 1	3	10,751,790.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	47,177.
b	Other (Describe in Part XIII.)	4b	-311,500.
c	Add lines 4a and 4b	4c	-264,323.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,487,467.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

TOTAL AMOUNT IS BEING HELD IN THE UBS MONEY MARKET ACCOUNT FOR HILLS FOR EVERYONE (HFE), A NOT-FOR-PROFIT FOUNDATION. THE PURPOSE OF THE FUND IS FOR HFE TO ACQUIRE WALNUT WOODLANDS HABITAT PROPERTY. ON THE FOUNDATION'S BOOK IT IS TITLED AS "CHINO HILLS WALNUT WOODLAND MITIGATION FUND". STARTING SEPTEMBER 2009, THE TERM OF THE AGREEMENT IS FOR 10 YEARS OR UNTIL THE PURPOSE OF THE FUND IS ACHIEVED. ANY INTEREST EARNED SHALL ACCRUE TO HFE. PER FEBRUARY 2010 ADDENDUM, MANAGEMENT FEES WILL BE DELETED AND HFE WILL PAY THE FOUNDATION A ONE-TIME, FLAT FEE OF \$7,000 TO COVER ALL MANAGEMENT FEES.

PART V, LINE 4:432054
10-01-14

Schedule D (Form 990) 2014

Part XIII Supplemental Information (continued)

DONOR-RESTRICTED ENDOWMENT FUNDS ARE RESTRICTED TO INVESTMENT IN PERPETUITY, THE INCOME FROM WHICH IS EXPENDABLE TO SUPPORT PROGRAMMATIC ACTIVITIES OF THE FOUNDATION. BOARD-DESIGNATED ENDOWMENT FUNDS ARE RESTRICTED FOR SPECIFIC PROJECTS.

PART X, LINE 2:

THE FOUNDATION IS A TAX-EXEMPT ORGANIZATION UNDER THE INTERNAL REVENUE CODE SECTION 509(A)(1) UNDER SECTION 501(C)(3) AND RELATED CALIFORNIA CODE SECTIONS. THE FOUNDATION MAY BE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME. NO ESTIMATED UNRELATED BUSINESS INCOME TAX WAS RECORDED FOR THE YEAR ENDED JUNE 30, 2015.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED AGAINST REVENUE	-309,710.
GAMING EXPENSES NETTED AGAINST REVENUE	-1,790.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-311,500.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GRANT REFUNDS	-16,271.
---------------	----------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

FUNDRAISING EXPENSES NETTED AGAINST REVENUE -309,710.

GAMING EXPENSES NETTED AGAINST REVENUE	-1,790.
--	---------

TOTAL TO SCHEDULE D, PART XII, LINE 4B -311,500.

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014Open to Public
Inspection

Name of the organization

Employer identification number

CALIFORNIA STATE PARKS FOUNDATION**94-1707583****Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.**1** For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No**2** For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.**3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		8,877.
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		41,134.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		100,314.
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		2,894.
NORTH AMERICA	0	0	INVESTMENTS		40,232.
RUSSIA AND NEIGHBORING STATES	0	0	INVESTMENTS		12,844.
SOUTH AMERICA	0	0	INVESTMENTS		10,911.
3 a Sub-total	0	0			217,206.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			217,206.

