		P	UBLIC DISCLOSURE COPY - STATE REGISTR					
	Ω	ne Tax	OMB No. 1545-0047					
For	-	<b>J</b>	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			»   <b>2019</b>		
•		uary 2020) of the Treasury	Do not enter social security numbers on this form as it n	-	-	Open to Public		
Inter	rnal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the la			Inspection		
<u>A</u>	For th	e 2019 calend	ar year, or tax year beginning $ m JUL1,2019$ and endin	g JUN 3	30, 2020			
в	Check if applicab	le: C Name o	forganization	D Em	ployer identific	ation number		
	Addre		FORNIA STATE PARKS FOUNDATION					
	chang Name chang		usiness as	c	4-170758	3		
	Initial		r and street (or P.O. box if mail is not delivered to street address) Room/		ephone number			
	Final	33 N	EW MONTGOMERY STREET 520		15 - 262 - 4	400		
	terminated	n	own, state or province, country, and ZIP or foreign postal code	G Gros	ss receipts \$	19,182,669.		
	Amer returr	SAN	FRANCISCO, CA 94105	<b>H(a)</b> Is	s this a group ret	urn		
	Applition	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: RACHEL NORTON	fo	or subordinates?	Yes X No		
	pendi	Ing SAME	AS C ABOVE	<b>H(b)</b> A	re all subordinates inc	luded? Yes No		
		empt status: [		<u>527</u> If	"No," attach a l	ist. (see instructions)		
	J Website: ► WWW.CALPARKS.ORG				roup exemption			
			X Corporation	Year of forma	tion: 1969  <b>м</b>	State of legal domicile: CA		
Ρ	art I							
đ	1		be the organization's mission or most significant activities: TO IMPRO	OVE AND	MAINTAI	N		
oue Cue			NIA'S STATE PARKS.					
ŝ	2	Check this bo		more than 25	1 1	ets. 34		
Ň	3		nber of voting members of the governing body (Part VI, line 1a) 3 nber of independent voting members of the governing body (Part VI, line 1b) 4					
مع	2 4		lependent voting members of the governing body (Part VI, line 1b)	34				
Se Se	5		of individuals employed in calendar year 2019 (Part V, line 2a)		<u>29</u> 1255			
Activities & Governance	6		of volunteers (estimate if necessary)			0.		
Δc	5 7a		d business revenue from Part VIII, column (C), line 12			0.		
		Net unrelated	business taxable income from Form 990-T, line 39					
		Contributions	and grants (Dart )/III line 1h)		or Year 87,899.	<u>Current Year</u> 6,603,755.		
ē	8		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)		0.	0,000,700.		
Revenue	10		ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		526,253.	511,856.		
E E	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		40,583.	186,619.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8.0	54,735.	7,302,230.		
	13		milar amounts paid (Part IX, column (A), lines 1-3)	2,3	378,523.	856,713.		
	14		to or for members (Part IX, column (A), line 4)		0.	0.		
ď	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	2,3	33,344.	2,438,637.		
Exnenses	16a				17,955.	0.		
Der	b	Total fundrais	ing expenses (Part IX, column (A), line 11e)					
ŭ	i 17	Other expens	es (Part IX, column (A), lines 11a 11d, 11f-24e)	4,9	06,920.	4,774,514.		
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		536,742.	8,069,864.		
	19	Revenue less	expenses. Subtract line 18 from line 12	-1,5	82,007.	-767,634.		
or	E			Beginning	of Current Year	End of Year		
Net Assets or	20	Total assets (I	Part X, line 16)		545,925.	15,740,761.		
tAs	g 21		(Part X, line 26)		82,615.	4,552,775.		
-Ne	22		fund balances. Subtract line 21 from line 20	13,0	63,310.	11,187,986.		
	art II	<u> </u>						
			I declare that I have examined this return, including accompanying schedules and st		-	knowledge and belief, it is		
true	e, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which pre	eparer has any	knowledge.			

Sign Here	Signature of officer         RACHEL NORTON, EXECUTIN         Type or print name and title	VE DIRECTOR	Date	
Paid	Print/Type preparer's name MAGA E. KISRIEV	Preparer's signature	Date	Check PTIN if self-employed P01008919
Preparer	Firm's name <b>HOOD &amp; STRONG LL</b>	P	Firm's	EIN ▶ 94-1254756
Use Only	Firm's address 275 BATTERY ST,	STE 900		
	SAN FRANCISCO, C	A 94111	Phone	e no.415.781.0793
May the II	RS discuss this return with the preparer shown abo	ve? (see instructions)		X Yes No
	LILA For Device de Device d'au Act Notice	a second by a second strate second strate second		

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

(Rev. January 2020)

### Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

			annlightign	for oook	
►	File a	a separate	application	for each	n return.

Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits.* 

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or         Name of exempt organization or other filer, see instructions.         Taxpayer identification					n number (TIN)		
print							
File by the	CALIFORNIA STATE PARKS FOUN				94-17	07583	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see 33 NEW MONTGOMERY STREET, N						
instructions.	City, town or post office, state, and ZIP code. For a fo SAN FRANCISCO, CA 94105	reign addi	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	a separat	e application for each return)				
Applicati	on	Return	Application			Return	
Is For		Code	Is For				
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	-BL	02	Form 1041-A			08	
			Form 4720 (other than individual)			09	
Form 990-PF 04 Form 5227		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 KURT HAGEN - 33 NEW MONTGOMERY STREET, SUITE 520 - SA			12				
<ul> <li>If the c</li> <li>If this i</li> <li>box ▶ [</li> <li>1 I reaction the the the the the the the the the the</li></ul>	quest an automatic 6-month extension of time until         organization named above. The extension is for the orga         calendar year       or         X       tax year beginning       JUL       1, 2019         tax year entered in line 1 is for less than 12 months, ch         Change in accounting period	Aroup Exe and atta MAX Inization's , an neck reaso	mption Number (GEN) If         ch a list with the names and TINs of <u>Z</u> 17, 2021, to file         return for:         d ending	f this is fo all memb	r the whole <u>o</u> ers the exter npt organizat 	group, check this	
	his application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.	or 6069, e	enter the tentative tax, less	3a	\$	0.	
	his application is for Forms 990-PF, 990-T, 4720, or 6069,			3b	\$	0.	
	mated tax payments made. Include any prior year overpa ance due. Subtract line 3b from line 3a. Include your pay				Ψ	<u> </u>	
	ng EFTPS (Electronic Federal Tax Payment System). See	•	· · · ·	3c	\$	0.	
Caution: instruction	If you are going to make an electronic funds withdrawal (	(direct det	bit) with this Form 8868, see Form 84		d Form 8879		

923841 12-30-19

Part III       Statement of Program Service Accomplishments         Check if Schedule O contains a response or note to any line in this Part III         Briefly describe the organization's mission:         CALIFORNIA STATE PARKS FOUNDATION IS AN INDEPENDENT, MEMBEJ         NONPROFIT DEDICATED TO PROTECTING AND PRESERVING THE CALIFO         PARK SYSTEM FOR THE BENEFIT OF ALL.         2         Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?         If 'Yes,' describe these new services on Schedule O.         3       Did the organization cases conducting, or make significant changes in how it conducts, any program services?         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 mea Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, th revenue, if any, for each program service reported.         4a       (Code:       ) (Expenses 100,000.       including grants of 100,000.) (Revenue \$ LAUNCHING OUR KEEPING PARKS WHOLE GRANT ROUND AMID COVID-11         CLOSURES DUE TO COVID-19       RESULTED IN MASSIVE REVENUE LOSS 1         PARKS. WITH YOUR HELP, TO SUPPORT CALIFORNIA'S STATE PARKS PARTNER ORGANIZATIONS, WE CREATED A GRANT ROUND TO ENSURE 1         SUPPORTED DURING THE INITIAL ADJUSTMENT TO THE PANDEMIC. TO SUPPOR' AS STAFF POSITIONS, PARK MAINTENANCE, AND PARK PROG	DRNIA STATE         Yes X No         Yes X No         Sured by expenses.         e total expenses, and         0.         9: PARK         FOR STATE         AND PARK         PARKS WERE         HE KEEPING         T NEEDS SUCH         DR MORE         0.         ID-19, WE         S TO HELP         ED TO         NORTH TO
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PARTNER ORGANIZATIONS, WE CREATED A GRANT ROUND TO ENSURE I         SUPPORTED DURING THE INITIAL ADJUSTMENT TO THE PANDEMIC. TI         PARKS WHOLE GRANT ROUND GAVE \$100,000 IN FUNDING TO SUPPOR         AS STAFF POSITIONS, PARK MAINTENANCE, AND PARK PROGRAMS. FOR         DETAIL ON THE GRANT ROUND, VISIT OUR BLOG AT         CALPARKS.ORG/KEEPINGPARKSWHOLE.	PARKS WERE HE KEEPING T NEEDS SUCH DR MORE 0. 1D-19, WE S TO HELP ED TO NORTH TO
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	AND ONGOING
ERVIEU IS REAU VUR BUUG ATUALPARKS, UKG/BARTHUAYGKANTEBS,	
4c         (Code:) (Expenses \$1, 495.         including grants of \$0.         0.         ) (Revenue \$	0.
ENGAGING FUTURE PARK STEWARDS IN LOS ANGELES: OUR LEADING (	
CHAIR OF PATHWAYS TO PARKS, FIRST PARTNER JENNIFER SIEBEL I	
TIME WITH US VISITING CALIFORNIA STATE PARKS, MEETING WITH	
AND LEARNING MORE ABOUT IMPACTFUL PROGRAMMING WORKING TO I	
HEALTH AND WELLNESS OF CALIFORNIA'S YOUTH. IT WAS A DAY OF	LEARNING AND
LISTENING TO THE TRAILBLAZERS MAKING EQUITABLE ACCESS TO O	JR PUBLIC
LANDS A REALITY FOR ALL CALIFORNIANS. READ ABOUT THE DAY A	ND THE
INCREDIBLE PARTNERS THAT CAME TOGETHER FOR THE FUTURE OF PA	
CALPARKS.ORG/LADAY.	
4d Other program services (Describe on Schedule O.)	
(Expenses \$ 5,666,991. including grants of \$ 681,713.) (Revenue \$ 182	
	L,815.)
4e       Total program service expenses       5,843,486.	
4e Total program service expenses ►       5,843,486.         132002 01-20-20       4	L <b>, 815 .</b> ) Form <b>990</b> (2019

