EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

Open to Public Inspection

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

Α	or the	e 2023 calendar year, or tax year beginning and	ending					
В	Check if applicabl	C Name of organization		D Employer identific	cation number			
	Addre chang							
	Name chang	Doing business as		83-15235	94			
	□Initial □return □Final	,	Room/suite	E Telephone number 877-455-				
	Final return, termin							
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ H(a) Is this a group re	26,800,533.			
F	lreturn □Applic		∩R					
	⊥ltiön pendir	SAME AS C ABOVE	OIC	for subordinates				
_	-			H(b) Are all subordinates in				
		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) of the world status: WWW.PARKSCALIFORNIA.ORG	or 527		list. See instructions			
	Websi		1. 1/	H(c) Group exemption				
		<u> </u>	L Year	or formation: ZOIO N	State of legal domicile: CA			
P	art I	Summary	בדם כת		DVC			
9	1	Briefly describe the organization's mission or most significant activities: ${ m {f TO}}$ ${ m {f HI}}$	ELP 21	RENGTHEN PA	KKD.			
& Governance				+b 050/ -f itt				
Veri		Check this box if the organization discontinued its operations or dispose		1 1	ssets.			
Ô				3	8			
∞		Number of independent voting members of the governing body (Part VI, line 1b)			$\frac{6}{24}$			
ties		Total number of individuals employed in calendar year 2023 (Part V, line 2a)						
Activities		Total number of volunteers (estimate if necessary)			0.			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	Current Year			
Revenue		0 17 17 17 17 17 17 17 17 17 17 17 17 17		2,826,771.	25,446,742.			
		Contributions and grants (Part VIII, line 1h)		1,276,164.	1,031,855.			
	1	Program service revenue (Part VIII, line 2g)		87,387.	319,372.			
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)						
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,052.	2,564.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,195,374.	26,800,533.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		961,405.	2,150,882.			
		Benefits paid to or for members (Part IX, column (A), line 4)			0.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,206,424.	2,641,188.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
х	b	Total fundraising expenses (Part IX, column (D), line 25) 751,77		1 211 212	1 075 021			
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,311,313.				
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,479,142.	6,767,301.			
	19	Revenue less expenses. Subtract line 18 from line 12		-283,768.	20,033,232.			
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year			
SSE	20	Total assets (Part X, line 16)		8,233,413.	30,389,243.			
et A	21	Total liabilities (Part X, line 26)		3,377,839.	5,350,807.			
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		4,855,574.	25,038,436.			
		Signature Block			. Imperior and haliaf it is			
		Ities of perjury, I declare that I have examined this return, including accompanying schedule:			/ Knowledge and bellet, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch preparer	nas any knowledge.				
٠.		Signature of officer		I Date				
Sig				Date				
He	re	HEANA CHUNG, VP OF OPERATIONS & FINANCE Type or print name and title						
			П	Date Check	PTIN			
D-!		Print/Type preparer's name Preparer's signature		Ontook L				
Pai		JENNIFER Z IWATA JENNIFER Z IWATZ	A	8/07/24 self-employe	P01310188			
	parer	Firm's name GILBERT CPAS		Firm's EIN 6	8-0037990			
Use Only Firm's address 2880 GATEWAY OAKS DR, STE 100								
_		SACRAMENTO, CA 95833		Phone no. 9 1	6-646-6464			
Ma	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Pai	t III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: AS CALIFORNIA STATE PARKS' STATUTORY NON-PROFIT PARTNER, WE HAVE A
	CLEAR MISSION - TO HELP STRENGTHEN PARKS AND INSPIRE ALL PEOPLE 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?
	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 No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5,670,801. including grants of \$ 2,150,882.) (Revenue \$ 1,034,419.)
	ACCESS & BELONGING: EVERYONE DESERVES TO EXPERIENCE NATURE AND TO FEEL A CONNECTION TO
	PLACE. AT PARKS CALIFORNIA, WE BELIEVE THAT A CONNECTION TO NATURE IS
	FUNDAMENTAL TO OUR WELL-BEING. PHYSICAL, MENTAL & EMOTIONAL HEALTH AS
	WELL AS THE HEALTH OF OUR COMMUNITIES ALL IMPROVE DRASTICALLY WHEN WE
	CAN ACCESS AND INTERACT WITH NATURAL ECOSYSTEMS AND CAN FEEL A SENSE OF
	BELONGING WITHIN OUR ENVIRONMENT. IN 2023 PARKS CALIFORNIA DEEPENED OUR
	COMMITMENT TO ENSURING ACCESS TO PARKS BY EXPANDING OPPORTUNITIES IN
	RURAL AND URBAN PARKS AND WORKING TO FACILITATE PEOPLE-TO-PARK
	CONNECTIONS THAT WOULD NOT HAVE OTHERWISE BEEN POSSIBLE.
	PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED ON SCHEDULE O.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 5 . 670 . 801 .

Form 990 (2023) PARKS CALIFORNIA
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ü	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			3,7
	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,			3,7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			.,,
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			١
	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			l
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
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	Х	
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		х
•	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	- 110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2023) 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		Х
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		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 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		х
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			
	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? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 •		
UZ.	Cohodulo N. Dort II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
5 7		34		Х
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	30a		_ <u></u>
	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?	555		
00	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			
0,	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?			
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	- 50		
	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is defided to define a response of flote to any line in this flat.		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 32		169	140
	Enter the number reported in box 3 of Form 1090. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	Х	
	(garnoung) withings to prize withers:	I IC	22	

023) PARKS CALIFORNIA Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
_	filed for the calendar year ending with or within the year covered by this return	-	v					
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	Х				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a						
	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	1		x				
L	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).							
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	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							
	any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	7a	X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
	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		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
	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							
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds	8						
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any tayable distributions under section 49662	9a						
 a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 								
10	Section 501(c)(7) organizations. Enter:	9b						
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	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	-						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the							
b	organization is licensed to issue qualified health plans 13b							
С	Enter the amount of reserves on hand 13c							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
	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		Х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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 0.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b	3						
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		X				
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							
Ū	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 Division (This decision Brioghoste information about policies het required by the internal Hereinae decision		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					
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
b								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	Х					
·	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	Х					
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.	.5.5						
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	104						
~	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		<u> </u>				
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	able				
.5	for public inspection. Indicate how you made these available. Check all that apply.	, = = = = =	, avail					
	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, a	nd fina	ncial					
13	statements available to the public during the tax year.	iu iiiia	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 83-1523594 Page 7

