Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Α	For the	2021 calendar year, or tax year beginning and	ending				
В	Check if applicable	C Name of organization		D Employer identific	cation number		
	Addres						
L	Name change	Doing business as		83-15235	94		
F	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 400 CAPITOL MALL SUITE 900	Room/suite	E Telephone number 877-455-			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,499,602.		
Г	Amend			H(a) Is this a group re			
F	lreturn ∏Applica		OR	for subordinates			
	tiòn pending	SAME AS C ABOVE	010	1			
_			507	H(b) Are all subordinates in			
		mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) (insert no.)	or 527		list. See instructions		
			1- 1/	H(c) Group exemption			
		organization: X Corporation Trust Association Other	L Year	of formation: ZUIO N	State of legal domicile: CA		
P		Summary		D = 110 = 11 = 12	D.T. G		
ė	1 E	Briefly describe the organization's mission or most significant activities: ${ m { extbf{TO}}}{ m { extbf{H}}}$	ЕГЬ 2.1	RENGTHEN PA	RKS.		
au	-						
ern	2 (Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	1 1	_		
ò				3	7		
∞ ≪		lumber of independent voting members of the governing body (Part VI, line 1b)			7		
es	5 7	otal number of individuals employed in calendar year 2021 (Part V, line 2a)		5	17		
ΞĘ	6 7	otal number of volunteers (estimate if necessary)	6	12			
Activities & Governance	7a 1	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
_	l d	let unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.		
				Prior Year	Current Year		
Φ	8 (Contributions and grants (Part VIII, line 1h)		8,968,938.	1,378,564.		
ž	9 F	Program service revenue (Part VIII, line 2g)		0.	118,746.		
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		5,120.	2,292.		
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,974,058.	1,499,602.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		539,732.	1,011,551.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,253,299.	1,657,805.		
nse	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	ь т	otal fundraising expenses (Part IX, column (D), line 25) 696,5	21.				
û	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		356,544.	545,387.		
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,149,575.	3,214,743.		
	19 F	Revenue less expenses. Subtract line 18 from line 12		6,824,483.	-1,715,141.		
t Assets or	3	·	Ве	ginning of Current Year	End of Year		
ets	20 7	otal assets (Part X, line 16)		6,935,555.	7,283,148.		
ASS	21 7	otal liabilities (Part X, line 26)		111,072.	2,173,806.		
Ret	22 1	let assets or fund balances. Subtract line 21 from line 20		6,824,483.	5,109,342.		
		Signature Block					
Unc	der penal	ies of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is		
		and complete. Declaration of preparer (other than officer) is based on all information of wh					
Sig	ın	Signature of officer		Date			
He		HEANA CHUNG, VP OF OPERATIONS & FINAN	CE				
	.	Type or print name and title					
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Pai		KEITH R. GLEN KEITH R. GLEN	la	05/13/22 self-employed P01317613			
		Firm's name GILBERT CPAS		Firm's EIN	68-0037990		
		Firm's address 2880 GATEWAY OAKS DR, STE 100		THIII O LIN			
	,	SACRAMENTO, CA 95833		Phone no 91	6-646-6464		
Ma	v the ID	S discuss this return with the preparer shown above? See instructions		11 110110 110.5 1	X Yes No		
ivia	ין נווכורו	o diodado uno retarri with the proparer shown above: dee instructions			103110		

Form	1990 (2021) PARKS CALIFORNIA 83-1523594 Page	2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	ζ.
1	Briefly describe the organization's mission:	
	AS CALIFORNIA STATE PARKS' STATUTORY PARTNER, WE HAVE A SIMPLE	
	MISSION- TO HELP STRENGTHEN PARKS AND INSPIRE ALL TO EXPERIENCE THESE	
	EXTRAORDINARY PLACES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	0
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,259,659 • including grants of \$ 1,011,551 •) (Revenue \$ 118,746 •	_
4a	(Code:) (Expenses \$ 2,259,659 including grants of \$ 1,011,551) (Revenue \$ 118,746 . IN 2021, NEW PARTNERSHIPS SPROUTED, AND EXISTING PARTNERSHIPS GREW	_)
	DEEPER ROOTS AS WE ENGAGED WITH A NETWORK THAT SHARES OUR VISION FOR	_
	WELCOMING, INCLUSIVE, AND CLIMATE-RESILIENT PARKS. WITH A DONATION OF	_
	MORE THAN \$70,000 IN EQUIPMENT, IN-KIND DONATIONS AND DIRECT FUNDS TO	_
	CALIFORNIA STATE PARKS, MANY OF THE EFFORTS YOU'RE ABOUT TO READ ABOUT	_
	BELOW CAME TO FRUITION AND SCALED TO REACH EVEN MORE PEOPLE AND PLACES.	_
	DELOW CHAIL TO INCITION AND DEADED TO REACH EVEN MORE THOTHE AND THACED.	_
	WE INVITE YOU TO EXPLORE OUR HIGHLIGHTS FROM 2021 AND CELEBRATE THESE	_
	COLLABORATIVE, MOMENTOUS ACHIEVEMENTS BY OUR SIDE.	_
	<u></u>	_
	PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED ON SCHEDULE O.	_
		_
4b	(Code:) (Expenses \$	
		- ′
4c	(Code:) (Expenses \$	_)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4 -	Total program service expenses ▶ 2,259,659.	

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Form 990 (2021) PARKS CALIFORNIA Part IV Checklist of Required Schedules

	uni uniconius con comunico			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
5	LE 65 OKUVA Haramatak Orbert I. O. Balti	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4		4		x
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
J	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	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	Ŭ		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			$ _{\mathbf{x}}$
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	21	
b	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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_V
	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,"			Х
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	5	-		

Form 990 (2021) PARKS CALIFORNIA Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?lf			7.
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			_V
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		X
35.2	211	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			\vdash
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Part V

021) PARKS CALIFORNIA

Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 27		1,7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			- V
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	_		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_^
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 0		Eo.		Х
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
oa	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou		† <u></u>
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: 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.)			
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZU		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: 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			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-05		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion 211 one of the decide 2 requests minimation about policies not required by the internal revenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	- 10.		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ŭ	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail:	ahle
.5	for public inspection. Indicate how you made these available. Check all that apply.	,5 5i iiy	, availe	4010
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd fina	ncial	
13	statements available to the public during the tax year.	ıu III Idl	iolal	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	MEREDITH WADE - 877-455-9290			
	400 CAPITOL MALL SUITE 900, SACRAMENTO, CA 95814			