Form	990	(2019)
FUIII	330	120131

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
~	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		х	
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V		<u>_</u>	
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.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 11	
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	L
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
932003	01-20-20	Form	990	(2019)

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		<b>–</b> ••		
32	Did the organization inquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
00		30		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
29		29	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
29			x	
	"Yes," complete Schedule L, Part IV	28c		X
C		290		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>			
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
L				
	"Yes," complete Schedule L, Part IV	28a		X
а				v
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-				
	instructions, for applicable filing thresholds, conditions, and exceptions):			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
-				
20				
28				
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28				
28				
28				
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28				
20				
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а				
a		00-		v
		282		x
	"Yes." complete Schedule L. Part IV	28a		Х
		28a		
L				
b	A family member of any individual described in line 28a? If "Yes." complete Schedule I Part IV	28b		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
		200		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
-		200-		x
	"Yes." complete Schedule L. Part IV	28c		X
		280		
20			x	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
		<u> </u>		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		
50				37
	contributions? If "Ves." complete Schedule M	30		x
	contributions? If "Yes," complete Schedule M	30		
31				
31		31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes " complete			
~		0		v
	Schedule N, Part II	32		<u> </u>
22				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
		00		Х
				<u> </u>
	sections 301.//01-2 and 301.//01-3? If "Yes," complete Schedule R, Part I	33		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		
34 35a	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          Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X X
34 35a	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          Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		
34 35a	Was the organization related to any tax-exempt or taxable entity?       If "Yes," complete Schedule R, Part II, III, or IV, and         Part V, line 1	34 35a		
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34 35a b	Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> <i>Part V, line 1</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	34 35a		
34 35a	Was the organization related to any tax-exempt or taxable entity?       If "Yes," complete Schedule R, Part II, III, or IV, and         Part V, line 1	34 35a		
34 35a b	Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> <i>Part V, line 1</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?	34 35a 35b		<u>x</u>
34 35a b	Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> <i>Part V, line 1</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	34 35a		
34 35a b 36	Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> <i>Part V, line 1</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	34 35a 35b		<u>x</u>
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34 35a b 36 37	Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> <i>Part V, line 1</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	34 35a 35b		<u>x</u>
34 35a b 36 37	Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> <i>Part V, line 1</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	34 35a 35b 36		X X
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34 35a b 36 37	Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> <i>Part V, line 1</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	34 35a 35b 36	x	X X
34 35a b 36 37 38	Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> <i>Part V, line 1</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	34 35a 35b 36 37	X	X X
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34 35a b 36 37 38 <b>Par</b> 1a b	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         Did the organization have a controlled entity within the meaning of section 512(b)(13)?         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         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         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         Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?         Note: All Form 990 filers are required to complete Schedule O         It is Schedule O contains a response or note to any line in this Part V         Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable         It is       1a         1b       0	34 35a 35b 36 37 38		x x x
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34 35a b 36 37 38 <b>Par</b> 1a b	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         Did the organization have a controlled entity within the meaning of section 512(b)(13)?         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         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         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         Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?         Note: All Form 990 filers are required to complete Schedule O         It is Schedule O contains a response or note to any line in this Part V         Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable         It is       1a         1b       0	34 35a 35b 36 37 38 38	Yes	X X X No
34 35a b 36 37 38 Par 1a b c	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         Did the organization have a controlled entity within the meaning of section 512(b)(13)?         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" 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         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         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         Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?         Note: All Form 990 filers are required to complete Schedule O         tV       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       21         Ib	34 35a 35b 36 37 38 38	Yes	X X X No
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2019.05094 CALIFORNIA STATE PARKS FO 13389\_\_1

Form 990 (2019)	CALIFORNIA				
Part V Statements	Regarding Other II	RS Filings	s and Tax	Compliance	(continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	29			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	rns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country		. (55.4.5)			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b 5c		л
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			50		
0a				6a		x
h	any contributions that were not tax deductible as charitable contributions?			Ua		
	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		х
b				7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e			
•				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a b				9a 9b		
10	Section 501(c)(7) organizations. Enter:			90		
а	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:		•			
а	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				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а				13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	401				
~	organization is licensed to issue qualified health plans	13b 13c				
	Enter the amount of reserves on hand		•	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	it incoi	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2019)

932005 01-20-20

Form 990	(2019)
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### CALIFORNIA STATE PARKS FOUNDATION

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

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

<ul> <li>1a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in woling ights anong members of the governing body or if the governing body or if the governing body at the end of Schedule 0.</li> <li>b Enter the number of voting members included on line 1a, above, who are independent</li></ul>	• · <b>–</b>		Yes	No						
body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.         In           b         Enter the number of voting members included on line 1a, above, who are independent.         In           b         Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?           b         Did the organization delegate control over management duties customarily performed by or under the direct supervisio of officers, directors, trustees, or key employees to a management company or other person?           b         Did the organization bave members or stockholders?           c         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?           b         Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?           b         Each committee with authority to act on behalf of the governing body?           c         Beach committee with authority to act on behalf of the governing body?           b         Each committee with authority to act on behalf of the governing body?           c         Beach committee with authority to act on behalf of the governing body?           b         Each committee with authority to act on behalf of the governing body?           c         Beach committee	34									
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officer, director, trustee, or key employee?         3 Did the organization delegate control over management duties customarily performed by or under the direct supervisio of officers, directors, trustees, or key employees to a management company or other person?         4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?         5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?         6 Ar any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?         7 Did the organization neavement members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?         8 Did the organization neavement members, stockholders, or persons other than the governing body?         9 Lis the any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization members of the governing body?         9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?         b If "Yes," did the organization neave writhe policices and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization search poly before filing the 1 bescribe in Schedule D for process, if any used by the organization 's exempt purposes?         14 It sets organization neave writhe norefice of nitrest policy? # "No," go to lin	34									
<ul> <li>3 Did the organization delegate control over management duties customarily performed by or under the direct supervisio or differs, directors, trustees, or key employees to a management company or other person?</li> <li>4 Did the organization have members or stockholders?</li> <li>7 Did the organization have members or stockholders?</li> <li>8 Did the organization have members or stockholders?</li> <li>8 Did the organization have members or stockholders?</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Soction A, who cannot be reached at the organization fissection <i>B</i>. Policies <i>(This Section B requests information about policies not required by the Internal Revenue Code</i>)</li> <li>10 Did the organization have local chapters, branches, or affiliates?</li> <li>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?</li> <li>11 Has the organization nave written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review this Form 990.</li> <li>20 Did the organization nave a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review this Form 990.</li> <li>21 Did the organization nave a written policie organization to review this Form 990.</li> <li>22 Did</li></ul>										
<ul> <li>of officers, directors, trustees, or key employees to a management company or other person?</li> <li>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>Did the organization have members or stockholders?</li> <li>To bit the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</li> <li>Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>Bot the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>The governing body?</li> <li>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? <i>II'</i> Yes, "<i>provide the names and addresses on Schedule O</i></li> <li>Did the organization have local chapters, branches, or affiliates?</li> <li>If 'Yes, 'Id the organization have local chapters, branches, or affiliates?</li> <li>If 'Yes diff de 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?</li> <li>Ha Has the organization provided a complete copy of this Form 900 to all members of its governing 90.</li> <li>Did the organization have a written conflict of interest policy? <i>I''</i> No," go to line 13.</li> <li>be erdificers, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>Did the organization in equality and consistantity mont on decision?</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written ocommerative tymoth</li></ul>	L	2		X						
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KURT HAGEN - (415) 262-4400										
JJ NEW MONICOMERI SIREEI, SUIIE JZV, SAN FRANCISCU. CA 9410	05									
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Form 990 (2019)	CALIFORNIA STATE PARKS FOUNDAT	ION 94-1707583 P	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors										
Check if Schedule	Check if Schedule O contains a response or note to any line in this Part VII									
Section A. Officers, Director	s, Trustees, Key Employees, and Highest Compensated E	mployees								
1a Complete this table for all p	<b>1a</b> 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.