Form 990 (2023) 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of				
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer p p	irecto	Highest compensated sn.ty.uc	tee)	from the organization (W-2/1099-MISC/1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) KINDLEY WALSH LAWLOR BOARD DIRECTOR, PRESIDENT & CEO	40.00	X		x				247,024.	0.	9,021.
(2) HEANA CHUNG	40.00							, ,		
VICE PRESIDENT OF OPERATIONS & FINAN				Х				188,625.	0.	19,960.
(3) GEOFF KISH	40.00									
VICE PRESIDENT OF PROGRAMS					Х			169,516.	0.	8,317.
(4) MICHAEL BRIDGES	40.00							101 050	•	20 404
DIRECTOR OF DEVELOPMENT, INDIVIDUALS	40 00					Х		121,052.	0.	39,491.
(5) MYRIAN SOLIS CORONEL DIRECTOR OF COMMUNITY ENGAGEMENT	40.00					х		137,795.	0.	19,339.
(6) SCOTT KLEIN	40.00							137,733.	<u> </u>	10,000
DIRECTOR OF DEVELOPMENT, CORPORATION						х		133,183.	0.	6,749.
(7) WILL FOURT	40.00							,		<u> </u>
BIG BASIN SR. PROJECT MANAGER		1				Х		125,750.	0.	13,890.
(8) MEREDITH WADE	40.00									
FINANCE MANAGER						Х		107,990.	0.	13,053.
(9) STEPHEN LOCKHART	1.00									_
BOARD DIRECTOR - CHAIR		Х						0.	0.	0.
(10) DEANNA MACKEY	1.00								0	•
BOARD DIRECTOR - VICE CHAIR	1 00	Х						0.	0.	0.
(11) TONY LILLIOS	1.00	X		х				0.	0.	0.
BOARD DIRECTOR - SECRETARY (12) JOSE GONZALEZ	1.00	^		^				0.	0.	0.
BOARD DIRECTOR - TREASURER	1.00	X		х				0.	0.	0.
(13) ROSIE CLAYBURN	1.00							0.	0.	
BOARD DIRECTOR	1.00	x						0.	0.	0.
(14) MICHAEL MANTELL	1.00								•	
BOARD DIRECTOR		х						0.	0.	0.
(15) DAWN ORTIZ-LEGG	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(16) MICHAEL CAMUNEZ	1.00									
BOARD DIRECTOR		Х						0.	0.	0.

Form 990 (2023) 332007 12-21-23

INTERNATIONAL COALITION OF SITES OF CONSCIE

\$100,000 of compensation from the organization

55 EXCHANGE PLACE SUITE 404, NEW YORK, NY 1 TRAINING DEVELOPMENT

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

Section A. Officers,	Directors, Trus		ploy	ees			gne	st C						
(A)		(B))) Doc	-			(D)	(E)			(F)	
Name and title Average have a			Position (do not check more than one											
	hours per week	box, unless person is both an officer and a director/trustee)						\ I			I			
	(list any	\vdash					Ú	from the	from related		000	other		
	hours for	direct				_		organization	organization (W-2/1099-MI			pensa om th		
				stee			satec		(W-2/1099-MISC/	1099-NEC)			anizat	
		organizations	truste	al trus		ee/	mper		1099-NEC)	10001120)	'	·	d relat	
		below	Individual trustee or director	Institutional trustee	<u>.</u>	mplo)	est co byee	ᡖ					anizati	
		line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former						
							_							
1b Subtotal		I							1,230,935.		0.	12	9,8	20.
c Total from continuation s									0.		0.			0.
d Total (add lines 1b and 1c	;)								1,230,935.		0.	12	9,8	20.
2 Total number of individuals									eceived more than \$100	0,000 of reportab	le			
compensation from the org	janization													10
													Yes	No
3 Did the organization list any	y former officer,	director, trust	ee, k	кеу е	emp	loye	e, or	r hig	ghest compensated emp	oloyee on				
line 1a? If "Yes," complete												3		Х
4 For any individual listed on	line 1a, is the su	ım of reportab												
and related organizations g		-		-					for such individual			4	Х	
5 Did any person listed on lin														
rendered to the organizatio		-				-						5		Х
Section B. Independent Contra											'			
1 Complete this table for you	r five highest co	mpensated in	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of cor	npens	ation	from	
the organization. Report co											-			
Nam	(A) ne and business	address							(B) Description of s	services	С)) ompe		n
TRAILHEAD LABS,									SOFTWARE DEV		,		- ^	
2628 S. MANITO BI OREGON STATE UNIV				992	403	3			MARKETING, A VISITOR USE	ND SUB		33	5,0	00.
	-			S .	C.A	A		- 1	VISITOR USE MANAGEMENT S	TUDY		15	5.9	46.
ADMINISTRATION BUILDING, CORVALLIS, CA MANAGEMENT STUDY 155,946 LOYOLA MARYMOUNT UNIVERSITY CENTER FOR URBAPARK MANAGEMENT														
DA SUITE 250 ONE LMU DRIVE, LOS ANGELES, CDEVELOPMENT 113,000.														

Form **990** (2023)

110,305.

Form 990 (2023) PARKS Careful Part VIII Statement of Revenue

		Check if Schedule O contains a	raenanea	or note to any lin	a in this Part VIII			
		Check if Schedule O contains a	response	or flote to arry iii i	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenuè éxcluded
						function revenue	business revenue	
<u>(0 (0)</u>								sections 512 - 514
In the		Federated campaigns	1a					
اع ق		Membership dues	1b					
Łs,	C	Fundraising events	1c					
直	d	Related organizations	1d					
ini,	е	Government grants (contributions)	1e	20,545,909.				
r S	f	All other contributions, gifts, grants, and						
la pri		similar amounts not included above	1f	4,900,833.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f	1g \$					
a Co	_	Total. Add lines 1a-1f	<u> </u>		25,446,742.			
				Business Code				
o l	2 a	CONTRACT REVENUE	•	900009	1,031,855.	1,031,855.		
, <u>ki</u>	b				_,,	_,,		
Ser								
E S	C							
Program Service Revenue	C							
ပ္ရ	e	•						
_	Ť	All other program service revenue			1 021 055			
\rightarrow		Total. Add lines 2a-2f			1,031,855.			
	3	Investment income (including divider		1				
					319,372.			319,372.
	4	Income from investment of tax-exem	•					
	5	Royalties						
		(i)	Real	(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of (i) Se	ecurities	(ii) Other				
		assets other than inventory 7a						
	h	Less: cost or other basis						
e l	~	and sales expenses 7b						
en(_	Gain or (loss) 7c						
Ş		Net gain or (loss)						
her Revenue		Gross income from fundraising events (n						
O th	0 4	-						
٠		including \$	of					
		contributions reported on line 1c). Se						
		Part IV, line 18						
		Less: direct expenses						
		Net income or (loss) from fundraising						
	9 a	Gross income from gaming activities						
		Part IV, line 19						
		Less: direct expenses						
	C	Net income or (loss) from gaming act	tivities					
	10 a	Gross sales of inventory, less returns						
		and allowances	10a					
	b	Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of inv						
S				Business Code				
Miscellaneous Revenue	11 a	OTHER INCOME		900099	2,564.	2,564.		
ane	b							
le se	c	:						
/list	c	All other revenue						
_		• Total. Add lines 11a-11d			2,564.			
	12	Total revenue See instructions			26 800 533.	1 034 419.	0.	319 372.

Form 990 (2023) PARKS CALIFORNIA 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).