PARKS CALIFORNIA Page 7

Form 990 (2021) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

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

(A)	(B)	l	AI 112C		C)	прсі	iisat	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition more		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i Iirecto	is bot	h an	compensation	compensation	amount of
	week		CCI aii	lu a u	II ecto)/ ii us	100)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	•	and related
	below	vidua	Institutional trustee	Ser	Key employee	Highest compensated employee	Former			organizations
	line)	ib	Inst	Officer	Key	Hig	윤			
(1) KINDLEY WALSH LAWLOR	40.00	,,		,,				242 206	0	20 452
BOARD DIRECTOR, PRESIDENT & CEO	40 00	Х		Х	<u> </u>			243,306.	0.	29,452.
(2) HEANA CHUNG	40.00			7.				174 444	0	10 740
VP OF OPERATIONS & FINANCE	40.00			Х	-			174,444.	0.	18,748.
(3) GEOFF KISH	40.00				X			161,583.	0.	0 212
VICE PRESIDENT OF PROGRAMS	40.00				_			101,303.	0.	9,212.
(4) MYRIAN SOLIS CARONEL DIR. OF COMMUNITY ENGAGEMENT	40.00					x		135,648.	0.	16,222.
(5) MICHAEL BRIDGES	40.00				┢	^		133,040.	· ·	10,222.
DIRECTOR OF DEVELOPMENT	40.00					x		125,841.	0.	22,602.
(6) MEREDITH WADE	40.00							123,0114		22,0021
FINANCE MANAGER						x		102,688.	0.	10,080.
(7) STEPHEN LOCKHART	1.00									
BOARD DIRECTOR - CHAIR		х						0.	0.	0.
(8) SHARON FARRELL	1.00									
BOARD DIRECTOR - CO-CHAIR		Х						0.	0.	0.
(9) TERESA ALVARADO	1.00									
BOARD DIRECTOR - SECRETARY		Х						0.	0.	0.
(10) JOSE GONZALEZ	1.00									_
BOARD DIRECTOR - TREASURER		Х						0.	0.	0.
(11) TONY LILLIOS	1.00							_	_	_
BOARD DIRECTOR		Х						0.	0.	0.
(12) DEANNA MACKEY	1.00									
BOARD DIRECTOR		Х			$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$			0.	0.	0.
					<u> </u>					
		_			_	_	_			
		ł								
	-	_			\vdash					
		1								
		1								
	I .				Ь			ı		

Form 990 (2021) 132007 12-09-21

Form	990 (2021) PARKS CA	LIFORNI	A							83-15	235	94	Р	age 8
Par		tees, Key Em	ploy	rees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)		comp fro orga and	oensa om th anizat d relat nizati	e ion ed
											<u> </u>			
								Ļ	042 510		\perp	10	<u> </u>	16.
	Subtotal								943,510.		0.	10	5,5	0.
	Total (add lines 1b and 1c)								943,510.		0.	100	6,3	16.
2	Total number of individuals (including but n							no r	<u> </u>	,000 of reportable			,	
	compensation from the organization													6
											_		Yes	No
3	Did the organization list any former officer,	•	,	кеу е	emp	loye	e, o	r hig	ghest compensated emp	oloyee on		_		77
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	•							•	•		4	Х	
5	Did any person listed on line 1a receive or a													
_	rendered to the organization? If "Yes," com	-				-			-		Г	5		Х
Sec	tion B. Independent Contractors											•		
1	Complete this table for your five highest co	•	•								ensa	tion f	rom	
	the organization. Report compensation for (A)	the calendar y	ear	enai	ng v	vitri	or w	/Itnii	n the organization's tax	year.		(C	4	
	Name and business	address							Description of s	services	Co	mper		n
	TTE COMMUNICATIONS INC NA BLVD. H204, SAN DIE					1T		- 1	COMMUNICATIO SUPPORT	NS		15:	2,3	59.
	,	· ,						T	<u> </u>				, ,	

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2021)

\$100,000 of compensation from the organization

Form 990 (2021) PARKS CA

		Check if Schedule O	contai	ns a respons	se or note to any li	ne in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
ts	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts				····					
اغ ق									
ar A				···· ···		-			
,, ⊟≓,						1			
Sir		All other contributions, gifts,				-			
ig je	•	similar amounts not included	-		,378,564.				
등급	_				2,897.	-			
i g	g					1,378,564.			
9	<u>n</u>	Total. Add lines 1a-1f				1,370,304.			
_	COMPAGE BEITH			Business Code	118,746.	110 716			
<u>i</u>	2 a	CONTRACT REVE	MOE	1	900009	110,740.	118,746.		
le ez	b								
Program Service Revenue	С								
Ze.	d								
5	е								
۵	f	All other program service	ue						
	g	Total. Add lines 2a-2f				118,746.			
	3	Investment income (include	ding di	vidends, int	erest, and				
		other similar amounts)			>	2,292.			2,292.
	4	Income from investment of	of tax-e	exempt bond	proceeds >				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	С	Rental income or (loss)	6c			1			
	d	Net rental income or (loss)						
		Gross amount from sales of	<u> </u>	(i) Securities					
		assets other than inventory	_{7a}		.,	-			
	h	Less: cost or other basis				-			
ē.	b	and sales expenses	7b						
enr	•	Gain or (loss)	-			-			
ther Revenue			-						
<u></u>		Net gain or (loss)							
ξl	8 а	Gross income from fundraisi							
١ -		including \$		of					
		contributions reported on		I .					
		Part IV, line 18			Ba	_			
		Less: direct expenses		<u>L</u>	Bb				
		Net income or (loss) from			<u> </u>				
	9 a	Gross income from gamin	-						
		Part IV, line 19)a	-			
		Less: direct expenses)b				
		Net income or (loss) from		_	<u></u>				
	10 a	Gross sales of inventory,							
		and allowances			0a				
	b	Less: cost of goods sold		1	0b				
\Box	С	Net income or (loss) from	sales	of inventory	<u></u>				
<u>s</u>					Business Code				
e eon	11 a								
Miscellaneous Revenue	b								
is se	С								
į į	d	All other revenue							
		Total. Add lines 11a-11d							
	12	Total revenue. See instruction	ns		>	1,499,602.	118,746.	0.	2,292.

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).