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

Schedule F (Form 990) 2014

432071
09-24-14

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) ☐ Yes ☒ No

Schedule F (Form 990) 2014

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

CALIFORNIA STATE PARKS FOUNDATION

Employer identification number
94-1707583

Part I

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CHAPMAN CUBINE ADAMS + HUSSEY - 2000 15TH ST NORTH, SUITE	DIRECT MAIL AND ON-LINE GIVING		X	4,240,489.	350,184.	3,890,305.
CHRISTINE CORWIN - GREEN SOURCE CONSULTING, 1020	GRANT WRITER		X	1,823,436.	23,060.	1,800,376.
JUDI SHILS - P.O. BOX 1146, ROSS, CA 94957	FUNDRAISING FOR COASTAL CLEANUP DAY		X	169,406.	30,759.	138,647.
ERIKA PRINGSHEIM-MOOR - 1087 SIERRA VISTA WAY, LAFAYETTE, DONOR SERVICES GROUP - 6715	FUNDRAISING FOR EARTH DAY EVENT		X	135,025.	91,707.	43,318.
SUNSET BLVD., LOS ANGELES, CA	TELEMARKETING		X	56,008.	49,568.	6,440.
MAL WARWICK - 2550 NINTH ST, SUITE 103, BERKELEY, CA	MAJOR GIFTS PROGRAM		X	21,175.	20,109.	1,066.
Total				6,445,539.	565,387.	5,880,152.

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

CA, NV

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

Schedule G (Form 990 or 990-EZ) 2014

SEE PART IV FOR CONTINUATIONS

432081
08-28-14

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA FUNDRAISER (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	392,122.			392,122.
	2 Less: Contributions	297,217.			297,217.
	3 Gross income (line 1 minus line 2)	94,905.			94,905.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	24,450.			24,450.
	6 Rent/facility costs	41,145.			41,145.
	7 Food and beverages	58,626.			58,626.
	8 Entertainment	9,000.			9,000.
	9 Other direct expenses	176,489.			176,489.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				309,710.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-214,805.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			34,000.	34,000.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			1,790.	1,790.
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				1,790.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				32,210.

9 Enter the state(s) in which the organization conducts gaming activities: CAa Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☒ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ MICHAEL BANKERT

Address ▶ 50 FRANCISCO ST., STE 110 - SAN FRANCISCO, CA 94133

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ MORGAN STEWART, SPECIAL EVENTS COORDINATOR

Gaming manager compensation ▶ \$ 5,500.

Description of services provided ▶ MANAGED DISTRIBUTION AND COLLECTION OF RAFFLE TICKETS AND PROCEEDS.

☐ Director/officer☒ Employee☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☒ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 30,600.

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CHAPMAN CUBINE ADAMS + HUSSEY

(I) ADDRESS OF FUNDRAISER:

2000 15TH ST NORTH, SUITE #550, ARLINGTON, VA 22201

(I) NAME OF FUNDRAISER: CHRISTINE CORWIN

(I) ADDRESS OF FUNDRAISER:

GREEN SOURCE CONSULTING, 1020 ETHELDORE ST, MOSS BEACH, CA 94038

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: ERIKA PRINGSHEIM-MOOR

(I) ADDRESS OF FUNDRAISER: 1087 SIERRA VISTA WAY, LAFAYETTE, CA 94549

(I) NAME OF FUNDRAISER: DONOR SERVICES GROUP

(I) ADDRESS OF FUNDRAISER: 6715 SUNSET BLVD., LOS ANGELES, CA 90028

(I) NAME OF FUNDRAISER: MAL WARWICK

(I) ADDRESS OF FUNDRAISER: 2550 NINTH ST, SUITE 103, BERKELEY, CA 94710

SCHEDULE G, PART I, LINE 2B: DONOR SERVICES GROUP, LLC

THE TELEMARKETING FIRM'S CONTRACT WAS TERMINATED IN EARLY FY14-15. THE FUNDRAISER WAS PAID PER CALL MADE UNTIL THE TERMINATION OF THE AGREEMENT. THE FUNDS RAISED WERE DIRECTLY RELATED TO THEIR EFFORTS DURING THAT SHORT PERIOD OF TIME.