Da	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	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	0 150 000	·		1
	and domestic governments. See Part IV, line 21	2,150,882.	2,150,882.		
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,	640 460	442 400	FO 400	140 647
	trustees, and key employees	642,463.	443,408.	58,408.	140,647
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 200 500	0.65 0.06	106 651	207 002
7	Other salaries and wages	1,399,760.	965,886.	126,651.	307,223
8	Pension plan accruals and contributions (include	FF F00	20.050	5 620	10 000
	section 401(k) and 403(b) employer contributions)	57,588.	39,869.	5,639.	12,080
9	Other employee benefits	385,209.	266,682.	37,722.	80,805
10	Payroll taxes	156,168.	108,116.	15,293.	32,759
11	Fees for services (nonemployees):				
а	Management				
b	Legal	8,467.	7,925.	283.	259
С	Accounting	32,277.	30,213.	1,077.	987
	Lobbying				
е	D (' ' I (' ' ' ' O D ' ' ' ' '				
f	Investment management fees	3,049.		3,049.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	1,329,778.	1,244,733.	44,387.	40,658
12	Advertising and promotion	159,551.	116,667.	6,506.	36,378
13	Office expenses	69,868.	59,356.	394.	10,118
14	Information technology	26,597.	24,896.	888.	813
15	Royalties				
16	Occupancy	63,010.	42,740.	5,037.	15,233
17	Travel	103,824.	66,525.	8,395.	28,904
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21,325.	8,500.	12,739.	86
20	Interest	-	-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,412.	14,846.	1,921.	6,645
23	Insurance	11,249.	7,971.	969.	2,309
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 O.)				
а	SOFTWARE AND HOSTING SE	89,952.	63,270.	6,927.	19,755
b	OTHER EXPENSES	32,872.	8,316.	8,472.	16,084
C		,	-,	-,	,,
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,767,301.	5,670,801.	344,757.	751,743
25 26	Joint costs. Complete this line only if the organization	5,.5.,551	3,3,3,001		.52,145
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	oudoutional campaigh and fundraishing sullcitation.				

Form 990 (2023)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	20,128.	1	0.		
	2	Savings and temporary cash investments			6,972,674.	2	6,184,109.
	3	Pledges and grants receivable, net	865,750.	3	1,698,326.		
	4	Accounts receivable, net	264,068.	4	2,011.		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	rsons (as defined				
		under section 4958(f)(1)), and persons describe	ed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			27,359.	9	20,163.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	16,668.	22,035.	10c	35,256.
	11	Investments - publicly traded securities		11	22,361,369.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			41,385.	14	26,595.
	15	Other assets. See Part IV, line 11			20,014.	15	61,414.
	16	Total assets. Add lines 1 through 15 (must equ			8,233,413.	16	30,389,243.
	17	Accounts payable and accrued expenses		322,887.	17	329,706.	
	18	Grants payable	80,447.	18	1,185,026.		
	19	Deferred revenue		2,954,491.	19	3,774,606.	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or for					
bilit		trustee, key employee, creator or founder, sub-					
Lial		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line			20,014.	0E	61,469.
	26	of Schedule D			3,377,839.	26	5,350,807.
	20	Organizations that follow FASB ASC 958, ch			3,311,033.	20	3,330,007.
es		and complete lines 27, 28, 32, and 33.	eck Hei				
anc	27	Net assets without donor restrictions			1,728,696.	27	4,201,056.
Bal	28	Net assets with donor restrictions	3,126,878.	28	20,837,380.		
pu		Organizations that do not follow FASB ASC			3,==3,333		
Fu		and complete lines 29 through 33.	000, 011				
ŏ	29	Capital stock or trust principal, or current funds		29			
sets	30	Paid-in or capital surplus, or land, building, or e			30		
As	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		4,855,574.	32	25,038,436.	
~	33	Total liabilities and net assets/fund balances			8,233,413.	33	30,389,243.
_							

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,80		
2	Total expenses (must equal Part IX, column (A), line 25)	2		76		
3	Revenue less expenses. Subtract line 2 from line 1	3		0,03		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	,855,574		
5	Net unrealized gains (losses) on investments	5		14	9,6	30.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	25	,03	8,4	36.
Pa	rt 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	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)

SCHEDULE A

(Form 990)

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

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

	PARKS CALIFORNIA 8							3-1523594	
Pa	art I	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	See instruction	s.	
The	ne 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 sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3	Ш	A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
	_	city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	nit describ	oed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or governn	nental unit described in s	section 17	⁷ 0(b)(1)(A)	(v).		
7	X	•	•	ntial part of its support f	rom a gov	ernmental	l unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (C							
8	Щ	A community trust describe							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of	the collec	ge or
		university:							
10		An organization that norma							
		activities related to its exen	-	·					
		income and unrelated busin		(less section 511 tax) from	om busine	sses acqu	uired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Con	. ,						
11		An organization organized	•	•	-				
12		An organization organized	•	•	· ·			-	
		more publicly supported or	J	` ' ' '				,	Sneck the box on
_		lines 12a through 12d that							, advisa a
a	l L								
		the supported organization organization. You must o			а пајопцу (or the dire	ctors or truste	es or the s	supporting
k		Type II. A supporting org			tion with it	e eunnort	ed organizatio	n(e) by b	avina
	,	control or management o	-				_	• • •	-
		organization(s). You mus			arric perse	nis triat of	orthor or mana	ge the sup	oported
c		☐ Type III functionally inte			in connec	tion with	and functional	ly integrat	ed with
-		its supported organizatio	-					.,g.a.	
c	ı 🗆	☐ Type III non-functionally		•				ted organ	ization(s)
		that is not functionally int							
		requirement (see instruct	-		•		•		
e	, [Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.			
1	Ente	er the number of supported o	organizations						
		vide the following information							
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tot	al								

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		8,968,938.	1,378,564.	2,826,771.	25,446,742.	38,621,015.
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					5,136.	5,136.
4	Total. Add lines 1 through 3		8,968,938.	1,378,564.	2,826,771.	25,451,878.	38,626,151.
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)						5,851,617.
	Public support. Subtract line 5 from line 4.						32,774,534.
	ction B. Total Support	1				· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4		8,968,938.	1,378,564.	2,826,771.	25,451,878.	38,626,151.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		F 100	0 000	00 200	210 250	414 151
	and income from similar sources		5,120.	2,292.	87,387.	319,372.	414,171.
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				E 0.E.O	2 564	7 616
	assets (Explain in Part VI.)				5,052.	2,304.	7,616. 39,047,938.
	Total support. Add lines 7 through 10		,			1 2	,426,765.
12	Gross receipts from related activities					•	,420,703.
13	First 5 years. If the Form 990 is for th	-	rst, second, third, fo	ourth, or fifth tax y	ear as a section 5	501(c)(3)	
800	organization, check this box and stop ction C. Computation of Publ		roontogo				<u></u>
	<u> </u>		<u> </u>	-1(6)		44	83.93 %
	Public support percentage for 2023 (14	
15	Public support percentage from 2022					15	<u>%</u>
102	33 1/3% support test - 2023. If the c	•		•		•	
	stop here. The organization qualifies						
L	33 1/3% support test - 2022. If the c						
17.	and stop here. The organization qual						
178	10% -facts-and-circumstances tes	-					
	and if the organization meets the fact		*	•	•	· ·	
	meets the facts-and-circumstances to	-	•	*	-	17a, and line 15 is	
i.	10% -facts-and-circumstances tes	_					1070 UI
	more, and if the organization meets the organization meets the facts-and-circ		•				
18	Private foundation. If the organization						

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	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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	<u> </u>					
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			1			
	the organization without charge						
6	Total. Add lines 1 through 5						
78	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.)						
	ction B. Total Support		1	1	1	•	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6				-		
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business			-	1	1	1
11	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain			1	+		
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				+		
	Total support. (Add lines 9, 10c, 11, and 12.)				1	F04(-)(0) : :	<u> </u>
14	First 5 years. If the Form 990 is for the	•				. , . ,	lion,
Se	check this box and stop here ction C. Computation of Publ						<u></u>
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					1 .~ 1	70
	Investment income percentage for 20)	17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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
1		
2		
_		
3a		
3b		
_		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
۵h		
9b		
9c		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
		•		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec		3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
-	more	supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	In how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		ipported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year,	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) .			
а	Щ	The organization satisfied the Activities Test. Complete line 2 below.			
b	Щ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio		
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		It the reasons for the organization's position that its supported organization(s) would have engaged in			
_		activities but for the organization's involvement.	2b		
3		tt of Supported Organizations. Answer lines 3a and 3b below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	0'		
	of its	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	J		
1	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 me	ust complete	e Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in 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-function	nally integra	ted Type III supporting org	anization (see		

Schedule A (Form 990) 2023

instructions).