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	Irecto	or/trus T	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		voldr	t con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CATHERINE FISHER	2.00	_		0	-					
CHAIRPERSON		х		х				0.	0.	0.
(2) ROBERT WALTER	2.00									
VICE-CHAIRPERSON		х		х				0.	Ο.	0.
(3) ELIZABETH LAKE	2.00									
SECRETARY		Х		Х				0.	Ο.	0.
(4) DON ROBINSON	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) MICHAEL ALVAREZ	2.00									
TRUSTEE		Х						0.	0.	0.
(6) ANGEL BARAJAS	2.00									
TRUSTEE		Х						0.	0.	0.
(7) DOUG BEEBE	2.00									
TRUSTEE		Х						0.	0.	0.
(8) VIRGINIA CHANG KIRALY	2.00									
TRUSTEE		Х						0.	0.	0.
(9) BEN CIPOLLINI	2.00									
TRUSTEE		Х						0.	0.	0.
(10) MICHON COLEMAN	2.00									
TRUSTEE		Х						0.	0.	0.
(11) WILLIAM DOOLITTLE	2.00									
TRUSTEE		Х						0.	0.	0.
(12) MARIE DOWNEY	2.00									
TRUSTEE		Х						0.	0.	0.
(13) WILLIAM FAIN	2.00									
TRUSTEE		Х						0.	0.	0.
(14) MANUEL GRACE	2.00									
TRUSTEE		Х						0.	0.	0.
(15) BIRT JOHNSON	2.00									
TRUSTEE		Х						0.	0.	0.
(16) STEVE JOHNSON	2.00									
TRUSTEE		Х						0.	0.	0.
(17) JAMES LAU	2.00									
TRUSTEE		Х						0.	0.	0.
932007 01 20 20			_	-		_				Form <b>990</b> (2019)

932007 01-20-20

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Form 990 (2019) CALIFORNI	A STATE	l P	AR	KS	FC	JUC	ND	ATION	94-170	7583 Page <b>8</b>		
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	and	Hig	hest	t Co	ompensated Employee	s (continued)			
(A)	(B)			(C)	;)			(D)	(E)	(F)		
Name and title	Average	(do		Posit		han oi	20	Reportable	Reportable	Estimated		
	hours per	box,	unles	ss pers	son is	both	an	compensation	compensation	amount of		
	week		cer an	d a dire	ector/	/truste	e)	from	from related	other		
	(list any	ector						the	organizations	compensation		
	hours for related	or di	96		1	ated		organization	(W-2/1099-MISC)	from the		
	organizations	ustee	trust		Ð	bens		(W-2/1099-MISC)		organization		
	below	ual tr	tional		ploye	t com /ee				and related organizations		
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(18) LESLIE LEONARD	2.00	-		0	<u>×</u> =	Ξœ	ш.					
TRUSTEE	2.00	х						0.	0	. 0.		
(19) ANDREW LIANG	2.00	21			-	_			0	• ••		
TRUSTEE	2.00	х						0.	0	. 0.		
(20) CHRISTI LIGHT	2.00	Δ			+	-		0.	0	• •		
	2.00	77						0	0			
TRUSTEE	2 00	Х			$\rightarrow$	_		0.	0	. 0.		
(21) DAVID MANDELKERN	2.00							0	0	0		
TRUSTEE		Х			_			0.	0	. 0.		
(22) CYNTHIA MCLAIN-HILL	2.00											
TRUSTEE		Х						0.	0	. 0.		
(23) ROZ NIEMAN	2.00											
TRUSTEE		Х						0.	0	. 0.		
(24) JOHN O'CONNOR	2.00											
TRUSTEE		Х						0.	0	. 0.		
(25) GINA OROZCO-MEJIA	2.00											
TRUSTEE		Х						0.	0	. 0.		
(26) ROBERT PATTERSON	2.00											
TRUSTEE		х						0.	0	. 0.		
1b Subtotal							•	0.	0			
c Total from continuation sheets to Part VI								704,865.	0			
d Total (add lines 1b and 1c)								704,865.	0			
2 Total number of individuals (including but no							r ro					
compensation from the organization		030	1310	u abc	500)	write	10	ceived more than \$100,		5		
										Yes No		
<b>3</b> Did the organization list any <b>former</b> officer,	diractor truct			molo		or	hia	hast componented amp	0,000 00			
<b>c i</b>	-		•	•			•		•	3 X		
line 1a? If "Yes," complete Schedule J for su												
4 For any individual listed on line 1a, is the su										4 X		
and related organizations greater than \$150	,		'							4 X		
5 Did any person listed on line 1a receive or a	-				-			-		- V		
rendered to the organization? If "Yes," com	olete Schedule	e J fo	or su	ich pe	erso	<u>n</u>				5 X		
Section B. Independent Contractors												
1 Complete this table for your five highest cor										sation from		
the organization. Report compensation for t	he calendar ye	ear e	ndin	ig wit	th or	r wit	hin		ear.			
(A)	addraaa							(B)	omiooo	(C)		
Name and business	address						_	Description of s	ervices	Compensation		
CONCORD LITHO GROUP, INC.								FUNDRAISING				
92 OLD TURNPIKE ROAD, CON							_(	CONSULTANT		2,179,617.		
CLOUD FOR GOOD LLC, 1854A		SO:	NV.	ILL	ĿΕ							
RD., #252, ASHEVILLE, NC 28803 TECHNOLOGY STRA								TRATEGY	337,919.			
FIONA HUTTON & ASSOCIATES, 12711 VENTURA												
							CONSULTING S	ERVICE	229,582.			
NAMES IN THE NEWS, 180 GRAND AVENUE, SUIT						ΓE						
1365, OAKLAND, CA 94612-3716							_Þ	LIST PROVIDE	R	160,765.		
SALESFORCE.ORG, 415 MISSI	ON STRE	ET	,	3RD	)		T					
FL, SAN FRANCISCO, CA 941	05							SOFTWARE SER	VICES	146,162.		
2 Total number of independent contractors (ir		ot lin	nited	to th	hose	e list						
\$100,000 of compensation from the organiz	-				10			,				
	SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2019)											

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Form 990 CALIFORN Part VII Section A. Officers, Directors, Tr								Compensated Employe	94-170	
(A)	(B)		,	<u>, ui</u> (0				(D)	(E)	(F)
Name and title	Average hours per	(c	heck I	Pos	ition		ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) PATRICIA PEREZ TRUSTEE	2.00	x						0.	0.	0
(28) MICHAEL PINTO	2.00								0.	0
TRUSTEE		x						0.	0.	0
(29) DIANE ROSS-LEECH TRUSTEE	2.00	x						0.	0.	0
(30) DAN SKOPEC TRUSTEE	2.00	x						0.	0.	0
(31) DARRY SRAGOW	2.00	x						0.	0.	0
TRUSTEE (32) RYAN T'KINDT	2.00	<b>A</b>				-		0.	0.	0
TRUSTEE		x						0.	0.	0
(33) PETER WEINER	2.00									
TRUSTEE		Х						0.	0.	0
(34) EMILY YOUNG	2.00									
TRUSTEE		Х						0.	0.	0
(35) RACHEL NORTON	37.50	_						1.5.5 0.5.0	•	
EXECUTIVE DIRECTOR				X				166,250.	0.	9,242
(36) KURT HAGEN DIRECTOR OF FINANCE AND OPERATIONS	37.50			x				147,670.	0.	13,660
(37) DAVID SMITH DIRECTOR OF INFORMATION TECHNOLOGY	37.50					x		131,961.	0.	15,505
(38) ASHLEY TITTLE	37.50					x		130,753.	0.	
DIRECTOR OF ENGAGEMENT	37.50							130,753.	0.	13,085
(39) HOLLY MARTINEZ DIRECTOR OF PROGRAMS AND ADVOCACY	57.50					x		128,231.	0.	7,030
		-								
		-								
					<u> </u>					
		1								
		-								
Total to Part VII, Section A, line 1c	·			<u> </u>		-		704,865.		58,522

932201 04-01-19

		(2019) CALIFORNIA STA	ATE PARKS	FOUNDATIC	ON	94-1707	583 Page <b>9</b>
Par	rt VI	III Statement of Revenue					
		Check if Schedule O contains a response o	r note to any line i			(-)	
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
s s	1 a	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b	3,351,160.				
۵. ۵	c	c Fundraising events 1c					
ar A		d Related organizations 1d					
s, G		e Government grants (contributions) 1e	557,092.				
r Si	f	f All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	2,695,503.				
diti	ç	g Noncash contributions included in lines 1a-1f	344,510.				
ရှိပြ	ł	h Total. Add lines 1a-1f		6,603,755.			
			Business Code				-
e	2 8	a					
e vi	k	b					
enu Se	c	c					
Program Service Revenue	C	d					
5 F		e					
٩	f	f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes		201 162			201 162
		other similar amounts)		291,163.			291,163.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties(i) Real	(ii) Personal				
	•		(II) Personal				
		a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c definition definitation definitation definition definition definition					
		a Gross amount from sales of (i) Securities	(ii) Other				
	1 6	a closs annount norm sales of a sets other than inventory <b>7a</b> 12,101,132.					
	ŀ	<b>b</b> Less: cost or other basis					
Ð		and sales expenses					
venue		c Gain or (loss)					
		d Net gain or (loss)		220,693.			220,693.
Other Re		a Gross income from fundraising events (not					, -
đ	• •	including \$ of					
Ū		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	k	b Less: direct expenses 8b					
	c	c Net income or (loss) from fundraising events					
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
	k	b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities	►				
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a	4,804.				
		b Less: cost of goods sold 10b	0.				
	C	c Net income or (loss) from sales of inventory		4,804.			4,804.
s			Business Code		4-6-64		
eor	11 a		900099	176,860.	176,860.		
lan	k	b MISCELLANEOUS REVENUE	900099	4,955.	4,955.		
Miscellaneous Revenue	C						
Mis	c	d All other revenue		101 015			
		e Total. Add lines 11a-11d		181,815.	181,815.	0.	516,660.
	12	Total revenue. See instructions	····· 🕨	,,502,250.	1 101,019.	I <sup>0</sup> .	Form <b>990</b> (2019)