3601	ion 501(c)(3) and 501(c)(4) organizations must com			implete column (A).	
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	1 011 551	1 011 551		
	and domestic governments. See Part IV, line 21	1,011,551.	1,011,551.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	636,676.	361,158.	81,626.	193,892.
•	trustees, and key employees	030,070.	301,130.	01,020.	193,092.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	667,377.	381,413.	86,454.	199,510.
7 8	Other salaries and wages Pension plan accruals and contributions (include	001,511•	301,413.	00,434.	177,310.
0	section 401(k) and 403(b) employer contributions	29,900.	15,675.	3,430.	10,795.
9	Other employee benefits	230,095.	120,629.	26,394.	83,072.
10	Payroll taxes	93,757.	49,153.	10,755.	33,849.
11	Fees for services (nonemployees):	3377371	13 / 133 1	2077330	33,0131
	Management				
	Legal	7,021.	5,107.	507.	1,407.
	Accounting	23,922.	17,400.	1,728.	1,407. 4,794.
	Lobbying	,	,	=, . = - 3	=,
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A), amount, list line 11g expenses on Sch 0.)	90,040.	65,492.	6,504.	18,044.
12	Advertising and promotion	213,942.	104,407.	17,384.	92,151.
13	Office expenses	9,219.	5,326.	955.	2,938.
14	Information technology	10,858.	7,898.	784.	2,176.
15	Royalties				
16	Occupancy	89,005.	50,733.	11,571.	26,701.
17	Travel	21,907.	15,196.	1,205.	5,506.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				1.0.0
19	Conferences, conventions, and meetings	7,616.	5,268.	2,168.	180.
20	Interest				
21	Payments to affiliates	17 010	0 006	1 007	C C 70
22	Depreciation, depletion, and amortization	17,912.	9,236.	1,997.	6,679.
23	Insurance	3,069.	1,749.	399.	921.
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.)				
а	SOFTWARE AND HOSTING SE	40,427.	26,489.	3,586.	10,352.
b	OTHER EXPENSES	10,449.	5,779.	1,116.	3,554.
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,214,743.	2,259,659.	258,563.	696,521.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 10 00 01				Earm 990 (2021)

Form 990 (2021)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,624.	1	120.		
	2	Savings and temporary cash investments			6,774,246.	2	7,141,590.
	3	Pledges and grants receivable, net	63,955.	3	39,294.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	contributor, or 35%				
		controlled entity or family member of any of t	hese per	sons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri		6			
t	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		8			
Ä	9	Prepaid expenses and deferred charges			18,585.	9	26,746.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	22,606.			
	b	Less: accumulated depreciation	10b	3,382.	6,183.	10c	19,224.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets	70,962.	14	56,174.		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			6,935,555.	16	7,283,148.
	17	Accounts payable and accrued expenses			111,072.	17	156,870.
	18	Grants payable		18	40,500.		
	19	Deferred revenue		19	1,976,436.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
တ္ဆ	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su	bstantia	contributor, or 35%			
abi		controlled entity or family member of any of t				22	
5	23	Secured mortgages and notes payable to un		_		23	
	24	Unsecured notes and loans payable to unrela	ated third	d parties		24	
	25	Other liabilities (including federal income tax,	payable	s to related third			
		parties, and other liabilities not included on li	nes 17-2	4). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			111,072.	26	2,173,806.
"		Organizations that follow FASB ASC 958, or	check he	ere X			
ĕ		and complete lines 27, 28, 32, and 33.					
llan	27	Net assets without donor restrictions			2,932,696.	27	2,813,009.
Ba	28	Net assets with donor restrictions			3,891,787.	28	2,296,333.
Pur		Organizations that do not follow FASB ASG	C 958, cl	neck here 🕨 🗌			
Ē		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fun	ds			29	
se	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Ne.	32	Total net assets or fund balances			6,824,483.	32	5,109,342.
-	33	Total liabilities and net assets/fund balances			6,935,555.	33	7,283,148.

 Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 	1,499 3,21 1,71 6,82	4,7 5,1	43. 41.
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments 5	3,21 1,71	4,7 5,1	43. 41.
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments 5	3,21 1,71	4,7 5,1	43. 41.
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments 5	1,71	5,1	41.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Net unrealized gains (losses) on investments 5			
5 Net unrealized gains (losses) on investments 5	6,82	4,4	83.
6 Donated services and use of facilities			
• Donated Services and 400 of Identities			
7 Investment expenses 7			
8 Prior period adjustments 8			
9 Other changes in net assets or fund balances (explain on Schedule O) 9			0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
column (B))	5,10	9,3	42.
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII			X
		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 on Schedule O.			
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 basis,			
consolidated basis, or both:			
X Separate basis Consolidated basis Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	1
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
Act and OMB Circular A-133?	3a		Х
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	. 3b		1

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization PARKS CALIFORNIA 83-1523594 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support		<u> </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				8,968,938.	1,378,564.	10,347,502.
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						
4	Total. Add lines 1 through 3				8,968,938.	1,378,564.	10,347,502.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4,863,706.
_6	Public support. Subtract line 5 from line 4.						5,483,796.
Sec	ction B. Total Support		1	,			
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4				8,968,938.	1,378,564.	10,347,502.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,				- 400		- 440
	and income from similar sources				5,120.	2,292.	7,412.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						10,354,914.
12	Gross receipts from related activities	•				12	118,746.
13	First 5 years. If the Form 990 is for the	-	irst, second, third,	, fourth, or fifth tax	year as a section 5	01(c)(3)	. 57
	organization, check this box and stop						<u> </u>
	ction C. Computation of Publ						
14	Public support percentage for 2021 (14	<u>%</u>
15	Public support percentage from 2020					15	<u>%</u>
16a	33 1/3% support test - 2021. If the	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the	•		•		•	
4-	and stop here. The organization qua						
1/a	10% -facts-and-circumstances tes	-	-				
	and if the organization meets the fact		·			· ·	
	meets the facts-and-circumstances to	-		*	-	7 15 15	
b	10% -facts-and-circumstances tes	_	-				IU% Or
	more, and if the organization meets t		ŕ		•		. —
40	organization meets the facts-and-circ			•	,		\
าช	Private foundation. If the organization	ni dia not check a	box on line 13, 16	סמ, וסט, ו/a, or 1/	b, check this box a	na see instructions	5 > 🗀

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
3	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						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons						
k	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						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(a) 2017	(6) 2010	(6) 2019	(u) 2020	(6) 2021	(i) iotai
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	assumed after lune 00 1075						
	acquired after June 30, 1975						
	Net income from unrelated business						
•	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						_
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		<u> </u>	504()(0)	<u>.</u>
14	First 5 years. If the Form 990 is for the	-			-		ion,
50	check this box and stop here ction C. Computation of Publ	io Support Do	roontogo				P
						Laci	0.4
	Public support percentage for 2021 (15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Investigation					16	%
	•					T .= 1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2021. If the						17 is not
	more than 33 1/3%, check this box a						▶□
k	o 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	▶Ш

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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Health organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alense or together with persons described on lines 11b and 11c below. He powering body of a supported organization? A stail in the person of the powering body of a supported organization? A stail in Pert VI. Section B. Type I Supporting Organizations Vea	Par	t IV	Supporting Organizations (continued)			
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trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			··· -			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а			32		
	h		· · · · · · · · · · · · · · · · · · ·	Ja		
				3h		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orga	anizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations mus	t comple	te Sections A through E.				
Sect	Section A - Adjusted Net Income (A) Prior Year (optional)						
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
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 Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting org	anization (see			

Schedule A (Form 990) 2021

instructions).

	dule A (Form 990) 2021 PARKS CALLFOR				3-1523594 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ıed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				

Schedule A (Form 990) 2021

8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

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 B (Form 990)

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schedule B (Form 990) (2021)

	PA.	KKV	CALIFORNIA	03-1343394				
Organization type (check one):								
Filers of:		Secti	on:					
Form 990 or 990-EZ		X	X 501(c)(3) (enter number) organization					
			4947(a)(1) nonexempt charitable trust not treated as a private foundation					
			527 political organization					
Form 990-P	PF		501(c)(3) exempt private foundation					
			4947(a)(1) nonexempt charitable trust treated as a private foundation					
			501(c)(3) taxable private foundation					
•	a section 501(c)(7		ed by the General Rule or a Special Rule. or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.				
			Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ontributor. Complete Parts I and II. See instructions for determining a contributor					
Special Ru	les							
se co	ections 509(a)(1) a entributor, during	and 17 the ye	ibed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 0(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an ar, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F Complete Parts I and II.	nd that received from any one				
co lite	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
ye is o pu	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 \ \rightarrow \frac{1}{2} \rightarrow 1							
answer "No	" on Part IV, line	2, of it	covered by the General Rule and/or the Special Rules doesn't file Schedule B (F s Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, rements of Schedule B (Form 990).					