Sche	dule A (Form 990) 2023 PARKS CALIFOR			8	3-1523594 Page 7
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	
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 exemple	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	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	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 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-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
	·				
f	Total of lines 3a through 3e				

g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: **a** Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule A (Form 990) 2023

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

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

83-1523594

PARKS CALIFORNIA Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______\$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number

PARKS CALIFORNIA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ 20,545,909.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 2,952,453.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,023,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.

Name of organization Employer identification number

PARKS CALIFORNIA

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(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		
		\$			

Name of organization Employer identification number

PARKS CALIFORNIA

Part III	Exclusively religious, charitable, etc., contributi	ons to organizations describe	ed in section 50	1(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	(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, a	nd ZIP + 4	Re	elationship of transferor to transferee			
		<u> </u>					
(a) No. from	(b) Purpose of gift	(a) Hop of gift		(d) Description of how gift is hold			
Part I	(b) Ful pose of gift	(c) Use of gift	·	(d) Description of how gift is held			
-							
	(e) Transfer of gift						
	Tuenefeves's name address of	ad 7 ID + 4	D	lationabin of transferor to transferor			
-	Transferee's name, address, a	nd ZIP + 4	HE	elationship of transferor to transferee			
				_			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		of gift					
			Deletionality of houseful to house				
-	Transferee's name, address, a	nd ZIP + 4	He	elationship of transferor to transferee			
				_			
		-					
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I	(b) Purpose or girt	(c) Use of gift	•	(a) Description of now girt is field			
-							
		(e) Transfer	of gift				
	Tuempfaussle manne address a	ad 71D . 4	Deletional Control of the Control				
-	Transferee's name, address, a	iu ZIP + 4	He	elationship 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

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or <i>F</i>	Accounts. Complete if the
-		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	-		
	are the organization's property, subject to the organization's ex			
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that gra	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	•		
D-	impermissible private benefit?			
Pa			s" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	`	1	
	Preservation of land for public use (for example, recreation	on or education) L	1	orically important land area
	Protection of natural habitat		Preservation of a cert	tified historic structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contrib	ution in the form of a c	Held at the End of the Tax Year
	day of the tax year.			
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic structure.			2c
a	Number of conservation easements included on line 2c acquire	• • • •		
2	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extilliguished, or i	terminated by the orga	mization during the tax
4	year Number of states where property subject to conservation ease	mont is located		
5	Does the organization have a written policy regarding the period		tion, handling of	
3	violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
Ū	Starrand Volunteer near devoted to monitoring, inspecting, in	arraning or violations, ar	ia emereng conservat	non describents defining the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and en	forcing conservation e	asements during the year
	Э, ··-р - · · · Э, · ·-р - · · · · · · · · · · · · · · · ·			
8	Does each conservation easement reported on line 2d above s	satisfy the requirements	s of section 170(h)(4)(B	s)(i)
	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its reve	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education,	, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue	e statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or	r research in furtherand	ce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				*
2	If the organization received or held works of art, historical treas	sures, or other similar a	ssets for financial gain,	, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			•

Sche	edule D (Form 990) 2023 PARKS C	ALIFORNIA					8	3-15	23594	4 p:	age 2
	rt III Organizations Maintaining C		, Hist	orical Tre	easures,	or Oth					age -
3	Using the organization's acquisition, accessi										
	collection items (check all that apply).			,	Ü		Ü				
а	Public exhibition	d		oan or excl	nange progr	am					
b	Scholarly research	е		Other	3 1 3						
С	Preservation for future generations	_									
4	Provide a description of the organization's co	ollections and explain t	how th	ev further th	ne organizat	ion's exe	empt nurnos	e in Par	· XIII		
5	During the year, did the organization solicit o							o iii i ai	. 7		
•	to be sold to raise funds rather than to be ma				•				Yes		No
Pai	rt IV Escrow and Custodial Arran										<u> </u>
. u.	reported an amount on Form 990, Pal		11 1110 0	nganization	answered	163 011	1 01111 990, 1	art iv, ii	116 3, 01		
12	Is the organization an agent, trustee, custod		any for	contribution	oc or other a	ssots no	at included				
ıa									Yes		No
L	on Form 990, Part X?								_ 1es		_ INO
D	ii res, explain the arrangement in Part XIII	and complete the follo	wing ta	abie.					Amount		
_	Designing halance						4.		Amount		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance								1		٦
	Did the organization include an amount on F	· · ·					ility?	🖳	Yes	<u> </u>	⊣ No
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds Complete if							ما ما ما	() Farm		h a a l i
		(a) Current year	(b) Pr	ior year	(c) Two yea	IS DACK	(d) Three yea	ars Dack	(e) Four	years	Dack
	Beginning of year balance										
	Contributions										
	3,3,										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	(line 1g	ı, column (a)) held as:						
а	Board designated or quasi-endowment	Ç	%								
b	Permanent endowment	%									
С	Term endowment	 %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organizati	on tha	are held a	nd administe	ered for t	the				
	organization by:	3							Γ	Yes	No
	(i) Unrelated organizations?								3a(i)	$\neg \uparrow$	
	(ii) Related organizations?								``	\dashv	
h	If "Yes" on line 3a(ii), are the related organization	ations listed as required		hadula R2					3b	-+	
4	Describe in Part XIII the intended uses of the								30		
Par	rt VI Land, Buildings, and Equipm		HIGHT I	ai iuo.							
. ui	Complete if the organization answere		Part IV	line 11a. S	ee Form 99	0. Part X	. line 10.				
	Description of property	(a) Cost or oth		(b) Cost			.ccumulated		(d) Book	C Value	
	Description of property	basis (investme		basis (ccumulated preciation	1	(u) DOOR	value	C
		טמטוט (ווועכטנוווכ		มีสอเอ (ou ioi,	ue	Piccialion	-			

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value					
1a	Land									
b	Buildings									
	Leasehold improvements									
d	Equipment		51,924.	16,668.	35,256.					
е	Other									
Tota	otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 35, 256.									

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 PARKS CALIFO	DRNIA	83	-1523594 Page
Part VII Investments - Other Securities Complete if the organization answered "Yes" o	n Form 990 Part IV line	a 11h See Form 990 Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1) Financial derivatives	(2) 20011 14.00	(0)	<u> </u>
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col.	(D))		
Part X Other Liabilities	(B))		
Complete if the organization answered "Yes" o	in Form 990 Part IV line	a 11e or 11f See Form 000 Bort V line 25	ξ.
(15)	in Form 990, Fait IV, line	e TTE OF TTI. Gee FORM 990, Falt A, line 25	(b) Book value
"			(b) DOOR VAILE
(1) Federal income taxes (2) OPERATING LEASE LIABILITY			61,469
			01,407
(3) (4)			
(T)			

(6) (7) (8) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 61,469.

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...