CALIFORNIA STATE PARKS FOUNDATION 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 respons	se or note to any line in t	his Part IX		
Doi	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	622,492.	622,492.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	234,221.	234,221.		
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	735,419.	479,957.	174,532.	80,930.
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	1,315,083.	924,368.	171,258.	219,457.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	72,202.	49,449.	12,176.	10,577.
9	Other employee benefits	166,868.	114,283.	28,140.	24,445.
10	Payroll taxes	149,065.	99,874.	32,794.	16,397.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	95,360.	91,523.	3,117.	720.
С	Accounting	46,200.		46,200.	
d	Lobbying	66,036.	66,036.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	60,111.		60,111.	
g				0 4	
	column (A) amount, list line 11g expenses on Sch 0.)	298,700.	243,905.	8,574.	46,221.
12	Advertising and promotion	217,386.	186,375.	4,028.	26,983.
13	Office expenses	720,188.	443,727.	65,810.	210,651.
14	Information technology	318,329.	204,910.	81,632.	31,787.
15	Royalties	261 005	005 500	01 (10	40.104
16	Occupancy	361,275.	227,533.	91,618.	42,124.
17	Travel	74,819.	58,932.	11,166.	4,721.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	<b>7 5 1 0</b>	<b>7 F</b> 10		
19	Conferences, conventions, and meetings	7,518.	7,518.	1 200	
20		1,398.		1,398.	
21	Payments to affiliates	150,628.	01 066	20 100	17 560
22	Depreciation, depletion, and amortization	25,717.	94,866. 16,340.	<u>38,199</u> . 6,428.	<u>17,563</u> 2,949.
23		25,117.	10,340.	0,420.	2,949.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.)	1,769,479.	1,121,820.	228.	647,431.
a L	PROGRAM EXPENSES	511,234.	511,234.	440.	04/,431.
b	EVENTS	511,234.	44,123.		6,013.
C L		JU, 130.	44,14J.		0,013.
d					
	All other expenses	8,069,864.	5,843,486.	837,409.	1,388,969.
25 26	Total functional expenses. Add lines 1 through 24e	0,009,004.	J,04J,400.	037,4030	<u>т, 300, 909</u> .
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here <b>X</b> if following SOP 98-2 (ASC 958-720)	2,892,006.	1,885,042.	0.	1,006,964.
	A = A = A = A = A = A = A = A = A = A =	A. U. 7 A. U. U. U. A.		U • I	

Form 990 (2019)
Part X Balance Sheet

#### CALIFORNIA STATE PARKS FOUNDATION

94-1707583 Page 11

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			784,755.	1	921,991.
	2	Savings and temporary cash investments			1,372,714.	2	1,050,050.
	3	Pledges and grants receivable, net			1,340,272.	3	941,097.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	se perso	ns		5	
	6	Loans and other receivables from other disqualit	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sect	ion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			3,949.	8	5,119.
Ä	9				256,204.	9	279,544.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	578,189.			
	b	Less: accumulated depreciation	10b	219,683.	232,078.	10c	358,506.
	11	Investments - publicly traded securities	13,339,863.	11	11,982,644.		
	12	Investments - other securities. See Part IV, line 1	216,090.	12	201,810.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			17,545,925.	16	15,740,761.
	17	Accounts payable and accrued expenses	220,773.	17	250,037.		
	18	Grants payable		1,740,264.	18	1,282,873.	
	19	Deferred revenue			1,381,965.	19	1,256,965.
	20	Tax-exempt bond liabilities			1 000 046	20	1 0 1 0 1 7 0
	21	Escrow or custodial account liability. Complete I			1,037,346.	21	1,048,479.
es	22	Loans and other payables to any current or form					
iliti		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes			0	22	
_	23	Secured mortgages and notes payable to unrela			0.	23	250,000.
	24	Unsecured notes and loans payable to unrelated			0.	24	379,686.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines			102,267.	05	01 725
		of Schedule D			4,482,615.	25	<u>84,735.</u> 4,552,775.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			4,402,013.	26	4,332,113.
S		and complete lines 27, 28, 32, and 33.	ck nere				
nce	27				5,340,616.	27	4 172 361.
ala	28	Net assets with donor restrictions			7,722,694.	28	<u>4,172,361.</u> 7,015,625.
Б	20	Organizations that do not follow FASB ASC 9			7,722,054.	20	,,015,025.
Fun		and complete lines 29 through 33.					
م ا	29	Capital stock or trust principal, or current funds		29			
ets	30	Paid-in or capital surplus, or land, building, or ec			30		
Ass	31	Retained earnings, endowment, accumulated in		and the second sec		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			13,063,310.	32	11,187,986.
z	33	Total liabilities and net assets/fund balances		17,545,925.	33	15,740,761.	
	. 55			I	_ , ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	55	Eorm <b>990</b> (2010)

Form 990 (2019)

	990 (2019) CALIFORNIA STATE PARKS FOUNDATION	94-1	.707583	Pag	<sub>ge</sub> 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,302					
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,069					
3	Revenue less expenses. Subtract line 2 from line 1	3	-767					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,063					
5	Net unrealized gains (losses) on investments	5	-517	7,90	02.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-589	9,78	88.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	11,187	7,98	86.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3a	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							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>			L			
			Form	uan /				

Form **990** (2019)

932012 01-20-20

SCH	EDU	LE A
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(Form 990 or 990-EZ)

### **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.

n 990 or Form 990-F7 ch to For

OMB No. 1545-0047
2019
Open to Public

Department of the Treasury Internal Revenue Service				► Go to www.irs.go		Open to Public Inspection						
Nan	ne of	the organizati							Employer	r identification number		
		Ū		FORNIA STA	TE PARKS FOUL	NDATIC	ON			4-1707583		
Pa	rt I	Reason			All organizations must co			e instruction				
The	organ				For lines 1 through 12, c							
1					on of churches described			I)(A)(i).				
2	$\square$				Attach Schedule E (Forn			· / · / · /·				
3	$\square$				anization described in se			ii).				
4	$\square$				njunction with a hospital				)(iii). Enter	the hospital's name,		
		city, and stat	e:	·								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
				Complete Part II.)								
6					nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organizati	on that norma	Ily receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from tl	ne general j	public described in		
				omplete Part II.)								
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college		
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	eor		
		university:										
10		An organizati	on that norma	Ily receives: (1) more	e than 33 1/3% of its supp	oort from o	contributio	ns, members	hip fees, an	nd gross receipts from		
		activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	from gross investment		
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	after June 30, 1975.		
		See section	509(a)(2). (Co	mplete Part III.)								
11		An organizati	on organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).				
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or		
					ed in section 509(a)(1) o					Check the box in		
		lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.			
а				-	upervised, or controlled	• • •	-					
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting		
	_	¬ -		complete Part IV, Se								
b				-	l or controlled in connect			-		-		
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
	_	<b>-</b>		t complete Part IV,								
с			-		g organization operated				lly integrate	ed with,		
			•		). You must complete I							
d			-		porting organization oper				-			
					zation generally must sat				an attentiv	/eness		
		_			mplete Part IV, Sections							
е			•		written determination fro nally integrated supporti			турет, туре	п, туре п			
f	Ent	er the number										
י מ			••	n about the supporte	ad organization(s)							
9		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other		
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)		
Tota	al											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 16

### Schedule A (Form 990 or 990-EZ) 2019 CALIFORNIA STATE PARKS FOUNDATION Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	9715082.	6738811.	7875598.	7487899.	6603755.	38421145.
2	Tax revenues levied for the organ-						
	ization'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	0015000	6800011				20401445
	Total. Add lines 1 through 3	9715082.	6738811.	7875598.	7487899.	6603755.	38421145.
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,						<b>F</b> 20 110
	column (f)						538,110.
	Public support. Subtract line 5 from line 4.						37883035.
		( ) 00/5	(1) 00 / 0	() 00/7	( )) = = ( )	( ) 00/0	(0
	ndar year (or fiscal year beginning in)	(a) 2015 9715082.	(b)2016 6738811.	(c) 2017 7875598.	(d) 2018 7487899.	(e) 2019	(f) Total 38421145.
	Amounts from line 4	9719002.	0750011.	1013390.	7407099.	0003733.	50421145.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	236,678.	218,411.	251,201.	316,296.	291,163.	1313749.
•	and income from similar sources	230,070.	210,411.	231,201.	510,250.	251,105.	1313/45.
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	516,701.	62,024.	2,988.	4,236.	4 804.	590,753.
11	<b>Total support.</b> Add lines 7 through 10	01077010	0270210	275001	1/2001		40325647.
	Gross receipts from related activities,	etc. (see instructio	ns)				,784,809.
	First five years. If the Form 990 is for	,	,	t fourth or fifth ta	x vear as a section		,,
	organization, check this box and <b>stor</b>	-					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2019 (I	ine 6, column (f) div	vided by line 11, c	olumn (f))		14	93.94 %
	Public support percentage from 2018		•			15	94.37 %
	33 1/3% support test - 2019. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				►X
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ition			
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c				
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and <b>stop h</b>	<b>iere.</b> Explain in Pai	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	<b>stop here.</b> Explain	n in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test. 7	The organization q	ualifies as a public	ly supported orgar	nization	▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2019

## Schedule A (Form 990 or 990-EZ) 2019 CALIFORNIA STATE PARKS FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support					<b>.</b>	
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
<b>5</b> 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>b</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						
<b>c</b> 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) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
<b>10a</b> 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						
<ul> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> </ul>						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for	or the organization's	s first, second, thir	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) org	anization,
						<b>&gt;</b>
Section C. Computation of Pub	ic Support Per	centage				
<b>15</b> Public support percentage for 2019	(line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 201					16	%
Section D. Computation of Inve	stment Income	Percentage				
17 Investment income percentage for 2	. <b>019</b> (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2019. If th	e organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and l	ine 17 is not
more than 33 1/3%, check this box a	and <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiza	tion	▶□
b 33 1/3% support tests - 2018. If th	e organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3	3%, and
line 18 is not more than 33 1/3%, ch	eck this box and <b>st</b>	op here. The orga	anization qualifies	as a publicly suppo	orted organiza	tion ►
20 Private foundation. If the organizati	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	tructions	
932023 09-25-19		18	}	Sch	edule A (Forn	n 990 or 990-EZ) 2019

2019.05094 CALIFORNIA STATE PARKS FO 13389\_\_1

#### Schedule A (Form 990 or 990-EZ) 2019 CALIFORNIA STATE PARKS FOUNDATION

#### 94-1707583 Page 4

1

Yes No

Part IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A

and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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 or 990-EZ).*
- **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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

932024 09-25-19

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990 or 990-EZ) 2019

10b

19

## Schedule A (Form 990 or 990-EZ) 2019 CALIFORNIA STATE PARKS FOUNDATION Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
Sec	tion 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		<u> </u>
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		L
Sec	tion 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			
<u></u>	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
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	•		
2	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 <b>Part VI</b> the role the organization's			
	-	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L
1				
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.	uctions	Yes	No
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.	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.			
а	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		

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Schedule A (Form 990 or 990-EZ) 2019

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## Schedule A (Form 990 or 990-EZ) 2019 CALIFORNIA STATE PARKS FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
Sect	ion C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

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## Schedule A (Form 990 or 990 EZ) 2019 CALIFORNIA STATE PARKS FOUNDATION

Par	I ype III Non-Functionally Integrated 509	(a)(s) Supporting Orga	inizations (continued)	•
Secti	on D - Distributions		· · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
	Underdistributions, if any, for years prior to 2019 (reason-			
2	able cause required- explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016 From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019	CALIFORNIA	STATE	PARKS	FOUNDATION	94–1707583 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

932028 09-	-25-19			 23	Schedule A (Form 990	or 990-EZ) 2019
2013	APICONT:	Ş				
	AMOUNT:		1 801			
	AMOUNT:		4,236.			
2017			2 0 8 8			
	AMOUNT:		62 024			
	AMOUNT:		516,701.			
OTHE	R REVENUI	3				

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### Schedule B

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

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### **Schedule of Contributors**

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

OMB No. 1545-0047

## 2019

Employer identification number

Name of the organization	

Organization type (check one):

CALIFORNIA	STATE	PARKS	FOUNDATION

94-1707583

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

X 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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.