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

PARKS CALIFORNIA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.
(a)	(b)	(c) (d)
	Name, address, and ZIP + 4	\$ 7,500. Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4	rume, address, and 2n + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$ 485,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		\$ 7,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)

PARKS CALIFORNIA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spac	ce is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
7		\$_	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
8		\$_	25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
9		\$_	11,005.	Person X Payroll
(a)	(b)	1	(c)	(d)
No.	Name, address, and ZIP + 4	<u> </u>	Total contributions	Type of contribution
10		\$_	200,000.	Person X Payroll
(a)	(b)		(c) Total contributions	(d)
No. 11	Name, address, and ZIP + 4	\$_	500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No. 12	Name, address, and ZIP + 4	\$_	Total contributions 20,000.	Person X Payroll

PARKS CALIFORNIA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 15	Name, address, and ZIP + 4	* 25,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	* 16,500.	Person X Payroll
(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)	(b) Name address and 7IP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

PARKS CALIFORNIA

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	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
		 \$	
(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
		 \$	

Schedule B (Form 990) (2021) Name of organization **Employer identification number** 83-1523594 PARKS CALIFORNIA Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PARKS CALIFORNIA

Employer identification number 83-1523594

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	
	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	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(l	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	ote to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		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 95	8, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	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 treatment		
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990, Part X		> \$

Sche	edule D (Form 990) 2021 PARKS	CALIFORNIA				83-	15235	94 F	Page 2
Par	rt III Organizations Maintaining	g Collections of A	rt, Historical T	reasures,	or Other	r Similar A	ssets(con	tinued))
3	Using the organization's acquisition, acce	ession, and other record	ds, check any of the	e following th	at make siç	gnificant use o	of its		
	collection items (check all that apply):								
а	Public exhibition	c	I ☐ Loan or ex	change progr	am				
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization'	s collections and explai	n how they further	the organizat	ion's exem	npt purpose in	Part XIII.		
5	During the year, did the organization solid	cit or receive donations	of art, historical tre	asures, or oth	ner similar a	assets			
	to be sold to raise funds rather than to be						Yes		□No
	rt IV Escrow and Custodial Arr						t IV, line 9,	or	
	reported an amount on Form 990,		•						
1a	Is the organization an agent, trustee, cus	todian or other intermed	diary for contribution	ns or other a	ssets not ir	ncluded			
	on Form 990, Part X?						Yes		□No
	If "Yes," explain the arrangement in Part								
	•	•	· ·				Amou	nt	
С	Beginning balance					1c			
	Additions during the year								
	Distributions during the year								
	Ending balance								
	Did the organization include an amount o						Yes		No
	If "Yes," explain the arrangement in Part	· · ·	•				•		
Par	rt V Endowment Funds. Comple	ete if the organization ar	nswered "Yes" on F	orm 990, Par	t IV, line 10).			
	•	(a) Current year	(b) Prior year	(c) Two year	rs back (c	d) Three years b	oack (e) Fo	ur years	s back
1a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losse								
	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance								
	Provide the estimated percentage of the		ce (line 1g, column	(a)) held as:	· · · · · · · · · · · · · · · · · · ·				
	Board designated or quasi-endowment		%	· //					
b	Permanent endowment	%	_						
С	Term endowment								
	The percentages on lines 2a, 2b, and 2c	— should equal 100%.							
За	Are there endowment funds not in the po	ssession of the organiz	ation that are held	and administ	ered for the	e organization	1		
	by:	-				-		Yes	No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organ	nizations listed as requi	red on Schedule R	?			3b		
	Describe in Part XIII the intended uses of							•	•
Par	rt VI Land, Buildings, and Equi	pment.							
	Complete if the organization answ	-	0, Part IV, line 11a.	See Form 99	0, Part X, li	ne 10.			
	Description of property	(a) Cost or o		st or other		cumulated	(d) Bo	ok valı	ıe
		basis (investr		s (other)		eciation	`,		
1a	Land								
	Buildings								
	Leasehold improvements								
-			 	22 606	†	2 202	†	10 0	21

Schedule D (Form 990) 2021

e Other

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

Schedule D (Form 990) 2021 PARKS CALIF	ORNIA	83	-1523594 Page
Part VII Investments - Other Securities.			. age
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-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"		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	e 15.)	_	
Part X Other Liabilities.	5 000 D 1 N / I'	44 446 E 000 B 1 V E 05	_
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
			i

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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...

(7) (8)

Pa	t XI Reconciliation of Revenue per Audited Financial Stat		Revenue per R	eturn	l .
	Complete if the organization answered "Yes" on Form 990, Part IV, line				4 000 440
1	Total revenue, gains, and other support per audited financial statements			1	1,977,142.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		488 540		
b	Donated services and use of facilities		477,540.		
С	1 , 0				
d	/	2d			477 540
е	J			2e	477,540.
3	Subtract line 2e from line 1			3	1,499,602.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	,				0
_C	Add lines 4a and 4b			4c	0. 1,499,602.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5 Dotu	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		n Expenses per	Retu	m.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line			_	3,692,283.
1	Total expenses and losses per audited financial statements			1	3,092,203.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	477,540.		
a	Donated services and use of facilities		±11,5±0•		
b	· · · · · · · · · · · · · · · · · · ·				
C C					
d	7			20	477,540.
_	Add lines 2a through 2d			2e 3	3,214,743.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	3,211,713.
- T a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	A 1.11; A 1.41			40	0.
С	Add lines 4a and 4b			4c	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide 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	5	0. 3,214,743. X, line 2; Part XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	; Part IV, lines 1b	and 2b; Part V, line	5	3,214,743.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide 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	5	3,214,743.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide 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	5	3,214,743.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide 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	5	3,214,743.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide 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	5	3,214,743.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide 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	5	3,214,743.