Pa	Reconciliation of Revenue per Audited Financial St		Revenue per H	eturi	ו
	Complete if the organization answered "Yes" on Form 990, Part IV, I				26 004 020
1	Total revenue, gains, and other support per audited financial statements			1	26,984,028.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	440 600		
а	5 ()		149,630.		
b			36,914.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	186,544.
3	Subtract line 2e from line 1			3	26,797,484.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,049.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	3,049.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>2.)</u>		5	26,800,533.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements Witl	n Expenses per	Retu	ırn
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.			
1	Total expenses and losses per audited financial statements			1	6,801,166.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	36,914.		
b					
С	0.11				
d					
е	Add lines 2a through 2d			2e	36,914.
3	Subtract line 2e from line 1			3	6,764,252.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,049.		
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b	-		4c	3,049.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	6,767,301.
Pa	rt XIII Supplemental Information				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	I 4; Part IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide				

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

PARKS CAL	IFORNIA						83-1523594
Part I General Information on Grants a	and Assistance						
Does the organization maintain records	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibili	ty for the grants or as	ssistance, and the selec	tion
criteria used to award the grants or assi	-1						X Yes No
2 Describe in Part IV the organization's pr	ocedures for mon	itoring the use of grant	t funds in the United	d States.			
Part II Grants and Other Assistance to					anization answered	'Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II car	n be duplicated if addi	tional space is need	ded.			
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
ACTA NON VERBA: YOUTH URBAN FARM							
PROJECT - 1001 83RD AVE, MAILBOX	45 0025667	E01 (7/2)	27. 420				2022 ADVENTUDE DAGG GDANT
#1 - OAKLAND, CA 94621	45-0935667	501 C(3)	27,420.	0.	•		2023 ADVENTURE PASS GRANT
ADVENTURE RISK CHALLENGE PO BOX 3208 TRUCKEE, CA 96160	47-1579462	501 C(3)	45,000.	0.			2023-2024 ROUTE TO PARKS GRANT
AMAH MUTSUN LAND TRUST 2460 17TH AVENUE #1019 SANTA CRUZ, CA 95062	32-0447436	501 C(3)	36,728.	0.			CAREER PATHWAYS GRANT PROGRAM
BIPOC SUPPORT FOUNDATION 1507 E. VALLEY PARKWAY ESCONDIDO, CA 92027	85-2617598	501 C(3)	34,903.	0.			2023-2024 ROUTE TO PARKS GRANT
CALIFORNIA OUTDOOR RECREATION FOUNDATION - 21122 LOCKHAVEN CIR - HUNTINGTON BEACH, CA 92646	85-2611681	501 C(3)	27,816.	0.			2023 ADVENTURE PASS GRANT
							SUPPORT TO CA STATE PARKS
CALIFORNIA STATE PARKS, DEPARTMENT							FOR CLIMATE LITERACY
OF PARKS AND RECREATION - P.O. BOX					FAIR MARKET	SUPPLIES AND	TRAINING AND CLIMATE
942896 - SACRAMENTO, CA 94296	68-0303606	GOVERNMENT	19,000.	15,779.	VALUE	EQUIPMENT	CHANGE CURRICULUM /
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in th	he line 1 table				55.

Schedule I (Form 990) I ANNO CALL							J IJZJJJ Page
Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art 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
CENTRAL COAST STATE PARKS							
ASSOCIATION - 202 TANK FARM ROAD,							
SUITE H2 - SAN LUIS OBISPO, CA							
93401	51-0198869	501 C(3)	30,000.	0.			2023 ADVENTURE PASS GRANT
CHINO HILLS STATE PARK INTERPRETIVE ASSOCIATION - 245							
VERBENA LANE - BREA, CA 92823	33-0542316	501 C(3)	22,500.	0.			2023 ADVENTURE PASS GRANT
CITY HEIGHTS COMMUNITY DEVELOPMENT CORPORATION - 4001 EL CAJON BLVD - SAN DIEGO, CA 92105	95-3661177	501 C(3)	40,000.	0.			2023-2024 ROUTE TO PARKS
CITY OF DREAMS							
P.O. BOX 24037							2023-2024 ROUTE TO PARKS
SAN FRANCISCO, CA 94124	20-0719899	501 C(3)	35,000.	0.			GRANT
CITY SURF PROJECT							
400 TREAT AVE., UNIT G							PARKS CA CANDLESTICK
SAN FRANCISCO, CA 94110	47-2091985	501 C(3)	40,000.	0.			ACTIVITIES GRANT
COLOR THE OUTDOORS CORP							
523 E 17 STREET							2023-2024 ROUTE TO PARKS
OAKLAND, CA 94606	88-3190281	501 C(3)	30,000.	0.			GRANT
COMMUNITY BRIDGES							
519 MAIN STREET							
WATSONVILLE, CA 95076	94-2460211	501 C(3)	14,000.	0.			BIG BASIN GRANT
COMPUTER USING EDUCATORS AKA CUE							
877 YGNACIO VALLEY RD.							
WALNUT CREEK, CA 94596	77-0175780	501 C(3)	171,000.	0.			TO SUPPORT PASSPORTS 2.0
CRYSTAL COVE CONSERVANCY							
#5 CRYSTAL COVE							CAREER PATHWAYS GRANT
NEWPORT COAST, CA 92657	33-0878633	501 C(3)	56,000.	0.			PROGRAM

Schedule I (Form 990) I AIRES CALI							J IJZJJJ Page
Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art 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
DISABLED HIKERS							
171 CAMPBELL ST							
FORKS, WA 98331	85-4055270	501 C(3)	8,000.	0.			BIG BASIN GRANT
			<u> </u>				
EARTH DISCOVERY INSTITUTE							
120 NORTH PARK DRIVE							2023-2024 ROUTE TO PARKS
EL CAJON, CA 92021	26-2288903	501 C(3)	35,000.	0.			GRANT
EVELOPING MEN HODIZONG OUEDOOD							
EXPLORING NEW HORIZONS OUTDOOR SCHOOLS (ENH) - PO BOX 1514 -							2023-2024 ROUTE TO PARKS
FELTON, CA 95018	94-2618650	501 C(3)	40,000.	0.			GRANT
Interior, on your	71 2010030	301 0(3)	10,000.	•			
FERNANDENO TATAVIAM BAND OF							
MISSION INDIANS - 1019 SECOND							2023-2024 ROUTE TO PARKS
STREET - SAN FERNANDO, CA 91340	38-3735313	NA	35,000.	0.			GRANT
FRIENDS OF SANTA CRUZ STATE PARKS							
1543 PACIFIC AVENUE, #206				_			
SANTA CRUZ, CA 95060	51-0183410	501 C(3)	7,992.	0.			BIG BASIN GRANT
GOLDEN GATE NATIONAL PARKS							
CONSERVANCY AKA GGNPC - FORT MASON							TO SUPPORT DATA
- SAN FRANCISCO, CA 94123	94-2781708	501 C(3)	52,283.	0.			MANAGEMENT TRAININGS
GROWERS FIRST INC.							
PO BOX 4227							2023-2024 ROUTE TO PARKS
LAGUNA BEACH, CA 92652	38-3674832	501 C(3)	42,000.	0.			GRANT
HOMEBOY INDUSTRIES							
130 BRUNO ST							2023-2024 ROUTE TO PARKS
LOS ANGELES, CA 90012	95-4800735	501 C(3)	35,000.	0.			GRANT
LAMINO OUMDOODS / COMMUNITMY							
LATINO OUTDOORS (COMMUNITY INITIATIVES) - 1000 BROADWAY -							
OAKLAND, CA 94607	94-3255070	501 C(3)	10,936.	0.			BIG BASIN GRANT
OIRLIND, CA JEOUT	74 3233070	P01 C(3/	1 10,930.	<u> </u>	1		PIO DIDIN GRANI