Employer identification number

(d)

(d)

X

94-1707583

CALIFORNIA STATE PARKS FOUNDATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll 234,221. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

2		\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>217,836.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll OKAN Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Page 3

Employer identification number

94-1707583

#### CALIFORNIA STATE PARKS FOUNDATION

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
<u>1</u> <u>BOO</u>	OKS AND PUBLICATIONS	_	
_		\$\$	04/02/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ _			
3453 11-06-19		\$Schedule B (Form 9	90, 990-EZ, or 990-PF) (20

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#### 14010513 758661 13389

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2019)		Page 4
Name of or	rganization		Employer identification number
CALIFO	ORNIA STATE PARKS FOUND	ATION	94-1707583
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	ions to organizations described in se ) through (e) and the following line entr charitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(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, a		Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) i diposo di girt	(0) 000 01 girt	
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

923454 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

### 14010513 758661 13389

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#### SCHEDULE C

#### (Form 990 or 990-EZ)

### Political Campaign and Lobbying Activities

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

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on 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," on 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," on 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

<ul> <li>Section 501(c)(4),</li> </ul>	(5), or (6) organizations: Complete Part III.
Name of organization	

CALIFORNIA STATE PARKS FOUNDATION		94-1707583					
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.							
<ol> <li>Provide a description of the organization's direct and indirect political campaign activities in Part IV.</li> <li>Political campaign activity expenditures</li> <li>Volunteer hours for political campaign activities</li> </ol>							
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 No				
b If "Yes," describe in Part IV.							
Part I-C Complete if the organization is exempt under section 501(c), except sec	tion 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 organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. contributions received that were promptly and directly delivered to a separate political organization, such	Also enter the an	nount of political	I				

 political action committee (PAC). If additional space is needed, provide information in Part IV.
 (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.

 (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.

 (c) EIN
 [c] EIN
 [

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

Schedule C (Form 990 or 990-EZ) 2019

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Schedule C (Form 990 or 990-EZ) 2019 C Part II-A Complete if the orga					707583 Page 2 ction under
	-	n affiliated group (and list ir	n Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share	,	<b>0</b> 1 ,			
Limits	s on Lobbying E	A and "limited control" pro xpenditures mounts paid or incurred.		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
<b>A</b> - <b>T</b> -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				0.	
<b>1a</b> Total lobbying expenditures to influe				66,036.	
<ul> <li>b Total lobbying expenditures to influe</li> <li>a Total lobbying expenditures (add line)</li> </ul>				66,036.	
<ul> <li>c Total lobbying expenditures (add line</li> <li>d Other exempt purpose expenditures</li> </ul>				7,943,719.	
<ul> <li>e Total exempt purpose expenditures</li> </ul>				8,009,755.	
f Lobbying nontaxable amount. Enter			h columns	550,488.	
If the amount on line 1e, column (a) or		e lobbying nontaxable am		550,400.	
Not over \$500,000		6 of the amount on line 1e.			
Over \$500,000 but not over \$1,000,		0,000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,000,		5,000 plus 10% of the exc 5,000 plus 10% of the exc			
Over \$1,500,000 but not over \$1,50		5,000 plus 5% of the exce			
Over \$17,000,000			<u>ss over \$1,500,000.</u>		
	φι,	500,000.			
g Grassroots nontaxable amount (ente	er 25% of line 1f			137,622.	
h Subtract line 1g from line 1a. If zero				0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than zero		or line 1i, did the organiz			
reporting section 4911 tax for this ye				Г	Yes No
		Averaging Period Under		L	
(Some organizations that	at made a secti	on 501(h) election do not eparate instructions for li	have to complete all o	of the five columns be	low.
	Lobbying E	xpenditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> Total
2a Lobbying nontaxable amount	547,81	6. 642,718.	619,297.	550,488.	2,360,319.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,540,479.
<b>c</b> Total lobbying expenditures	130,00	5. 164,600.	139,915.	66,036.	500,556.
d Grassroots nontaxable amount	136,95	4. 160,680.	154,824.	137,622.	590,080.
e Grassroots ceiling amount (150% of line 2d, column (e))					885,120.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

# Schedule C (Form 990 or 990 EZ) 2019 CALIFORNIA STATE PARKS FOUNDATION 94-1707583 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

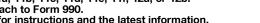
For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(b	)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(5	i), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
	t III-B Complete if the organization is exempt under section 501(c)(4), sectio			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
	Carryover from last year				
с	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pe	olitical			
	expenditure next year?		4		
_5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	de 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	A, lines 1 ar	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Department of the Treasury

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





Internal Revenue Service Name of the organization

#### 

Employer identification number

Pa	CALIFORNIA STATE PA		94-1/0/583				
Pa			of Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line						
	-	(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 w	vriting that the assets held in donor advise	ed funds				
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be u	used only				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring				
_							
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, F	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	n (check all that appl <u>y).</u>					
	Preservation of land for public use (for example, recreat	ion or education)	a historically important land area				
	Protection of natural habitat	Preservation of	a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form o	of a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
с	Number of conservation easements on a certified historic stru	cture included in (a)	2c				
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic structu	re				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rele						
	year ►						
4	Number of states where property subject to conservation ease	ement is located					
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it	holds?	Yes 📃 No				
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	ervation easements during the year				
	▶						
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservat	ion easements during the year				
	▶\$						
8	B 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)?						
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement and				
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial stateme	ents that describes the				
_	organization's accounting for conservation easements.						
Pa			her Similar Assets.				
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	nd 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	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		• • •				
	(ii) Assets included in Form 990, Part X		• • •				
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial	gain, provide				
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		• • •				
ΙНΔ	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2019				

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31						
2019.05094	CALIFORNIA	STATE	PARKS	FO	13389_	_1

Sche		NIA STATE E						94-17			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historic	al Tre	asures, or	Other \$	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any	of the f	ollowing that	make sigr	nificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	d	Loa	n or exc	hange prograi	m					
b	Scholarly research	е									
с	Preservation for future generations										
4											
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	t IV Escrow and Custodial Arrang							Part IV. I			<u>-</u>
	reported an amount on Form 990, Par							,, .			
1a	Is the organization an agent, trustee, custodia		arv for cont	ributions	s or other asse	ets not ind	cluded				
	on Form 990, Part X?								Yes	X	No
h	If "Yes," explain the arrangement in Part XIII a							∟			
D			owing table	-					Amount		
с	Reginning balance						1c		Amoun		
	Beginning balance						1d				
	Additions during the year						1e				
e f	Distributions during the year						1f				
f	Ending balance Did the organization include an amount on Fo							x	Yes		No
	If "Yes," explain the arrangement in Part XIII.								_ 165	X	_
Par										21	
		(a) Current year	(b) Prior		(c) Two years			ears back	(e) Four	Veare	hack
10	Beginning of year balance	4,104,727.		<u>yea</u> 6,034.	3,843			82,267.		037,	
1a 5		-,,,,,	0,51	•,••••	0,010	,,,,,,,		15,200.		,	
b	Contributions	-164,275.	27	9,677.	176	,595.		39,451.		-94,	020
C A	Net investment earnings, gains, and losses	101,273.	27	,,,,,,,	1/0	, 555.	,	55,451.		<u>, , , , , , , , , , , , , , , , , , , </u>	020.
d	Grants or scholarships										
е	Other expenditures for facilities	192 042	0	0 0 0 4	104	527	F 2	00 040		561	502
	and programs	182,043.	9	0,984.	104	,537.	5,2	92,942.		561,	502.
t	Administrative expenses	2 759 400	4 10	4 7 7 7	2 016	0.2.4	2 0	12 076		202	267
g	End of year balance	3,758,409.		4,727.		,034.	3,0	43,976.	۰,	382,	207.
2	Provide the estimated percentage of the curr	•		lumn (a)	) held as:						
a	Board designated or quasi-endowment	.00	_%								
b	Permanent endowment  77.39	%									
С	Term endowment  22.61										
_	The percentages on lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are	e held ar	nd administere	ed for the	organiza	tion	Г		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the	ŭ	vment fund	S.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered										
	Description of property	(a) Cost or of		• •	or other	• •	cumulate	d	(d) Bool	c value	э
		basis (investm	nent)	basis	(other)	depr	eciation				
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment				1,028.		64,52			5,50	
	Other				7,161.	1:	55,16	0.		2,00	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part )	K, column (E	<u>3), line 1</u>	0c.)				358	3,50	J6.
							:	Schedule	D (Form	990)	2019

Schedule D (F	Form 990)	2019	CALIFORNIA	STATE	PARKS	FOUNDATION	
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#### Part VII Investments - Other Securities.