SCHEDULE G, PART I, LINE 2B: MAL WARWICK

THE CONTRACT WITH THE FUNDRAISER WAS TERMINATED EARLY IN THE FISCAL YEAR. THE GROSS RECEIPTS REPRESENT MAJOR GIFTS RECEIVED IN EARLY FY14-15 IN RESPONSE TO THE FUNDRAISERS' EFFORTS ON BEHALF OF THE FOUNDATION.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

Employer identification number
94-1707583

CALIFORNIA STATE PARKS FOUNDATION

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGEL ISLAND CONSERVANCY P.O. BOX 866 TIBURON, CA 94920	51-0152954	501(C)(3)	31,000.	0.			NEW ORIENTATION HUB-PROGRAMMING & DESIGN, EARTH DAY 2015, SPONSORSHIP OF ANGEL
ANGEL ISLAND IMMIGRATION STATION FOUNDATION - 5 THIRD STREET - SUITE #700 - SAN FRANCISCO, CA 94103	94-2909759	501(C)(3)	6,000.	0.			TEACHERS FOR THE IMMIGRATION STATION MODULE OF THE PORTS PROGRAM
BENICIA STATE PARKS ASSOCIATION P.O. BOX 404 BENICIA, CA 94510	94-3007635	501(C)(3)	13,950.	0.			EARTH DAY 2015, EDUCATION/INTERPRETATION SPONSORSHIP OF COL.
CA DEPARTMENT OF PARKS AND RECREATION - 1416 9TH STREET - SACRAMENTO, CA 95814		STATE OF CALIFORNIA	235,316.	0.			ALLENSWORTH SHP RUN/WALK EVENT, CA STATE PARKS 150TH ANNIVERSARY,
CALIFORNIA LEAGUE OF CONSERVATION VOTERS - 350 FRANK H. OGAWA PLAZA - SUITE #1100 - OAKLAND, CA 94612	94-3169564	501(C)(4)	7,000.	0.			GENERAL SUPPORT
CENTRAL COAST STATE PARKS ASSOCIATION - 20 STATE PARK ROAD - MORRO BAY, CA 93442	51-0198869	501(C)(3)	25,525.	0.			PICNIC TABLE DONATIONS, SPOONER RANCH HOUSE VISITOR CENTER, GRANT FOR AN INTERPRETIVE TRAILER

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **33.**

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

432101
10-15-14

CALIFORNIA STATE PARKS FOUNDATION

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable
CITY PARKS ALLIANCE 2121 WARD COURT NW - 5TH FLOOR WASHINGTON, DC 20037	80-0015566	501(C)(3)
CLOCKSHOP 2806 CLEARWATER STREET LOS ANGELES, CA 90039	33-1057561	501(C)(3)
COASTSIDE STATE PARKS ASSOCIATION NEW YEARS CREEK ROAD PESCADERO, CA 94060	94-3130418	501(C)(3)
CRYSTAL COVE ALLIANCE CRYSTAL COVE SP, 8471 NORTH COAST HIGHWAY - LAGUNA BEACH, CA 92651-1043	33-0878633	501(C)(3)
PORT ROSS CONSERVANCY 19005 COAST HIGHWAY ONE JENNER, CA 95450	94-2370751	501(C)(3)
FRIENDS OF THE ELEPHANT SEAL P.O. BOX 490 CAMBRIA, CA 93428	77-0481003	501(C)(3)
SEA AND DESERT INTERPRETIVE ASSOCIATION - 100-225 STATE PARK ROAD - NORTH SHORE, CA 92254	95-3098995	501(C)(3)
GOLDEN GATE NATIONAL PARKS CONSERVANCY - BUILDING 201, FORT MASON - SAN FRANCISCO, CA 94123	94-2781708	501(C)(3)
HEAL THE BAY 1444-9TH STREET SANTA MONICA, CA 90401	95-4031055	501(C)(3)