Schedule I (Form 990) I AKKD CAL					1 1 1/F 200\ D		3 1323334 Page
Part II Continuation of Grants and Other	Assistance to De	omestic Organization	is and Domestic G	iovernments (Sche I	edule I (Form 990), Pa I	art II.) T	T
(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
LOS ANGELES CONSERVATION CORPS P.O. BOX 861658 LOS ANGELES, CA 90086-1658	33-0878633	501 C(3)	30,000.	0.			CAREER PATHWAYS GRANT PROGRAM
LOWELL COMMUNITY DEVELOPMENT CORPORATION - 1749 L STREET - FRESNO, CA 93701	45-0961157	501 C(3)	68,400.	0.			2023 ADVENTURE PASS GRANT
MEWATER FOUNDATION 4018 PACHECO STREET SAN FRANCISCO, CA 94116	47-4924647	501 C(3)	53,974.	0.			2023 ADVENTURE PASS GRANT
MOUNTAIN PARKS FOUNDATION 525 N BIG TREES PARK ROAD FELTON, CA 95018	23-7275572	501 C(3)	32,265.	0.			BIG BASIN GRANT
NATURE FOR ALL 201 W. GARVEY AVE., STE. 102-503 MONTEREY PARK, CA 91754	83-1265253	501 C(3)	30,000.	0.			2023 ADVENTURE PASS GRANT
OAKLAND UNIFIED SCHOOL DISTRICT 1000 BROADWAY, SUITE 300 OAKLAND, CA 94607	94-6000385	GOVERNMENT	33,284.	0.			2023 ADVENTURE PASS GRANT
OCCIDENTAL ARTS & ECOLOGY CENTER 15290 COLEMAN VALLEY RD OCCIDENTAL, CA 95465	68-0359676	501 C(3)	30,000.	0.			CAREER PATHWAYS GRANT PROGRAM
OCEANO COMMUNITY SERVICES DISTRICT PO BOX 599 OCEANO, CA 93475	95-3639481	GOVERNMENT	15,904.	0.			2023-2024 ROUTE TO PARKS GRANT
ORANGE COUNTY COASTKEEPER 3151 AIRWAY AVE. COSTA MESA, CA 92626	33-0847892	501 C(3)	30,000.	0.			2023-2024 ROUTE TO PARKS GRANT

Schedule I (Form 990) I AINING CALL							J IJZJJJI Page
Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	urt 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
PACIFIC GROVE MUSEUM OF NATURAL							
HISTORY - 165 FOREST AVENUE -							2023-2024 ROUTE TO PARKS
PACIFIC GROVE, CA 93950	32-0268455	501 C(3)	15,521.	0.			GRANT
	02 0200100		10,022.	-			
PLACER SHERIFF'S ACTIVITIES LEAGUE							
PO BOX 1592							2023-2024 ROUTE TO PARKS
LOOMIS, CA 95650	80-0841816	501 C(3)	42,000.	0.			GRANT
READI MINISTRIES INTERNATIONAL							
2565 POST ST							PARKS CA CANDLESTICK
SAN FRANCISCO, CA 94115	81-2038215	501 C(3)	10,000.	0.			ACTIVITIES GRANT
REAL OPTIONS FOR CITY KIDS							0003 0004 DOWN TO DADY
(R.O.C.K.) - 73 LELAND AVE - SAN	04 2212617	E01 (7/2)	24 751				2023-2024 ROUTE TO PARKS
FRANCISCO, CA 94134 SACRED PLACES INSTITUTE FOR	94-3212617	501 C(3)	34,751.	0.			GRANT
INDIGENOUS PEOPLES (SIERRA HEALTH							
FOUNDATION) - 1321 GARDEN HIGHWAY							2023-2024 ROUTE TO PARKS
- SACRAMENTO, CA 95833	45-5282243	501 C(3)	35,000.	0.			GRANT
	10 0101110		35,555.	-			
SAN JOAQUIN JOINT POWERS AUTHORITY							
949 EAST CHANNEL STREET							2023-2024 ROUTE TO PARKS
STOCKTON, CA 95202	47-4601205	GOVERNMENT	33,034.	0.			GRANT
SAN JOAQUIN RIVER PARKWAY AND							
CONSERVATION TRUST - 11605 OLD							
FRIANT RD - FRESNO, CA 93730	77-0196692	501 C(3)	73,644.	0.			2023 ADVENTURE PASS GRANT
SAN MATEO COUNTY LIBRARIES							
125 LESSINGIA COURT				_			
SAN MATEO, CA 94402	83-1472500	GOVERNMENT	30,000.	0.			2023 ADVENTURE PASS GRANT
SANTA MONICA MOUNTAINS FUND							TO SUPPORT ACCESSIBLE AND
401 W HILLCREST DRIVE							INCLUSIVE OUTDOOR
THOUSAND OAKS, CA 91360	95-4187832	501 C(3)	105,000.	0.			EDUCATION PROJECT
inconing office, on 51300	73 410,032	501 6(3)	105,000.	٠.	l .		Production incodes