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

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

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	►
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990,	Part X, line 25.
1. (a) Description of liability	(b) Book value

(1) Federal income taxes	
(2) DEFERRED RENT	84,735.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	84,735.

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

Schedule D (Form 990) 2019

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_	dule D (Form 990) 2019 CALLFORNIA STATE PARKS FO		1707583 Page 4				
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	1	6,131,181.				
1				1	0,151,101.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	-517,902.				
a	······································		-JI7, 902.	-			
b				-			
с.	Recoveries of prior year grants		-611,000.	-			
d			•		1 1 2 0 0 2		
е	<b>o</b>			2e	-1,128,902.		
3	Subtract line <b>2e</b> from line <b>1</b>			3	7,260,083.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	40 140				
а	Investment expenses not included on Form 990, Part VIII, line 7b		42,147.	-			
b		4b			40 445		
	Add lines <b>4a</b> and <b>4b</b>	4c	42,147.				
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	7,302,230.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ments With			7,302,230. n.		
5 Ра	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>TXII</b> Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12	<b>ments Wit</b> ł <sup>2a.</sup>	n Expenses per F	Retur	n.		
5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements	<b>ments Wit</b> ł <sup>2a.</sup>	n Expenses per F		7,302,230. n. 8,006,505.		
5 Ра	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With 2a.	n Expenses per F	Retur	n.		
5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ments With 2a. 2a	n Expenses per F	Retur	n.		
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	Presents         With           2a.         2a            2a            2a            2a	n Expenses per F	Retur	n.		
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a.         2a	n Expenses per F	Retur	n.		
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Other (Describe in Part XIII.)	2a.         2a            2a            2b            2c            2d	-21,212.	Retur	n. 8,006,505.		
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a.         2a            2a            2b            2c            2d	-21,212.	1 2e	n. <u>8,006,505.</u> -21,212.		
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Other (Describe in Part XIII.)	2a.         2a            2a            2b            2c            2d	-21,212.	1	n. 8,006,505.		
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Add lines 2a through 2d	2a.         2a            2a            2b            2c            2d	-21,212.	1 1 2e 3	n. <u>8,006,505.</u> -21,212.		
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a.         2a            2a            2b            2c            2d	-21,212.	1 1 2e 3	n. <u>8,006,505.</u> -21,212.		
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a.         2a            2a            2b            2c            2d	-21,212.	1 1 2e 3	n. 8,006,505. -21,212. 8,027,717.		
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a.         2a           2b         2b           2c         2d           2d         4a           4b         4b	n Expenses per F -21,212. 42,147.	1 1 2e 3	n. <u>8,006,505.</u> <u>-21,212.</u> 8,027,717. 42,147.		
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) <b>Reconciliation of Expenses per Audited Financial Staten</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Add lines 2a through 2d         Subtract line 2e from line 1       Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b       Other (Describe in Part XIII.)	2a.         2a           2b         2c           2c         2d           2d         4a           4b         4b	n Expenses per F	Retur	n. 8,006,505. -21,212. 8,027,717.		

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:

932054 10-02-19

932055 10-02-19

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

CALIFORNIA STATE PARKS FOUNDATION

RESTRICTED FOR SPECIFIC PROJECTS.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

Schedule D (Form 990) 2019

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, 2020.

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 2D - OTHER ADJUSTMENTS:

RETURNED CONTRIBUTIONS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GRANT REFUNDS

94-1707583 Page 5

-611,000.

-21,212.

\_\_\_\_\_

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities						OMB No. 1545-0047		
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						or if the	2019	
Department of the Treasury	Attach to Form 990 or Form 990-EZ.							Open to Public	
Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection	
Name of the organization	lame of the organization Employer					Employer ide	r identification number		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990									
	complete this par			00 01	r onn 000, r ar n, r				
1 Indicate whether the	e organization rais	sed funds through any of the followir	ng activ	ities.	Check all that apply.				
a X Mail solicitations e Solicitation of non-government grants									
b X Internet and email solicitations f X Solicitation of government grants									
c Phone solicit		g Special	fundra	lising	events				
d X In-person so			(*		····				
		or oral agreement with any individual art VII) or entity in connection with p				tees,	or X Yes	s 🗌 No	
		viduals or entities (fundraisers) pursu			e	no fur			
compensated at le	0	( ,1		agreer					
		-	(			6.0	Amount noid		
(i) Name and address	s of individual	(ii) Activity	(iii) fundr have c	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by) organization		
or entity (fund	raiser)			trol of utions?	from activity			fundraiser ted in col. (i)	
CONCORD I TENO CROUI	TNC		Yes	No					
CONCORD LITHO GROUP 92 OLD TURNPIKE ROP		DIRECT MARKETING	Tes	X	4,173,162.		2,116,672.	2,056,490.	
					4,175,102.		2,110,072.	2,030,490.	
Total					4,173,162.		2,116,672.	2,056,490.	
		on is registered or licensed to solicit		utions		it is (	, ,		
or licensing.		ç					•		
CA,NV									
		ice, see the Instructions for Form FOR CONTINUATIONS	990 or	990-E	Z. 9	Sche	dule G (Form 9	990 or 990-EZ) 2019	

932081 09-11-19

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

		or fullulaising event contributions and gro			ventis with gross receipt	3 greater than \$5,000.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))				
e			(event type)	(event type)	(total number)					
Revenue	1	Gross receipts								
	2	Less: Contributions								
	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
	5	Noncash prizes								
penses	6	Rent/facility costs								
Direct Expenses	7	Food and beverages								
	8	Entertainment								
	9	Other direct expenses								
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li			•					
Ра	rt I	<b>II Gaming.</b> Complete if the organization a		990, Part IV, line 19, or r						
		\$15,000 on Form 990-EZ, line 6a.	1							
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Re	1	Gross revenue								
es	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Direct	4	Rent/facility costs								
	5	Other direct expenses								
	~	Malushan lakan	Yes%	Yes%	└── Yes %					
	6	Volunteer labor	No No	No	No					
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		▶					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>					
		ter the state(s) in which the organization condu he organization licensed to conduct gaming ac		states?		Yes No				
		No," explain:								
	Da Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes									
93208	2 09	-11-19			Schedule G (For	m 990 or 990-EZ) 2019				

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:       13a       %         b An outside facility       13b       %
13 Indicate the percentage of gaming activity conducted in:         a The organization's facility         b An outside facility         13b
b An outside facility 13b %
· ·····
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.
Name
Address
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
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
Gaming manager compensation
Description of services provided 🕨
Director/officer Employee Independent contractor
17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
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 <b>&gt;</b> \$
<b>Part IV</b> 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: CONCORD LITHO GROUP, INC.
(I) ADDRESS OF FUNDRAISER: 92 OLD TURNPIKE ROAD, CONCORD, NH 03301
932083 09-11-19 Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE I	C	Grants and Oth	er Assistan	ce to Organ	izations,		OMB No. 1545-0047		
(Form 990)	Go	vernments, an lete if the organization	d Individual	s in the Ŭni <sup>.</sup>	ted States		2019		
Department of the Treasury	Comp		Attach to For		t iv, inte 21 of 22.		Open to Public		
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection		
Name of the organization	RNIA STATE P	ARKS FOUNDA	TION				Employer identification number $94-1707583$		
Part I General Information on Gra	ants 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 o <b>2</b> Describe in Part IV the organization		toring the use of grant					X Yes No		
2 Describe in Part IV the organization Part II Grants and Other Assistant					nization answered "V	(es" on Form 990 Part	IV line 21 for any		
recipient that received more	-				anzation answered i	es off off 550,1 at			
<b>1 (a)</b> Name and address of organizat or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
THE REGENTS OF THE UNIVERSITY O	DF								
CALIFORNIA - BOX 957089, 1125							JUL 2019 - UCLA RESEARCH		
MURPHY HALL, 405 HILGARD AVENUE							FOR YOUTH ACCESS, 2019		
LOS ANGELES, CA 90095	95-6006142	501(C)(3)	60,585.	0.			UCLA RESEARCH		
							2019 YOUTH ACCESS		
LOS ANGELES RIVER STATE PARK							RESEARCH, EARTH DAY GRANT		
							2020, COVID GRANT 2020,		
ANGELES, CA 90012	82-1364477	501(C)(3)	32,730.	0.			JUN 2020 KEEPING PARKS		
LOS ANGELES AUDUBON SOCIETY									
PO BOX 411301							EARTH DAY GRANT 2020,		
LOS ANGELES, CA 90041	95-6093704	501(C)(3)	6,000.	0.			COVID GRANT 2020		
							EARTH DAY GRANT 2020,		
LITERACY FOR ENVIRONMENTAL JUST	TICE						COVID GRANT 2020, TO		
554 CLAYTON STREET, #170039							CLOSE OUT COMMUNITY		
SAN FRANCISCO, CA 94117	01-0777856	501(C)(3)	70,278.	0.			GARDEN FUND, YS PLANT		
CHINO HILLS STATE PARK									
INTERPRETIVE ASSOCIATION - 4500	)						EARTH DAY GRANT 2020, JUN		
CARBON CANYON ROAD - BREA, CA	BON CANYON ROAD - BREA, CA 2020 KE						2020 KEEPING PARKS WHOLE		
92823	33-0542316	501(C)(3)	7,845.	0.			GRANT		
MOUNTAIN PARKS FOUNDATION							EARTH DAY GRANT 2020, JUN		
525 NORTH BIG TREES PARK ROAD		F01 ( 0) ( 2 )		_			2020 KEEPING PARKS WHOLE		
FELTON, CA 95018	23-7275572		7,450.	0.			GRANT 9		
2 Enter total number of section 501(			e line 1 table				▶8.		
3 Enter total number of other organiz LHA For Paperwork Reduction Act N							Schedule I (Form 990) (2019)		

erwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

#### CALIFORNIA STATE PARKS FOUNDATION 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.)

932241 04-01-19

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA DEPARTMENT OF PARKS AND RECREATION - 17801 LAKE PERRIS DR							INLAND EMPIRE DISTRICT FY 19 DISTRIBUTION, Y2019/20 STEELE RANCH ENDOWMENT
- PERRIS, CA 92571 SAN MATEO COUNTY RESOURCE CONSERVATION DISTRICT - 80 STONE	68-0303606	CA DEPT P&R	181,331.	0.			DISBURSEMENT, ANNUAL
PINE ROAD, SUITE 100 - HALF MOON BAY, CA 94019		SAN MATEO RCD	41,430.	0.			Y2019/20 STEELE RANCH ENDOWMENT DISBURSEMENT