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMBOLDT REDWOODS INTERPRETIVE ASSOCIATION - P.O. BOX 276 - WEOTT, CA 95571	94-2598084	501(C)(3)	10,000.	0.			NEEDLE ROCK VISITOR CENTER RESTROOM FACILITY UPGRADES, SHOVEL-READY PLANNING FOR
I LOVE A CLEAN SAN DIEGO 2508 HISTORIC DECATUR ROAD, SUITE # SAN DIEGO, CA 92106	95-2566791	501(C)(3)	6,529.	0.			JAPAN TSUNAMI MARINE DEBRIS MINI-GRANT PROGRAM
LITERACY FOR ENVIRONMENTAL JUSTICE 607 ANDERSON STREET SAN FRANCISCO, CA 94110	01-0777856	501(C)(3)	17,500.	0.			EARTH DAY 2015 - CANDLESTICK POINT STATE RECREATION AREA, CANDLESTICK POINT
LOS ANGELES AUDUBON SOCIETY, INC. P.O. BOX 931057 LOS ANGELES, CA 90090	95-6093704	501(C)(3)	8,100.	0.			BALDWIN HILLS ENVIRONMENTAL LEADERSHIP PROGRAM, DONATION TO LA AUDUBON IN LIEU OF
MENDOCINO AREA PARKS ASSOCIATION 69350 US HWY 101N #2 LEGGETT, CA 95585	68-0049014	501(C)(3)	32,285.	0.			EARTH DAY 2015, MAPA STANDISH-HICKEY STATE RECREATION AREA PROJECT
MOUNT DIABLO INTERPRETIVE ASSOCIATION - MT. DIABLO SP, 96 MITCHELL CANYON ROAD - CLAYTON, CA 94517-1500	23-7444529	501(C)(3)	10,500.	0.			ROCK CITY STONE STEPS, EARTH DAY 2015
NAPA VALLEY STATE PARKS ASSOCIATION - 3801 ST. HELENA HIGHWAY NORTH - CALISTOGA, CA 94515	94-2459815	501(C)(3)	10,000.	0.			PIONEER CEMETERY REHABILITATION PLAN
ORANGE COUNTY COASTKEEPER 3151 AIRWAY AVENUE, SUITE #F-110 COSTA MESA, CA 92626	33-0847892	501(C)(3)	12,500.	0.			ORANGE COUNTY COASTAL CLEANUP DAY, JAPAN TSUNAMI MARINE DEBRIS MINI-GRANT PROGRAM
OUTDOOR OUTREACH 5275 MARKET STREET - SUITE #21 SAN DIEGO, CA 92114	33-0860449	501(C)(3)	10,000.	0.			STATE PARKS DISCOVERY PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POINT CABRILLO LIGHTKEEPERS ASSOCIATION - P.O. BOX 641 - HENDOCINO, CA 95460	68-0478282	501(C)(3)	8,000.	0.			POINT CABRILLO MARINE SCIENCE INTERPRETIVE EXHIBIT
POINT LOBOS FOUNDATION ROUTE 1 BOX 62 CARMEI, CA 93922	94-2546064	501(C)(3)	7,500.	0.			GRANT: DISCOVER POINT LOBOS
PORTOLA & CASTLE ROCK FOUNDATION 59 WASHINGTON STREET - #107 SANTA CLARA, CA 95050	94-3151586	501(C)(3)	31,050.	0.			CASTLE ROCK GRAFFITI REMOVAL, CAPACITY BUILDING TO INCREASE MEMBERSHIP, REBUILDING
SAVE MOUNT DIABLO 1901 OLYMPIC BOULEVARD - #320 WALNUT CREEK, CA 94596	94-2681735	501(C)(3)	6,000.	0.			WILDFIRE RESEARCH ON MOUNT DIABLO: SMALL GRANTS, BIOBLITZ AND PUBLIC HIKES
SAVE OUR SHORES 345 LAKE AVENUE - SUITE #A SANTA CRUZ, CA 95062	94-2745941	501(C)(3)	12,496.	0.			BUS TRANSPORTATION FOR STUDENTS, JAPAN TSUNAMI MARINE DEBRIS MINI-GRANT PROGRAM
SONOMA ECOLOGY CENTER P.O. BOX 1486 ELDRIDGE, CA 95431	94-3136500	501(C)(3)	30,000.	0.			EXPANDING ACCESS AT SUGARLOAF RIDGE STATE PARK FOR UNDERREPRESENTED COMMUNITIES
STEWARDS OF THE COAST AND REDWOODS P.O. BOX 2 DUNCANS MILLS, CA 95430	94-3039895	501(C)(3)	42,147.	0.			AUSTIN CREEK STATE RECREATION AREA OPERATIONS & MAINTENANCE, POND FARM-MARGUERITE
THE NORTHCOST ENVIRONMENTAL CENTER - P.O. BOX 4259 - ARCATA, CA 95518	23-7122386	501(C)(3)	7,500.	0.			JAPAN TSUNAMI MARINE DEBRIS MINI-GRANT PROGRAM
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 200 UNIVERSITY OFFICE BUILDING - RIVERSIDE, CA 92521	95-6006142	501(C)(3)	7,000.	0.			RESTORING OUR PARTNERSHIP WITH POLLINATORS (CALIFORNIA CITRUS SHP & UC RIVERSIDE),