SCHEDULE I (Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

> **Employer identification number** 83-1523594 PARKS CALIFORNIA

I AIND CAL	TLOMITY						03 1323374
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibili	ty for the grants or as	sistance, and the selec	tion
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	tic Governments. C	omplete if the org	anization answered "	Yes" on Form 990, Part	t IV, line 21, for any
recipient that received more than	\$5,000. Part II ca	n be duplicated if addi	itional space is need	led.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE PARKS, DEPARTMENT							
OF PARKS AND RECREATION - P.O. BOX					COST AT FAIR	SOFTWARE AND	SUPPORT TO CA STATE PARKS
942896 - SACRAMENTO, CA 94296	68-0303606	GOVERNMENT	55,290.	11,194,	MARKET VALUE	EOUIPMENT	FOR WILDFIRE RELIEF
			, -	,			STEWARDSHIP 2021: SHAPING
GOLDEN GATE NATIONAL PARK							THE FUTURE OF
CONSERVANCY - 201 FORT MASON, 3RD					COST AT FAIR		LANDSCAPE-SCALE
FLOOR - SAN FRANCISCO, CA 94123	94-2781708	501 C(3)	249,038.	0.	MARKET VALUE		STEWARDSHIP AND NRD
SAVE THE REDWOODS LEAGUE 111 SUTTER STREET, 11TH FLOOR SAN FRANCISCO, CA 94104	94-0843915	501 C(3)	84,893.	0,	COST AT FAIR MARKET VALUE		FOREST MANAGEMENT STRATEGY
COMPUTER USING EDUCATORS							
877 YGNACIO VALLEY RD.					COST AT FAIR		RE-IMAGINING THE SCHOOL
WALNUT CREEK, CA 94596	94-2737190	501 C(3)	81,000.	0.	MARKET VALUE		FIELD TRIP GRANT
LITERACY FOR ENVIRONMENTAL JUSTICE PO BOX 170039 SAN FRANCISCO, CA 94132	01-0777856	501 C(3)	30,000.	0.	COST AT FAIR		NATURAL RESOURCE STEWARDSHIP CAREER PATHWAYS GRANT
			,				
JUSTICE OUTSIDE							
436 14TH STREET, SUITE 1209					COST AT FAIR		
OAKLAND, CA 94612	80-0565914	501 C(3)	30,000.	0.	MARKET VALUE		ROUTE TO PARKS GRANT
2 Enter total number of section 501(c)(3) a	nd government o	rganizations listed in t	he line 1 table				▶ 30.

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

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRYSTAL COVE CONSERVANCY							NATURAL RESOURCE
#5 CRYSTAL COVE					COST AT FAIR		STEWARDSHIP CAREER
NEWPORT COAST, CA 92657	33-0878633	501 C(3)	30,000.	0.	MARKET VALUE		PATHWAYS GRANT
SIERRA INSTITUTE FOR COMMUNITY &							NATURAL RESOURCE
ENVIRONMENT - PO BOX 11 -					COST AT FAIR		STEWARDSHIP CAREER
TAYLORSVILLE, CA 95983	91-1818166	501 C(3)	25,000.	0.	MARKET VALUE		PATHWAYS GRANT
			22,333,	-			
AMAH MUTSUN LAND TRUST							NATURAL RESOURCE
PO BOX 6915					COST AT FAIR		STEWARDSHIP CAREER
ALBANY, CA 94706	32-0447436	501 C(3)	25,000.	0.	MARKET VALUE		PATHWAYS GRANT
NATURETRACK FOUNDATION							
P.O. BOX 953	45 2040646	504 5(2)			COST AT FAIR		L
LOS OLIVOS, CA 93441	45-3040646	501 C(3)	23,000.	0.	MARKET VALUE		ROUTE TO PARKS GRANT
COMMUNITY NATURE CONNECTION							
P.O. BOX 31187					COST AT FAIR		
LOS ANGELES, CA 90031	95-4316388	501 C(3)	21,483.	0.	MARKET VALUE		ROUTE TO PARKS GRANT
,			<i>'</i>				
YOUTH MENTORING ACTION NETWORK							
P.O. BOX 1633					COST AT FAIR		
CLAREMONT, CA 91711	27-4560912	501 C(3)	20,892.	0.	MARKET VALUE		ROUTE TO PARKS GRANT
STEWARDS OF THE COAST AND REDWOODS							NATURAL RESOURCE
P.O. BOX 2		504 5(2)			COST AT FAIR		STEWARDSHIP CAREER
DUNCAN MILLS, CA 95430	94-3039895	501 C(3)	20,842.	0.	MARKET VALUE		PATHWAYS GRANT
STUDENT CONSERVATION ASSOCIATION							NATURAL RESOURCE
18860 MELVIN AVENUE					COST AT FAIR		STEWARDSHIP CAREER
SONOMA, CA 95476	91-0880684	501 C(3)	20,382.	0.	MARKET VALUE		PATHWAYS GRANT
•			,				
POINT LOBOS FOUNDATION							
80 GARDEN COURT, SUITE 106					COST AT FAIR		
MONTEREY, CA 93940	94-2546064	501 C(3)	20,075.	0.	MARKET VALUE		ROUTE TO PARKS GRANT

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OS ANGELES RIVER STATE PARK							
PARTNERS - 1799 BAKER STREET - LOS					COST AT FAIR		
ANGELES, CA 90012	82-1364477	501 C(3)	20,000.	0.	MARKET VALUE		SPONSORSHIP
DIG GIEV MOUNTAINTED							
BIG CITY MOUNTAINEERS 710 10TH STREET, SUITE 120					COST AT FAIR		
GOLDEN, CO 80401	65-0200163	501 C(3)	16,052.	0.	MARKET VALUE		ROUTE TO PARKS GRANT
PUKUU CULTURAL COMMUNITY SERVICES					COCH AM EATH		
1019 2ND STREET SAN FERNANDO, CA 91340	95-4657130	501 C(3)	15,334.		COST AT FAIR MARKET VALUE		ROUTE TO PARKS GRANT
BAN FERNANDO, CA 91340	93-4037130	501 C(3)	15,554.		MARKET VALUE		ROUTE TO PARKS GRANT
UNITED AMERICAN INDIAN							
INVOLVEMENT, INC 1125 W 6TH ST,					COST AT FAIR		
STE 103 - LOS ANGELES, CA 90017	95-2917933	501 C(3)	15,000.	0.	MARKET VALUE		ROUTE TO PARKS GRANT
GOVONA TIGOLOGY GENERA							
SONOMA ECOLOGY CENTER PO BOX 1486					COST AT FAIR		
ELDRIDGE, CA 95431	94-3136500	501 C(3)	15,000.	0	MARKET VALUE		ROUTE TO PARKS GRANT
EDDRIDGE, CA 95451	J4 3130300	501 C(3)	15,000.	· · · · · · · · · · · · · · · · · · ·	MARKET VALUE		ROUTE TO TARRE GRANT
REDWOOD COMMUNITY ACTION AGENCY							
904 G STREET					COST AT FAIR		
EUREKA, CA 95501	94-2646370	501 C(3)	15,000.	0.	MARKET VALUE		ROUTE TO PARKS GRANT
OUTDOOR OUTREACH							
5275 MARKET ST. #21					COST AT FAIR		
SAN DIEGO, CA 92114	33-0860449	501 C(3)	15,000.	0	MARKET VALUE		ROUTE TO PARKS GRANT
·· ,			1 25,550.	<u> </u>			
NATURE FOR ALL							
201 W. GARVEY AVE., STE. 102-503					COST AT FAIR		
MONTEREY PARK, CA 91754	83-1265253	501 C(3)	15,000.	0.	MARKET VALUE		ROUTE TO PARKS GRANT
MARINE SCIENCE INSTITUTE							
500 DISCOVERY PARKWAY					COST AT FAIR		
REDWOOD CITY, CA 94063	94-1719649	501 C(3)	15,000.	0.	MARKET VALUE		ROUTE TO PARKS GRANT