# Schedule I (Form 990) (2019) CALIFORNIA STATE PARKS FOUNDATION

94-1707583

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients (c) Amount of cash grant (d) Amount of non- (e) Method of valuation (book, FMV, appraisal, other)		(f) Description of noncash assistance		
MAGAZINE SUBSCRIPTIONS	16075	0.	234,221.	соят	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: LOS ANGELES RIVER STATE PARK PARTNERS

Part IV Supplemental Information	

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 YOUTH ACCESS RESEARCH, EARTH

DAY GRANT 2020, COVID GRANT 2020, JUN 2020 KEEPING PARKS WHOLE GRANT

NAME OF ORGANIZATION OR GOVERNMENT: LITERACY FOR ENVIRONMENTAL JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: EARTH DAY GRANT 2020, COVID GRANT

2020, TO CLOSE OUT COMMUNITY GARDEN FUND, YS PLANT STORAGE FEES, JUN 2020

KEEPING PARKS WHOLE GRANT

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA DEPARTMENT OF PARKS AND RECREATION

(H) PURPOSE OF GRANT OR ASSISTANCE: INLAND EMPIRE DISTRICT FY 19

DISTRIBUTION, Y2019/20 STEELE RANCH ENDOWMENT DISBURSEMENT, ANNUAL SILVER

STRAND GRANT TO DPR, TO CLOSE OUT OCI PROJECTS FUND, OUTDOOR YOUTH

CONNECTION DONATION

Schedule I (Form 990)

932291 04-01-19

sc	HEDULE J	Compensation Information		OMB No. 1	545-004	47	
(Fo	rm 990)		20	10	<u> </u>		
		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	IJ	)	
Depa	tment of the Treasury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to Public			
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nan	ne of the organizatio			identificatio		nber	
		CALIFORNIA STATE PARKS FOUNDATION	94-1	170758	3		
Ра	rt I Question	s Regarding Compensation					
_					Yes	No	
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	·	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or o						
	Travel for com	appanions       Payments for business use of personal re         cation and gross-up payments       Health or social club dues or initiation fee					
		spending account					
			i, cheij				
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
				1b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
	,	, , , , , , , , , , , , , , , , , , , ,					
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	;				
	CEO/Executive Dir	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
	establish compens	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation	n committee Written employment contract					
	Independent compensation consultant						
	X Form 990 of c	ther organizations X Approval by the board or compensation of	ommittee				
4		d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	-				v	
a		e payment or change-of-control payment?				X X	
b		ceive payment from, a supplemental nonqualified retirement plan?				X	
С	c Participate in, or receive payment from, an equity-based compensation arrangement?						
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501/	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
-	contingent on the						
а	•			5a		x	
		ation?				X	
		or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
contingent on the net earnings of:							
а							
b		ation?				X	
		or 6b, describe in Part III.					
7	7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
		nes 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne				
				8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
	Regulations section				a		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2019	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benenta		reported as deferred on prior Form 990
(1) RACHEL NORTON	(i)	166,250.	0.	0.	8,391.	851.	175,492.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KURT HAGEN	(i)	147,670.	0.	0.	0.	13,660.	161,330.	0.
DIRECTOR OF FINANCE AND OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i) (ii)							
	(i) (i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Inspection

19

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organiza	tion
----------------------	------