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MAGAZINE SUBSCRIPTIONS	46376	0.	718,828	COST	MAGAZINE SUBSCRIPTIONS

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

PART I, LINE 2:

THE FOUNDATION'S DISCRETIONARY GRANTS PROGRAM REQUIRES APPLICANTS TO SUBMIT GRANT APPLICATIONS, WHICH ARE REVIEWED BY A GRANTS COMMITTEE MADE UP OF SELECTED EMPLOYEES OF THE FOUNDATION. RESTRICTED GRANTS ARE MADE BASED ON SUBMITTED INVOICES OR REQUESTS FOR EXPENSES ALLOWED BY THE TERMS OF THE PROGRAM OR RESTRICTED FUND AGREEMENT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ANGEL ISLAND CONSERVANCY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: NEW ORIENTATION HUB-PROGRAMMING & DESIGN, EARTH DAY 2015, SPONSORSHIP OF ANGEL LIGHTS COUNTDOWN BENEFIT EVENT

NAME OF ORGANIZATION OR GOVERNMENT: CA DEPARTMENT OF PARKS AND RECREATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP OF COL. ALLENSWORTH SHP RUN/WALK EVENT, CA STATE PARKS 150TH ANNIVERSARY, SPONSORSHIP OF LIFEGUARD BAKERSFIELD TO LAS VEGAS RUN, CA STATE PARKS DIRECTOR'S RECOGNITION EVENT, CHINO HILLS STATE PARK MAINTENANCE AND OPERATING EXPENSES-SPC#961, OPERATIONS AND RESTORATION EXPENDITURES AT SILVER STRAND SB, ESTABLISH CONTINGENT FUND FOR OFFICE OF COMMUNITY INVOLVEMENT, ADAMSON HOUSE UPKEEP AND MAINTENANCE, GENERAL MAINTENANCE, EARTH DAY 2015, VOLUNTEER BROCHURES, DPR STAFF LODGING AND TRAVEL EXPENSES FOR CITY PARKS ALLIANCE CONFERENCE

NAME OF ORGANIZATION OR GOVERNMENT: CITY PARKS ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: REGISTRATION FEE FOR DPR PARTICIPANTS TO ATTEND THE URBAN PARKS STUDY TOUR IN DENVER 8/1/14-8/2/14, SPONSORSHIP OF GREATER & GREENER CONFERENCE

NAME OF ORGANIZATION OR GOVERNMENT: COASTSIDE STATE PARKS ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GREEN VALLEY CAMPING FEASIBILITY PLAN, HALF MOON STATE BEACH-FRANCIS BEACH NURSERY, MAINTENANCE AND REPAIR OF BEAN HOLLOW STATE BEACH

NAME OF ORGANIZATION OR GOVERNMENT:

HUMBOLDT REDWOODS INTERPRETIVE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: NEEDLE ROCK VISITOR CENTER RESTROOM

Part IV Supplemental Information

FACILITY UPGRADES, SHOVEL-READY PLANNING FOR REHABILITATION &
PRESERVATION

NAME OF ORGANIZATION OR GOVERNMENT: LITERACY FOR ENVIRONMENTAL JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: EARTH DAY 2015 - CANDLESTICK POINT
STATE RECREATION AREA, CANDLESTICK POINT ECO-STEWARDS AT YOSEMITE SLOUGH