SAVE THE REDWOODS LEAGUE 111 SUTTER ST SAN FRANCISCO, CA 94104 94-0843915 501 C(3) 55,807. 0. BIG BASIN GRANT SAVED BY NATURE 2772 JOSEPH AVE #4 CAMPERLI, CA 95008 94-3177095 501 C(3) 8,000. 0. BIG BASIN GRANT BIG BASIN GRANT STERRA CLUB FOUNDATION 2605 ADOBE CANYON RD KENNOOD, CA 95452 94-6069890 94-6069890 901 C(3) 11,000. 0. BIG BASIN GRANT CAMPING WITH INSPIRING CONNECTIONS OUTDOORS SIERRA INSTITUTE FOR COMMUNITY AND ENVIRONMENT - PO BOX 11 TAYLORSVILLE, CA 95983 91-1818166 501 C(3) 30,000. 0. CARBER PATHWAYS GRANT PROGRAM 2023-2024 ROUTE TO PARKS SONOMA ECOLOGY CENTER 1019 2ND ST SAN FERNANDO, CA 91340 94-3136500 501 C(3) 28,650. 0. BRANT THE STEWARDSHIP NETWORK 416 LONSHORE DR. LANDSCAPE SCALE ANN ARBOR, MI 48105 56-2471470 501 C(3) 88,650. 0. BIG BASIN GRANT 0. BIG BASIN GRANT CAMPING BRANT BIG BASIN GRANT CAMPING BIG BASIN GRANT CAMPING BRANT BRAN	Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	· rage
P.O. DOX 1111 ARCATA, CA 9518 88-1650309 501 C(3) 30,000. 0. 2023 ADVENTURE PASS GRANT SAVE THE REDWOODS LEAGUE 111 SUTTER ST SAN FRANCISCO, CA 94104 94-0843915 501 C(3) 55,807. 0. BIG BASIN GRANT SAVED BY NATURE 2772 JOSEPH AVE \$4 CAMPBELL, CA 95008 94-3177095 501 C(3) 8,000. 0. BIG BASIN GRANT SIERRA CLUB FOUNDATION 2605 ADOSE CANYON RD KENNOOD, CA 95452 94-6069890 501 C(3) 11,000. 0. CARREST PATHWAYS GRANT TATLORSVILLE, CA 95983 91-1818166 501 C(3) 30,000. 0. CARREST PATHWAYS GRANT TATLORSVILLE, CA 95983 91-1818166 501 C(3) 30,000. 0. FROORAM SIERRA INSTITUTE FOR COMMUNITY AND FOR BOX 28 TARGE TATLE PARKS FOUNDATION FOR BOX 28 TARGE COLORY CRITER 1019 2ND ST SAN FERNANDO, CA 91340 94-3136500 501 C(3) 21,225. 0. GRANT THE STENARDSHIP NETWORK 416 LONGSHORE DR, ANN ARBOR, MI 48105 56-2471470 501 C(3) 88,650. 0. FARTNERSHIPS IN TREEPEOFLE 12501 MULHOLLAND DR.	` '	(b) EIN	, ,		noncash	valuation (book, FMV,	, , , ,	
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2605 ADOBE CANYON RD KENWOOD, CA 95452 94-6069890 501 C(3) 11,000. 0. CAMPING WITH INSPIRING CONNECTIONS OUTDOORS SIERRA INSTITUTE FOR COMMUNITY AND ENVIRONMENT - PO BOX 11 - TAYLORSVILLE, CA 95983 91-1818166 501 C(3) 30,000. 0. CAREER PATHWAYS GRANT PROGRAM 2023-2024 ROUTE TO PARKS TAHE STATE PARKS FOUNDATION PO BOX 28 TAHOE CITY, CA 96145 94-2539013 501 C(3) 21,325. 0. SRANT 2023-2024 ROUTE TO PARKS SAN FERNANDO, CA 91340 94-3136500 501 C(3) 28,650. 0. SRANT THE STEWARDSHIP NETWORK 416 LONGSHORE DR. ANN ARBOR, MI 48105 56-2471470 501 C(3) 88,650. 0. TREEPEOPLE 12601 MULHOLLAND DR.		31 317733		,,,,,				
XENWOOD, CA 95452 94-6069890 501 C(3) 11,000. 0. CONNECTIONS OUTDOORS	SIERRA CLUB FOUNDATION							GRANT TO SUPPORT FAMILY
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ENVIRONMENT - PO BOX 11 - TAYLORSVILLE, CA 95983 91-1818166 501 C(3) 30,000. 0. PROGRAM SIERRA STATE PARKS FOUNDATION PO BOX 28 TAHOE CITY, CA 96145 94-2539013 501 C(3) 21,325. 0. SRANT SONOMA ECOLOGY CENTER 1019 2ND ST SAN FERNANDO, CA 91340 94-3136500 501 C(3) 28,650. 0. SRANT THE STEWARDSHIP NETWORK 416 LONGSHORE DR. ANN ARBOR, MI 48105 56-2471470 501 C(3) 88,650. 0. TREEPEOPLE 12601 MULHOLLAND DR. CAREER PATHWAYS GRANT PROGRAM 2023-2024 ROUTE TO PARKS SAN, SRANT TO SUPPORT CAPACITY BUILDING FOR LANDSCAPE-SCALE PARTNERSHIPS IN	KENWOOD, CA 95452	94-6069890	501 C(3)	11,000.	0.			CONNECTIONS OUTDOORS
ENVIRONMENT - PO BOX 11 - TAYLORSVILLE, CA 95983 91-1818166 501 C(3) 30,000. 0. PROGRAM SIERRA STATE PARKS FOUNDATION PO BOX 28 TAHOE CITY, CA 96145 94-2539013 501 C(3) 21,325. 0. SRANT SONOMA ECOLOGY CENTER 1019 2ND ST SAN FERNANDO, CA 91340 94-3136500 501 C(3) 28,650. 0. SRANT THE STEWARDSHIP NETWORK 416 LONGSHORE DR. ANN ARBOR, MI 48105 56-2471470 501 C(3) 88,650. 0. TREEPEOPLE 12601 MULHOLLAND DR. CAREER PATHWAYS GRANT PROGRAM 2023-2024 ROUTE TO PARKS SAN, SRANT TO SUPPORT CAPACITY BUILDING FOR LANDSCAPE-SCALE PARTNERSHIPS IN	CIEDDA INCMIMIME POD COMMUNITAV AND							
TAYLORSVILLE, CA 95983 91-1818166 501 C(3) 30,000. 0. PROGRAM SIERRA STATE PARKS FOUNDATION PO BOX 28 TAHOE CITY, CA 96145 94-2539013 501 C(3) 21,325. 0. GRANT SONOMA ECOLOGY CENTER 1019 2ND ST SAN FERNANDO, CA 91340 94-3136500 501 C(3) 28,650. 0. GRANT THE STEWARDSHIP NETWORK 416 LONGSHORE DR. ANN ARBOR, MI 48105 56-2471470 501 C(3) 88,650. 0. PARTNERSHIPS IN TREEPEOPLE 12601 MULHOLLAND DR. 2023-2024 ROUTE TO PARKS BUILDING FOR LANDSCAPE-SCALE PARTNERSHIPS IN								CAPEED DATHWAYS GDANT
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SONOMA ECOLOGY CENTER 1019 2ND ST SAN FERNANDO, CA 91340 94-3136500 501 C(3) 28,650. 0. GRANT TO SUPPORT CAPACITY BUILDING FOR LANDSCAPE-SCALE ANN ARBOR, MI 48105 56-2471470 501 C(3) 88,650. 0. TREEFEOPLE 12601 MULHOLLAND DR.	PO BOX 28							2023-2024 ROUTE TO PARKS
1019 2ND ST SAN FERNANDO, CA 91340 94-3136500 501 C(3) 28,650. 0. GRANT TO SUPPORT CAPACITY BUILDING FOR LANDSCAPE-SCALE ANN ARBOR, MI 48105 56-2471470 501 C(3) 88,650. 0. 2023-2024 ROUTE TO PARKS 2023-2024 ROUTE TO PARKS 2023-2024 ROUTE TO PARKS	TAHOE CITY, CA 96145	94-2539013	501 C(3)	21,325.	0.			GRANT
1019 2ND ST SAN FERNANDO, CA 91340 94-3136500 501 C(3) 28,650. 0. GRANT TO SUPPORT CAPACITY BUILDING FOR LANDSCAPE-SCALE ANN ARBOR, MI 48105 56-2471470 501 C(3) 88,650. 0. 2023-2024 ROUTE TO PARKS 2023-2024 ROUTE TO PARKS 2023-2024 ROUTE TO PARKS	SONOMA ECOLOGY CENTER							
SAN FERNANDO, CA 91340 94-3136500 501 C(3) 28,650. 0. GRANT THE STEWARDSHIP NETWORK 416 LONGSHORE DR. ANN ARBOR, MI 48105 56-2471470 501 C(3) 88,650. 0. PARTNERSHIPS IN TREEPEOPLE 12601 MULHOLLAND DR. 28,650. 0. GRANT TO SUPPORT CAPACITY BUILDING FOR LANDSCAPE-SCALE PARTNERSHIPS IN 2023-2024 ROUTE TO PARKS								2023-2024 ROUTE TO PARKS
TO SUPPORT CAPACITY BUILDING FOR 416 LONGSHORE DR. ANN ARBOR, MI 48105 TREEPEOPLE 12601 MULHOLLAND DR. TO SUPPORT CAPACITY BUILDING FOR LANDSCAPE-SCALE PARTNERSHIPS IN 2023-2024 ROUTE TO PARKS		94-3136500	501 C(3)	28,650.	0.			
416 LONGSHORE DR. ANN ARBOR, MI 48105 56-2471470 501 C(3) 88,650. 0. LANDSCAPE-SCALE PARTNERSHIPS IN TREEPEOPLE 12601 MULHOLLAND DR. 2023-2024 ROUTE TO PARKS	•			,				TO SUPPORT CAPACITY
ANN ARBOR, MI 48105 56-2471470 501 C(3) 88,650. 0. PARTNERSHIPS IN TREEPEOPLE 12601 MULHOLLAND DR. 2023-2024 ROUTE TO PARKS	THE STEWARDSHIP NETWORK							BUILDING FOR
TREEPEOPLE 12601 MULHOLLAND DR. 2023-2024 ROUTE TO PARKS	416 LONGSHORE DR.							LANDSCAPE-SCALE
12601 MULHOLLAND DR. 2023-2024 ROUTE TO PARKS	ANN ARBOR, MI 48105	56-2471470	501 C(3)	88,650.	0.			PARTNERSHIPS IN
12601 MULHOLLAND DR. 2023-2024 ROUTE TO PARKS	TREFFOR							
								2023-2024 ROUTE TO PARKS
	BEVERLY HILLS, CA 90210	23-7314838	501 C(3)	35,000.	0.			GRANT