Employer identification number 94 - 1707583

ZU

ſ

	STATE	PARKS	FOUNDATION
of Droporty			

Check if applicable (contributions or mems contributed Form 980, Part VIII, line 1g       Method of noncash contribution form 980, Part VIII, line 1g         1       Art - Works of art	rτ	I Types of Property									
applicable       contributions or items contributed form 930, Part VIII, line 1g       noncash contributions or items contributed form 930, Part VIII, line 1g         1       Art - Historical treasures								(d)			
1       Art - Works of art       Instructure       Instructure       Instructure       Instructure         2       Art - Historical treasures       Instructure       Instructure       Instructure       Instructure         3       Art - Fractional interests       Instructure       Instructure       Instructure       Instructure         4       Books and publications       X       249,167. COST       Cost         5       Clothing and household goods       X       249,167. COST         6       Cars and other vehicles       Instructure       Instructure         9       Securities - Publicly traded       X       14       80,396. FAIR MARKE         10       Securities - Publicly traded       X       14       80,396. FAIR MARKE         11       Securities - Publicly traded       X       14       80,396. FAIR MARKE         12       Securities - Patienship, LLC, or trust interests       Instructure       Instructure       Instructure         13       Qualified conservation contribution - Other       Instructure       Instructure       Instructure         14       Qualified conservation contribution - Other       Instructure       Instructure       Instructure         15       Real estate - Other       Instelestate - Other								Method of de		•	-
2       Art - Historical treasures			applicable					cash contribu	lion a	nounts	5
2       Art - Historical treasures	A	Art - Works of art									
3       Art - Fractional interests       X       249,167. COST         4       Books and publications       X       706. FAIR MARKE         6       Cars and other vehicles       706. FAIR MARKE         7       Boats and planes       706. FAIR MARKE         8       Intellectual property       14         9       Securities - Publicly traded       X         14       80,396. FAIR MARKE       20         9       Securities - Publicly traded       X         12       Securities - Patnership, LLC, or trust interests       14         12       Securities - Miscellaneous       14         13       Qualified conservation contribution - Other       14         14       Qualified conservation contribution - Other       14         15       Real estate - Commercial       14         16       Real estate - Commercial       14         17       Real estate - Other       14         20       Drugs and medical supplies       14         21       Taxidemry       14         22       Historical artifacts       14         23       Scientific specimens       14         24       Collectibles       14         25       Other											
4       Books and publications       X       249,167.COST         5       Clothing and household goods       X       706.FAIR MARKE         6       Cars and other vehicles											
5       Clothing and household goods       X       706. FAIR MARKE         6       Cars and other vehicles       Intellectual property       Intellectual property         9       Securities - Publicly traded       X       14       80,396. FAIR MARKE         9       Securities - Publicly traded       X       14       80,396. FAIR MARKE         10       Securities - Publicly traded       X       14       80,396. FAIR MARKE         11       Securities - Publicly traded       X       14       80,396. FAIR MARKE         12       Securities - Publicly traded       X       14       80,396. FAIR MARKE         12       Securities - Publicly traded       X       14       80,396. FAIR MARKE         13       Qualified conservation contribution - Uther       Image: Conservation contribution - Uther       Image: Conservation contribution - Uther         14       Qualified conservation contribution - Other       Image: Conservation contribution - Uther       Image: Conservation contribution - Uther         16       Real estate - Commercial       Image: Conservation contribution - Uther       Image: Conservation contribution - Uther         16       Real estate - Commercial       Image: Conservation contribution - Uther       Image: Conservation contribution - Uther         17       Real estate - Commercial <th></th> <th></th> <th>Х</th> <th></th> <th>24</th> <th>9,167</th> <th>COST</th> <th></th> <th></th> <th></th> <th></th>			Х		24	9,167	COST				
6       Cars and other vehicles         7       Boats and planes         8       Intellectual property         9       Securities - Publicly traded         11       Securities - Closely held stock         12       Securities - Publicly traded         13       Gualified conservation contribution - Historic structures         14       Qualified conservation contribution - Historic structures         14       Qualified conservation contribution - Other         14       Qualified conservation contribution - Historic structures         15       Real estate - Commercial         16       Real estate - Other         17       Real estate - Other         18       Collectibles         19       Food inventory         20       Drugs and medical supplies         21       Taxidermy         22       Historical artifacts         23       Qualified conserved by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement         29       Image: State three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entitien looding period?         30a       During the year, did the organization receive by contribution, and which isn't required to be used for exempt purposes for			X					MARKET	VA	LUE	
7       Boats and planes       Image: Construction of the image: Construction of the organization during the tax year for contributions         8       Intellectual property       Image: Construction of the organization receive by contribution and which isn't required to be used for exempt purposes for the entire holding period?         9       Securities - Partnership, LLC, or trust interests       Image: Construction of the image: Construction											
8       Intellectual property         9       Securities - Publicly traded       X         10       Securities - Closely held stock       Image: Closely held stock         11       Securities - Partnership, LLC, or trust interests       Image: Closely held stock       Image: Closely held stock         12       Securities - Miscellaneous       Image: Closely held stock       Image: Closely held stock         13       Qualified conservation contribution - Historic structures       Image: Closely held stock       Image: Closely held stock         14       Qualified conservation contribution - Other       Image: Closely held stock       Image: Closely held stock         14       Qualified conservation contribution - Other       Image: Closely held stock       Image: Closely held stock         15       Real estate - Commercial       Image: Closely held stock       Image: Closely held stock         16       Real estate - Commercial       Image: Closely held stock       Image: Closely held stock         16       Real estate - Commercial       Image: Closely held stock       Image: Closely held stock         17       Real estate - Commercial       Image: Closely held stock       Image: Closely held stock         20       Drugs and medical supplies       Image: Closely held stock       Image: Closely held stock         21       Taxidermy </th <th></th>											
9       Securities - Publicly traded       X       14       80,396. FAIR MARKE         10       Securities - Pathership, LLC, or trust interests       Image: Conservation Contribution - Historic structures       Image: Conservation Contribution - Historic structures       Image: Conservation Contribution - Historic structures         11       Qualified conservation contribution - Historic structures       Image: Conservation Contribution - Historic structures       Image: Conservation Contribution - Historic structures         12       Qualified conservation contribution - Other       Image: Conservation Contribution - Historic structures       Image: Conservation Contribution - Historic structures         14       Qualified conservation contribution - Other       Image: Conservation Contribution - Historic structures       Image: Conservation Contribution - Historic structures         16       Real estate - Other       Image: Conservation Contribution - Historical artifacts       Image: Conservation Contribution - Historical artifacts         20       Drugs and medical supplies       Image: Conservation Contribution - Historical artifacts       Image: Conservation Contribution - Historical artifacts         23       Scientific specimens       Image: Conservation       Image: Conservation Conservation Conservation Conservation Conservation Conservation         24       Archeological artifacts       Image: Conserva											
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 - Commercial         18       Collectibles         19       Food inventory         20       Drugs and medical supplies         21       Taxidermy         22       Historical artifacts         23       Scientific specimens         24       Archeological artifacts         25       Other ▶ ( <u>MATER BOTTLES</u> )         26       Other ▶ ( <u>WATER BOTTLES</u> )         27       Other ▶ ( <u>GIFT CARDS/CE</u> )         28       Other ▶ (GIFT CARDS/CE)         29       X         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 isn't required to be used for exempt purposes for the entire holding period?         b       If "Yes," describe the arrangement in Part II.			X	14	8	0.396	FAIR	MARKET	VA	LUE	
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   17   Real estate - Commercial   18   Collectibles   19   Food inventory   20   Drugs and medical supplies   21   Taxidermy   22   Historical artifacts   23   Scientific specimens   24   Archeological artifacts   25   Other ▶ (MERCHANDISE)   26   27   Other ▶ (MINE/BEER))   X   X   11   1   7   Number of Forms 8283 received by the organization during the tax year for contributions for which 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 isn't required to be used for exempt purposes for the entire holding period?		-									
trust interests											
12 Securities · Miscellaneous   13 Qualified conservation contribution -   Historic structures											
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 ► (MERCHANDISE)   26 Other ► (MINE/BEER)   27 Other ► (MINE/BEER)   28 Other ► (GIFT CARDS/CE)   29 State or on projected form 8283 received by the organization during the tax year for contributions for which 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 isn't required to be used for exempt purposes for the entire holding period?   b If "Yes," describe the arrangement in Part II.											
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         21       Taxidermy         22       Historical artifacts         23       Scientific specimens         24       Archeological artifacts         25       Other ► (MERCHANDISE)         26       Other ► (MINE/BEER)         27       Other ► (MINE/BEER)         28       Other ► (GIFT CARDS/CE)         29       X         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 isn't required to be used for exempt purposes for the entire holding period?         b       If "Yes," describe the arrangement in Part II.											
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 ▶ (MERCHANDISE)   26 Other ▶ (MERCHANDISE)   27 Other ▶ (MINE/BEER)   28 Other ▶ (GIFT CARDS/CE)   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 30a   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 isn't required to be used for exempt purposes for the entire holding period?   b If "Yes," describe the arrangement in Part II.											
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 ▶ (MERCHANDISE)         26       Other ▶ (MATER BOTTLES)         27       Other ▶ (MINE/BEER)         28       Other ▶ (GIFT CARDS/CE)         29       Number of Forms 8283 received by the organization during the tax year for contributions for which 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 isn't required to be used for exempt purposes for the entire holding period?         b       If "Yes," describe the arrangement in Part II.											
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 ▶ (MERCHANDISE)         26       Other ▶ (WATER BOTTLES)         27       Other ▶ (WINE/BEER)         28       Other ▶ (GIF'T CARDS/CE)         29       X         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 isn't required to be used for exempt purposes for the entire holding period?         b       If "Yes," describe the arrangement in Part II.											
21       Taxidermy											
22       Historical artifacts											
23       Scientific specimens											
24       Archeological artifacts											
25       Other ▶ (MERCHANDISE) WATER BOTTLES)       X       1       5,170. FAIR MARKE         26       Other ▶ (WATER BOTTLES)       X       1       3,790. FAIR MARKE         27       Other ▶ (WINE/BEER)       X       3       1,616. FAIR MARKE         28       Other ▶ (GIFT CARDS/CE)       X       11       1,600. FAIR MARKE         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         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 isn't required to be used for exempt purposes for the entire holding period?         b       If "Yes," describe the arrangement in Part II.											
26       Other ▶ (WATER BOTTLES) (WINE/BEER))       X       1       3,790. FAIR MARKE         27       Other ▶ (WINE/BEER))       X       3       1,616. FAIR MARKE         28       Other ▶ (GIFT CARDS/CE))       X       11       1,600. FAIR MARKE         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         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 isn't required to be used for exempt purposes for the entire holding period?         b       If "Yes," describe the arrangement in Part II.			v	1		5 170		MADZEM	777		
<ul> <li>27 Other ► (WINE/BEER) X 3 1,616. FAIR MARKE</li> <li>28 Other ► (GIFT CARDS/CE) X 11 1,600. FAIR MARKE</li> <li>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</li> <li>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 isn't required to be used for exempt purposes for the entire holding period?</li> <li>b If "Yes," describe the arrangement in Part II.</li> </ul>						-					
28       Other ▶ (GIFT CARDS/CE) X       11       1,600.FAIR MARKE         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         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 isn't required to be used for exempt purposes for the entire holding period?         b       If "Yes," describe the arrangement in Part II.						-					
<ul> <li>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</li></ul>						-					
<ul> <li>for which the organization completed Form 8283, Part IV, Donee Acknowledgement</li></ul>						<u>, 600</u>	FAIR	MARKET	VA.	LUE	
<ul> <li>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 isn't required to be used for exempt purposes for the entire holding period?</li> <li>b If "Yes," describe the arrangement in Part II.</li> </ul>				•						0	
<ul> <li>must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?</li> <li>b If "Yes," describe the arrangement in Part II.</li> </ul>	fo	or which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	ement	29				0	
<ul> <li>must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?</li> <li>b If "Yes," describe the arrangement in Part II.</li> </ul>	_									Yes	No
exempt purposes for the entire holding period? <b>b</b> If "Yes," describe the arrangement in Part II.								at it			
<b>b</b> If "Yes," describe the arrangement in Part II.		-		l contribution, and	which isn't requi	red to be ı	used for				37
									30a		X
<b>21</b> Does the organization have a diff acceptance policy that requires the review of any ponstandard contributions?											
	31	Х									
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash											
contributions?									32a		X
<b>b</b> If "Yes," describe in Part II.											
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		•	olumn (c) foi	r a type of property	for which colum	n (a) is che	ecked,				
describe in Part II.	d	lescribe in Part II.									

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

Schedule M (Form 990) 2019

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# Schedule M (Form 990) 2019CALIFORNIA STATE PARKS FOUNDATION

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.

# PART I, OTHER TYPES OF PROPERTY:

TENT/SLEEPING BAGS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 2

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 642.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

FOOD

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 475.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

FOOTBALL

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 400.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

### BACKPACKS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 363.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

## AUTOGRAPHED PHOTOS

(A) CHECK IF APPLICABLE = X

932142 09-27-19

Schedule M (Form 990) 2019

# Schedule M (Form 990) 2019 CALIFORNIA STATE PARKS FOUNDATION Part II Supplemental Information. Provide the information required by Part L lines 3

**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.

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 185.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF CONTRIBUTORS, NOT

THE NUMBER OF ITEMS CONTRIBUTED.

Schedule M (Form 990) 2019

94-1707583

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49 2019.05094 CALIFORNIA STATE PARKS FO 13389\_\_1 SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

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



Employer identification number 94 - 1707583

CALIFORNIA STATE PARKS FOUNDATION

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. MAJOR GRANTS FOR FISCAL SPONSORS INCLUDED SILVER

STRAND STATE BEACH FENCING PROJECT AND THE RESTORATION OF THE PIGEON

POINT LIGHTHOUSE.

EXPENSES \$ 5,666,991. INCLUDING GRANTS OF \$ 681,713. REVENUE \$ 181,815.

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

THE DRAFT RETURN WAS PROVIDED TO ALL BOARD MEMBERS BEFORE FILING AND THEIR REVIEW WAS ENCOURAGED. INPUT WAS WELCOME AND THE DIRECTOR OF FINANCE AND OPERATIONS AND THE EXECUTIVE DIRECTOR ADDRESSED ANY ISSUES RAISED WITH THE BOARD MEMBER(S).

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
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
Schedule O (Form 990 or 990-EZ) (2019)
932211 09-06-19

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Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization CALIFORNIA STATE PARKS FOUNDATION	Employer identification number $94 - 1707583$
DUE DILIGENCE, INCLUDING IDENTIFYING ALTERNATIVE TRANSACTI	ONS, THE BOARD
MAKES A DECISION AS TO WHETHER THE TRANSACTION(S) IS IN TH	E BEST INTEREST
OF THE FOUNDATION AND IS FAIR AND REASONABLE TO THE ORGANI	ZATION. A
MAJORITY OF DISINTERESTED PARTIES MUST APPROVE THE TRANSAC	TIONS(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 ANNUAL	LY AS NEEDED.
FORM 990, PART VI, SECTION B, LINE 15:	

THE FOUNDATION PURCHASES AN INDEPENDENT COMPENSATION SURVEY AND COMPARES IT TO COMPENSATION THROUGHOUT THE ORGANIZATION. THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

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:	
RETURNED CONTRIBUTIONS	-611,000.
RETURNED GRANTS	21,212.
TOTAL TO FORM 990, PART XI, LINE 9	-589,788.

932212 09-06-19