NAME OF ORGANIZATION OR GOVERNMENT: LOS ANGELES AUDUBON SOCIETY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: BALDWIN HILLS ENVIRONMENTAL
LEADERSHIP PROGRAM, DONATION TO LA AUDUBON IN LIEU OF SPEAKERS FEE FOR
MARGOT GRISWOOD

NAME OF ORGANIZATION OR GOVERNMENT: PORTOLA & CASTLE ROCK FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CASTLE ROCK GRAFFITI REMOVAL,
CAPACITY BUILDING TO INCREASE MEMBERSHIP, REBUILDING THE PORTOLA REDWOODS
STATE PARK RAMADA

NAME OF ORGANIZATION OR GOVERNMENT: STEWARDS OF THE COAST AND REDWOODS

(H) PURPOSE OF GRANT OR ASSISTANCE: AUSTIN CREEK STATE RECREATION AREA
OPERATIONS & MAINTENANCE, POND FARM-MARGUERITE WILDENHAIN PERSONAL
CORRESPONDENCE PURCHASED FROM MICHAAN'S AUCTIONS, EARTH DAY 2015,
EXPLORING NATURE THROUGH SCIENCE

NAME OF ORGANIZATION OR GOVERNMENT:

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTORING OUR PARTNERSHIP WITH
POLLINATORS (CALIFORNIA CITRUS SHP & UC RIVERSIDE), SCHOLARSHIPS FOR CA
NATURALIST CONFERENCE

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

CALIFORNIA STATE PARKS FOUNDATION

Employer identification number

94-1707583

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <p><input type="checkbox"/> First-class or charter travel</p> <p><input type="checkbox"/> Travel for companions</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments</p> <p><input type="checkbox"/> Discretionary spending account</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</p> </div> </div>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <p><input checked="" type="checkbox"/> Compensation committee</p> <p><input checked="" type="checkbox"/> Independent compensation consultant</p> <p><input checked="" type="checkbox"/> Form 990 of other organizations</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> Written employment contract</p> <p><input checked="" type="checkbox"/> Compensation survey or study</p> <p><input checked="" type="checkbox"/> Approval by the board or compensation committee</p> </div> </div>		
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	X
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>		
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>	5a	X
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>	6a	X
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

Schedule J (Form 990) 2014

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2014

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Name of the organization

CALIFORNIA STATE PARKS FOUNDATION

Employer identification number

94-1707583

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		718,828.	COST
5	Clothing and household goods				
6	Cars and other vehicles	X	1	35,829.	FAIR MARKET VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	18	84,424.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which is not required to be used for
exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

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

Schedule M (Form 990) (2014)

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF CONTRIBUTORS, NOT
THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

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Name of the organization

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Employer identification number
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

RESTORATION PROJECTS AT MANY SITES, INCLUDING CANDLESTICK POINT SRA,
PIGEON POINT, LA STATE HISTORIC PARK, VIKINGSHOLM, SILVER STRAND STATE
BEACH AND OTHER SITES. OVER \$500,000 IN CAPITAL EXPENDITURES AND
RESTORATION COSTS WERE INCURRED DURING THIS FISCAL YEAR. THE FOUNDATION
ALSO OPERATES A DISCRETIONARY GRANTS PROGRAM THROUGH ITS OPERATING
FUND, AS WELL AS DISTRIBUTIONS FROM ITS ENDOWMENT FUNDS TO VARIOUS
PARKS AND NONPROFIT PARTNERS IN SUPPORT OF THEIR WORK TO ENHANCE AND
BENEFIT CALIFORNIA STATE PARKS.

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

CALIFORNIA STATE PARKS.

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

THE CALIFORNIA STATE PARKS FOUNDATION IS A SUPPORTER OF NONPROFIT
ORGANIZATIONS AND LOCAL GOVERNMENTS WHO PARTNER WITH CALIFORNIA STATE
PARKS IN THEIR AREA ACROSS THE STATE. THE FOUNDATION MADE PRO-BONO
SERVICES AVAILABLE TO THESE GROUPS THROUGH A TECHNICAL ASSISTANCE
CENTER, INCLUDING FUNDRAISING, CAPACITY-BUILDING AND OTHER KEY ELEMENTS
OF ORGANIZATIONAL MANAGEMENT. THE FOUNDATION ALSO PROVIDES ONGOING
SUPPORT FOR OPERATIONS AND MAINTENANCE FOR SEVERAL OTHER PARKS
THROUGHOUT THE YEAR.