SAN FRANCISCO, CA 94124	20-0719899	501 C(3)				
P.O. BOX 24037 SAN FRANCISCO, CA 94124 ADVENTURE RISK CHALLENGE	20-0719899	501 C(3)				
SAN FRANCISCO, CA 94124	20-0719899	501 C(3)			COST AT FAIR	
DVENTURE RISK CHALLENGE			15,000.	0.	MARKET VALUE	ROUTE TO PARKS GRANT
12433 BUCKEYE RD					COST AT FAIR	
DAKHURST, CA 93644	47-1579462	501 C(3)	15,000.	0.	MARKET VALUE	ROUTE TO PARKS GRANT
SANTA BARBARA POLICE ACTIVITIES						
LEAGUE - P.O. BOX 91121 - SANTA					COST AT FAIR	
BARBARA, CA 93190	77-0523426	501 C(3)	14,660.	0.	MARKET VALUE	ROUTE TO PARKS GRANT
MEWATER FOUNDATION						
4018 PACHECO STREET					COST AT FAIR	
SAN FRANCISCO, CA 94116	47-4924647	501 (2/3)	14,000.	_	MARKET VALUE	ROUTE TO PARKS GRANT
FRANCISCO, CA 94110	47-4324047	501 C(3)	14,000.		MARKET VALUE	ROUTE TO PARKS GRANT
THE LEAP INSTITUTE						
PO BOX 1497					COST AT FAIR	
HURON, CA 93234	84-3403967	501 C(3)	13,636.	0.	MARKET VALUE	ROUTE TO PARKS GRANT
CITY OF LA HABRA - COMMUNITY						
SERVICES - 110 E. LA HABRA BLVD -					COST AT FAIR	
LA HABRA, CA 90631	95-6000730	501 C(3)	12,000.	0.	MARKET VALUE	ROUTE TO PARKS GRANT
·						

Schedule I (Form 990) 2021 PARKS CALIFORNIA 83-1523594 Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, columi	n (b); and any other a	dditional information.	
PART I, LINE 2:					
A GRANT APPLICATION FORM IS USED	FOR ANY I	NTERESTED	ENTITIES S	EEKING	
ASSISTANCE CONSISTENT WITH THE I	NTENT OF G	RANT AWARI	OS SOLICITA	TION. IF ANY	
APPLICATIONS WERE SELECTED FOR G	RANT AWARD	S, THEN TI	HE APPLICAN	T SIGNS A	
CONTRACT WITH SPECIFIC TERMS AND	CONDITION	S TO ENSUE	RE THE GRAN	TEE FULFILLS	
ITS OBLIGATIONS AS OUTLINED IN T	HE GRANT A	PPLICATION	N SOLICITAT	ION AND	

VISITS ARE METHODS USED FOR ENSURING GRANT MONIES ARE UTILIZED FOR INTENDED

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

Open to Public Inspection

83-1523594

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

OMB No. 1545-0047

PARKS CALIFORNIA Questions Regarding Compensation

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

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 PARKS CALIFORNIA 83-1523594 Page 2

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.

		(B) Breakdown of W	V-2 and/or 1099-MISe compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KINDLEY WALSH LAWLOR	(i)	233,306.	10,000.	0.	7,077.	22,375.	272,758.	0.
BOARD DIRECTOR, PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HEANA CHUNG	(i)	172,444.	2,000.	0.	8,722.	10,026.	193,192.	0.
VP OF OPERATIONS & FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GEOFF KISH	(i)	159,583.	2,000.	0.	7,979.	1,233.	170,795.	0.
VICE PRESIDENT OF PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MYRIAN SOLIS CARONEL	(i)	133,898.	1,750.	0.	6,782.	9,440.	151,870.	0.
DIR. OF COMMUNITY ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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Schedule J (Form 990) 2021	PARKS CALIFORNIA	83-1523594	Page 3
Part III Supplemental Inform	ation		
Provide the information, explana	tion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, a	nd 8, and for Part II. Also complete this part for any additional informa	ation.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PARKS CALIFORNIA

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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: INNOVATING THE STATE PARK FIELD TRIP WITH PASSPORTS: WHEN IN-PERSON FIELD TRIPS FOR STUDENTS WERE LIMITED AS A RESULT OF THE COVID-19 PANDEMIC, PARKS CALIFORNIA PARTNERED WITH PASSPORTS TO OFFER VIRTUAL AND IN-PERSON FIELD TRIPS THAT INCREASE EQUITABLE AND SUSTAINABLE ACCESS TO CALIFORNIA STATE PARKS FOR K-12 STUDENTS AND TEACHERS. -DESPITE COVID-19 RESTRICTIONS IN 2021, 2,600 STUDENTS SIGNED FOR PASSPORTS FIELD TRIPS IN 2022 -4500 ONLINE PORTS SESSIONS WERE BOOKED IN 2021 USING THE NEW LOGISTICS SOFTWARE, REACHING APPROX. 112,500 STUDENTS -THE PARTNERSHIP CONTINUES TO OFFER GRANT FUNDING FOR EDUCATORS EAGER TO HOST FIELD TRIPS THAT SUPPORT STUDENT LEARNING ABOUT ENVIRONMENTAL, SCIENTIFIC, CULTURAL, AND HISTORICAL ELEMENTS OF CALIFORNIA. EXPANDING PROGRAMS IN URBAN PARKS: DID YOU KNOW THAT FOR TWO-THIRDS OF CALIFORNIA'S POPULATION, THEIR FIRST EXPERIENCE WITH NATURE IS LIKELY IN AN URBAN PARK NEAR WHERE THEY LIVE? AS A NEW FOCUS IN 2021, PARKS CALIFORNIA MADE GRANTS TO PROJECTS AND NONPROFITS IN SAN FRANCISCO, LOS ANGELES, AND SAN DIEGO TO INCREASE

-IN SAN FRANCISCO'S CANDLESTICK POINT STATE RECREATION AREA, WE

COMMUNITY-DRIVEN PARK PROGRAMMING IN HIGH-DENSITY AREAS.