EXPENSES \$ 244,500. INCLUDING GRANTS OF \$ 244,500. REVENUE \$ 114,333.

FORM 990, PART VI, SECTION B, LINE 11:

THE DRAFT RETURN IS REVIEWED BY THE PRESIDENT AND VP, FINANCE AND

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

Name of the organization

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Employer identification number

94-1707583

ADMINISTRATION, AND ANY AND ALL CORRECTIONS ARE MADE. THE AUDIT AND THE FINANCE & INVESTMENT COMMITTEE THEN REVIEW THE CORRECTED RETURNS. ONCE SATISFIED, THE DRAFT RETURNS ARE SHARED WITH THE FULL BOARD FOR COMMENT PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOUNDATION'S OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE COVERED BY THE POLICY. ANNUALLY, EACH TRUSTEE, OFFICER AND KEY EMPLOYEE COMPLETE A CONFLICT OF INTEREST FORM INDICATING KNOWLEDGE OF THE POLICY AND DISCLOSE ANY TRANSACTIONS THAT MAY POSE POTENTIAL CONFLICTS OF INTEREST UNDER THE POLICY. THE BOARD OF TRUSTEES REVIEWS ALL THE MATERIAL FACTS AND CAN ASK FOR ADDITIONAL INFORMATION FROM THE PARTY(IES) INVOLVED. AFTER EXERCISING DUE DILIGENCE, INCLUDING IDENTIFYING ALTERNATIVE TRANSACTIONS, THE BOARD MAKES A DECISION AS TO WHETHER THE TRANSACTION(S) IS IN THE BEST INTEREST OF THE FOUNDATION AND IS FAIR AND REASONABLE TO THE ORGANIZATION. A MAJORITY OF DISINTERESTED PARTIES MUST APPROVE THE TRANSACTIONS(S) AND ALL DELIBERATIONS AND DECISIONS ARE DOCUMENTED IN THE MINUTES OF THE BOARD OF TRUSTEES. IF A COVERED PERSON FAILS TO DISCLOSE POTENTIAL CONFLICTS IN THE ANNUAL STATEMENT OR IN A TRANSACTION DURING THE YEAR, THE BOARD MAY TAKE DISCIPLINARY ACTIONS BASED ON ITS REVIEW OF THE FACTS. THE BOARD IS TO REVIEW THE POLICY AND COMPLIANCE OF COVERED PERSONS ANNUALLY AS NEEDED.

FORM 990, PART VI, SECTION B, LINE 15:

THE FOUNDATION CONTRACTS WITH AN OUTSIDE CONSULTANT TO REVIEW COMPENSATION THROUGHOUT THE ORGANIZATION. THIS REPORT IS SHARED WITH THE EXECUTIVE COMMITTEE, WHO REVIEWS THE COMPENSATION LEVELS OF THE PRESIDENT AND VP, FINANCE AND ADMINISTRATION, AND APPROVES IT.

Name of the organization

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Employer identification number

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FORM 990, PART VI, SECTION C, LINE 19:

THE PUBLIC CAN DOWNLOAD THE FORM 990 AND AUDITED FINANCIAL STATEMENTS
DIRECTLY FROM THE WEBSITE, AND CAN REQUEST GOVERNING DOCUMENTS AND THE
CONFLICT OF INTEREST POLICY IN WRITING VIA EMAIL OR LETTER. THESE DOCUMENTS
ARE MADE AVAILABLE FOR THE SAME PERIOD OF TIME SET FORTH IN SEC. 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GRANT REFUNDS

16,271.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2014

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
f Dividends from related organization(s)		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

(enue)

Schedule R (Form 990) 2014