CONVENED A GROUP OF NONPROFIT AND COMMUNITY PARTNERS TO CONNECT

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SURROUNDING NEIGHBORHOODS TO THE PARK AND FUND ART AND SUMMER CAMP

PROGRAMS

-IN LOS ANGELES STATE HISTORIC PARK AND THE BOWTIE PROJECT, THE BOWTIE

YOUTH COUNCIL FACILITATED DISCUSSIONS FROM 2020 TO 2021 ABOUT THE

DEVELOPMENT OF THE FUTURE BOWTIE PARK. AFTER PRESENTING THEIR FINDINGS

AND POLICY DEMANDS, CALIFORNIA STATE PARKS RESPONDED WITH THESE

COMMITMENTS

-BORDER FIELD STATE PARK (LOCATED AT THE SAN DIEGO-TIJUANA

INTERNATIONAL BORDER) CREATED THE DIVIDED TOGETHER PODCAST SERIES ALONG

WITH A MOBILE AND WEB APP THAT ALLOWS USERS TO TAKE A SELF-GUIDED

VIRTUAL TOUR THROUGH THE PARK. IT OFFERS A UNIQUE PERSPECTIVE THAT TIES

THE LAND TO ITS PEOPLE, INCLUDING STORIES FROM THE KUMEYAAY PEOPLE
THE FIRST PEOPLE OF THIS AREA.

REIMAGINING A SUSTAINABLE FUTURE FOR PARKS:

AFTER THE WILDFIRES OF 2020, CALIFORNIA'S FIRST AND OLDEST PARK, BIG

BASIN REDWOODS STATE PARK, WAS DEVASTATED. THE COLLABORATIVE

REIMAGINING BIG BASIN PROJECT EXPLORES CRITICAL QUESTIONS THAT ALL

PARKS FACE, SUCH AS, "HOW WILL PARKS NEED TO EVOLVE AND CHANGE OVER THE

NEXT 100 YEARS TO BE CLIMATE-READY AND ACCESSIBLE TO ALL? HOW CAN WE

PRIORITIZE DIVERSE STORIES AND VISITOR EXPERIENCES SO THAT ALL FEEL

WELCOMED IN OUR STATE PARKS?"

-PARKS CALIFORNIA CONTINUES TO PROVIDE CLIMATE ADAPTATION AND WILDFIRE

RESILIENCE PLANNING AND RECOVERY SUPPORT SERVICES TO BIG BASIN REDWOODS

STATE PARK

-THIS PROJECT REMAINS AN OPPORTUNITY TO THINK HOLISTICALLY ABOUT
CALIFORNIA'S TREASURED REDWOOD ECOSYSTEM, AND HOW TO BEST BALANCE

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PROTECTING THESE MAGNIFICENT PLACES WHILE ENSURING ALL PEOPLE GET THE

CHANCE TO EXPERIENCE THEM

-WHILE THE WILDFIRES WERE TRAGIC, REIMAGINING BIG BASIN IS AN ONGOING

OPPORTUNITY TO MODEL INNOVATIVE CLIMATE RESILIENCE AND CREATE AN

APPROACH THAT ALLOWS NOT ONLY BIG BASIN, BUT ALL PARKS, TO FOCUS ON

SUSTAINABILITY FOR THE LONG TERM.

EXPANDING CAREER DEVELOPMENT OPPORTUNITIES IN THE OUTDOORS:

ONE OF THE BEST WAYS TO ENSURE PARKS ARE CARED FOR CENTURIES TO COME IS

TO NURTURE A MORE DIVERSE AND INCLUSIVE WORKFORCE WITHIN CALIFORNIA

STATE PARKS. THE PARKS CALIFORNIA NATURAL RESOURCE STEWARDSHIP CAREER

PATHWAYS GRANT INVESTS IN THE NEXT GENERATION OF PEOPLE CARING FOR AND

PROTECTING OUTDOOR SPACES BY PROVIDING JOB TRAINING SKILLS, MENTORSHIP,

AND CAREER EXPOSURE IN THE NATURAL RESOURCES FIELD.

-TO SUPPORT PATHWAYS FOR A MORE DIVERSE AND INCLUSIVE WORKFORCE, PARKS

CALIFORNIA ANNOUNCED SIX INAUGURAL RECIPIENTS OF THE GRANTS IN 2021.

EACH GRANTEE RECEIVED UP TO \$30K AND WILL RECEIVE RENEWED FUNDING FOR A

SECOND YEAR IN 2022 TO FOSTER GREATER PEER LEARNING, NONPROFIT TO STATE

LEARNING

-WITH AN INTENTION TO PROVIDE PROGRAMMING TO TRADITIONALLY

UNDERREPRESENTED COMMUNITIES, WE'RE PROUD THAT 83% OF OUR GRANTEES

IDENTIFIED AS BLACK, INDIGENOUS AND PEOPLE OF COLOR

-ALL GRANTEES REPORTED STRENGTHENED RELATIONSHIPS WITH CALIFORNIA STATE

PARKS - INCLUDING 80% OF GRANTEES WHO SHARED EXAMPLES OF FINDING

POSITIONS WITH CALIFORNIA STATE PARKS, THE GRANTEE ORGANIZATION OR

OTHER ORGANIZATIONS WITHIN THEIR REGIONAL NETWORKS AFTER THE 2021

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UPLIFTING UNTOLD STORIES OF PUBLIC LANDS:

CALIFORNIA STATE PARKS REPRESENT AN ARRAY OF NATURAL, HISTORICAL, AND

CULTURAL LANDS, EACH WITH THEIR OWN BEAUTIFUL TAPESTRY OF HISTORY AND

STORIES - MANY OF WHICH ONLY CAPTURE THE EUROPEAN-SETTLER PERSPECTIVE.

THIS OMISSION LEAVES BEHIND NARRATIVES OF PEOPLE WHO STOOD IN THESE

PLACES LONG BEFORE THEY BECAME THE PLACES THEY'RE KNOWN FOR TODAY.

PARKS CALIFORNIA'S UNTOLD STORIES INITIATIVE INCREASES THE

REPRESENTATION OF THESE LAYERED HISTORIES, AMPLIFIES THEIR

CONTRIBUTIONS, AND USES THEM AS ENGAGEMENT OPPORTUNITIES TO MAKE PARKS

MORE WELCOMING AND INCLUSIVE.

-PARKS CALIFORNIA, IN COLLABORATION WITH THE INTERNATIONAL COALITION OF

SITES OF CONSCIENCE, SUPPORTS PARK INTERPRETATIVE STAFF TO ENSURE THEY

FEEL EQUIPPED TO GREET VISITORS WITH DYNAMIC TOOLS TO NAVIGATE

DIFFICULT HISTORIES, FOSTER DIALOGUE, AND SPARK CIVIC ACTION

-IN PARTNERSHIP WITH THE YUROK TRIBE, WE CELEBRATED THE RENAMING OF

PATRICK'S POINT STATE PARK TO ITS HISTORICALLY-CORRECT NAME, SUE-MEG

STATE PARK. THE PROFOUND VIRTUAL EVENT CENTERED THE VOICES OF TRIBAL

COMMUNITIES WHO SPOKE ABOUT INDIGENOUS LAND RIGHTS AND THE YUROK

TRIBE'S LONG-STANDING HISTORY SUE-MEG STATE PARK

-WE'RE PREPARING TO ROLL OUT THE CALIFORNIA STATE PARKS ADVENTURER APP

TO PROVIDE VISITORS WITH THE OPPORTUNITY TO EXPLORE INTERACTIVE MAPS,

PARK TOURS, VIRTUAL ENACTMENTS AND REALISTIC RENDERINGS OF HISTORICAL

PARK ELEMENTS.

REDUCING TRANSPORTATION BARRIERS TO PARKS:

EVERY PERSON IN CALIFORNIA DESERVES THE OPPORTUNITY TO GROW A LIFELONG

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CONNECTION WITH NATURE. THE PARKS CALIFORNIA ROUTE TO PARKS GRANTS

PROGRAM SUPPORTS COMMUNITY-BASED ORGANIZATIONS REDUCING TRANSPORTATION

BARRIERS AND ENSURING MORE PEOPLE GET TO EXPERIENCE THE JOY OF

CALIFORNIA STATE PARKS.

-ROUTE TO PARKS COMPLETED ITS SECOND GRANT CYCLE IN OCTOBER 2021,

AWARDING AN ADDITIONAL 20 GRANTEES \$15,000 ON AVERAGE FOR 2022. THIS

FUNDING WILL SUPPORT PROGRAMS THAT INCREASE VISITS TO AND PARTICIPATION

IN STATE PARKS FOR FAMILIES FACING FINANCIAL HARDSHIP

-THESE PROGRAMS, LOCATED STATEWIDE, ARE EXPECTED TO SERVE MORE THAN

3,600 NEW PARK VISITORS FROM HISTORICALLY UNDERREPRESENTED COMMUNITIES

-PROGRAMS SUPPORTED THROUGH THIS GRANT OPPORTUNITY ARE CREATING A

LASTING IMPACT ON THE COMMUNITY:

-48% OF PARTICIPANTS VISITED THE PARK FOR THE FIRST-TIME

-69% EXPRESSED A HIGH INTEREST IN SPENDING MORE TIME IN PARKS, AND

-83% OF SURVEYED PARTICIPANTS STATED THEIR INTEREST IN VISITING

ADDITIONAL PARKS.

INVESTING IN OPPORTUNITIES TO PROTECT NATURAL RESOURCES:

CALIFORNIA STATE PARKS INCLUDES 1.6 MILLION ACRES, MORE THAN 280 MILES

OF COASTLINE (THAT'S 1/4 OF CALIFORNIA'S COASTLINE!) AND 625 MILES OF

LAKE AND RIVER FRONTAGE - AND HOW WE CARE FOR THESE SPACES TODAY WILL

HAVE RIPPLE EFFECTS FOR GENERATIONS TO COME. IN COLLABORATION WITH THE

CALIFORNIA STATE PARK'S NATURAL RESOURCES DIVISION AND PARTNERSHIPS

ACROSS THE STATE, OUR PROGRAMS HAVE INITIATED THE AMBITIOUS TASK OF

ACCELERATING AND SCALING RESOURCE STEWARDSHIP TO MATCH CHALLENGES SUCH

AS CLIMATE CHANGE, URBANIZATION, INVASIVE SPECIES, POPULATION

INCREASES, AND MORE.

-PARKS CALIFORNIA PARTNERED ON THE LAUNCH OF CALIFORNIA STATE PARKS'

SEA LEVEL RISE ADAPTATION STRATEGY - A SET OF SCALABLE, STATEWIDE TOOLS

TO ADDRESS SEA-LEVEL RISE AND PROTECT RESOURCES AND PUBLIC ACCESS FOR

TREASURED PARKS

-THROUGH VARIOUS TOOLS AND COMMUNITY SCIENCE EVENTS, WE SET UP WILDLIFE
MONITORING TO IDENTIFY SPECIES WITHIN PARKS, WHICH IN TURN ALLOWS PARK

SCIENTISTS TO BETTER UNDERSTAND WILDLIFE POPULATIONS AND BEHAVIOR - AND
HOW TO BEST CARE FOR THEM.

-OUR PARTNERSHIP LED TO THE DEVELOPMENT OF THE EARLY DETECTION RAPID

RESPONSE TOOLS FOR TACKLING INVASIVE SPECIES. NOW, PARKS CALIFORNIA

OFFERS TRAINING TO PARKS ACROSS THE STATE TO SUPPORT THE MANAGEMENT OF

INVASIVE SPECIES THAT CAN BE HARMFUL TO CALIFORNIA'S NATURAL

ENVIRONMENT.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE IS NO SUCH COMMITTEE WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

AUDIT COMMITTEE WILL REVIEW THE FORM 990 BEFORE IT IS FILED WITH THE IRS.

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

THE CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED. WHILE THE

CONFLICT OF INTEREST POLICY IS APPLIED TO PARKS CALIFORNIA STAFF, IT IS

APPLIED TO THE BOARD WITH GREATER SCRUTINY. VP, OPERATIONS & FINANCE

MONITORS THE BOARD ACTIVITIES AND BRINGS THOSE ACTIVITIES THAT FALL WITHIN

THE CONFLICTS COVERED BY THE POLICY TO THE ATTENTION OF THOSE BOARD MEMBERS

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** PARKS CALIFORNIA 83-1523594 ENGAGED IN THE ACTIVITES AND DISCUSS IF THE CONFLICTS EXIST. IF CONFLICTS EXIST THEN THE RESOLUTION PROCEDURES OUTLINED IN THE POLICY DOCUMENT ARE FOLLOWED. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION CONSULTANT SUMMARY REPORT AND EXECUTIVE SEARCH CONSULTANT SALARY SCAN REPORT REVIEWED BY BOARD. THE PRESIDENT AND CEO LAST REVIEWED

COMPENSATION MARKET ANALYSIS CONDUCTED IN 2021 BY INSPERITY COMPENSATION SERVICES WAS REVIEWED & USED FOR BENCHMARKING STAFF SALARIES BY PRESIDENT & CEO. VP OF OPERATIONS & FINANCE AND VP PROGRAMS WAS LAST REVIEWED IN 2021.

FORM 990, PART VI, SECTION C, LINE 18:

A PUBLIC DISCLOSURE 990 FORM WILL BE MADE AVAILABLE ON THE PARKS CALIFORNIA WEBSITE. THE 1023 FORM WILL BE AVAILABLE UPON REQUEST.

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

THE GOVERENING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT, AND THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

IN 2021.