Assistance to De	mastic Organization	o and Domostic C	overnmente (Cob	odulo I (Form 000) Do		D I D Z D D J T Pac
(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	(h) Purpose of grant or assistance
94-2834151	501 C(3)	40,000.	0.			2023-2024 ROUTE TO PARK GRANT
95-2917933	501 C(3)	21,852.	0.			2023-2024 ROUTE TO PARK GRANT
94-2795935	501 C(3)	39,584.	0.			2023-2024 ROUTE TO PARK GRANT
26-0200654	501 C(3)	32,000.	0.			2023-2024 ROUTE TO PARK
77-0323447	GOVERNMENT	35,000.	0.			2023-2024 ROUTE TO PARK
	(b) EIN 94-2834151 95-2917933 94-2795935	(b) EIN (c) IRC section if applicable 94-2834151 501 C(3) 95-2917933 501 C(3) 94-2795935 501 C(3)	(b) EIN (c) IRC section if applicable (d) Amount of cash grant 94-2834151 501 C(3) 40,000. 95-2917933 501 C(3) 21,852. 94-2795935 501 C(3) 39,584. 26-0200654 501 C(3) 32,000.	Assistance to Domestic Organizations and Domestic Governments (Scholar (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance 94-2834151 501 C(3) 40,000. 0. 95-2917933 501 C(3) 21,852. 0. 94-2795935 501 C(3) 39,584. 0. 26-0200654 501 C(3) 32,000. 0.	(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) 94-2834151 501 c(3) 40,000. 0. 95-2917933 501 c(3) 21,852. 0. 26-0200654 501 c(3) 32,000. 0.	Sesistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (b) FIN (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 (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (g) Description of non-cash assistance

Schedule I (Form 990) 2023 PARKS CALIFORNIA 83-1523594 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.												
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance							
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	ie 2; Part III, column	(b); and any other a	dditional information.								
PART I, LINE 2:												
A GRANT APPLICATION FORM IS USED F	OR ANY I	NTERESTED	ENTITIES S	EEKING								
ASSISTANCE CONSISTENT WITH THE INT	ENT OF G	RANT AWARD	S SOLICITA	TION. IF ANY								
APPLICATIONS WERE SELECTED FOR GRA	NT AWARD	S, THEN TH	E APPLICAN	T SIGNS A								
CONTRACT WITH SPECIFIC TERMS AND C	ONDITION	S TO ENSUR	E THE GRAN	TEE FULFILLS								
ITS OBLIGATIONS AS OUTLINED IN THE	GRANT A	PPLICATION	SOLICITAT	ION AND								
DESCRIBED IN THEIR PROPOSAL. REGULAR REPORTING, CHECK-IN CALLS OR ONSITE												
VISITS ARE METHODS USED FOR ENSURI	NG GRANT	MONIES AR	E 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.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

PARKS CALIFORNIA

 $Employer\ identification\ number\\ 83-1523594$

D	Int I Questions Regarding Compensation	12333	-		
F 6	The state of the s		Yes	No	
10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		162	140	
la	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)				
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			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?				
3	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.				
	Compensation committee X Written employment contract				
	X Independent compensation consultant X Compensation survey or study				
	X Approval by the board or compensation committee				
4	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:				
а	Receive a severance payment or change-of-control payment?	4a		Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?			Х	
	Participate in or receive payment from an equity-based compensation arrangement?			Х	
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	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:				
а	The organization?	. 5a		X	
b	Any related organization?	. 5b		Х	
	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:				
а	The organization?	. 6a		Х	
b	Any related organization?	6b		Х	
	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	7		Х	
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	. 8		Х	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	. 9			
_			_		

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

Schedule J (Form 990) 2023

<u>Schedule J (Form 990) 2023</u> 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KINDLEY WALSH LAWLOR	(i)	247,024.	0.	0.	7,449.	1,572.	256,045.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HEANA CHUNG	(i)	188,625.	0.	0.	9,431.	10,529.	208,585.	0.
VICE PRESIDENT OF OPERATIONS & FINAN	(ii) [0.	0.	0.	0.	0.	0.	0.
(3) GEOFF KISH	(i)	169,516.	0.	0.	8,317.	0.	177,833.	0.
VICE PRESIDENT OF PROGRAMS	(ii) [0.	0.	0.	0.	0.	0.	0.
	(i)	121,052.	0.	0.	6,850.	32,641.	160,543.	0.
DIRECTOR OF DEVELOPMENT, INDIVIDUALS	(ii) [0.	0.	0.	0.	0.	0.	0.
(5) MYRIAN SOLIS CORONEL	(i)	137,795.	0.	0.	7,125.	12,214.	157,134.	0.
DIRECTOR OF COMMUNITY ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
<u></u>	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023	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	ition.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization

PARKS CALIFORNIA

Employer identification number 83-1523594

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

TO HELP CLOSE NATURE-EQUITY GAPS, WE ARE WORKING TO CONNECT PEOPLE TO

NATURE AND CONNECT COMMUNITIES TO PARKS BY IDENTIFYING AND ADDRESSING

BARRIERS THAT HAVE KEPT THEM FROM EXPERIENCING FIRSTHAND OUR TREASURED

NATURAL AND CULTURAL RESOURCES. PROJECTS INCLUDE BUT ARE NOT LIMITED TO

SCHOOL FIELD TRIP - PASSPORT, ADVENTURE PASS GRANT, ROUTE TO PARKS

GRANT, AND COMMUNITY ENGAGEMENT - URBAN PARKS PROGRAMMING & LOW-COST

ACCOMMODATION STUDY, ARTS IN CALIFORNIA PARKS (NEW MULTI-YEAR GRANTS

PROGRAM), AND UNTOLD STORIES/INCLUSIVE HISTORY (SHARING THE FULL

BREADTH OF PAST, AND CONNECTING PARK SITES TO THE CURRENT WORLD OF

VISITORS).

CLIMATE & STEWARDSHIP:

INNATELY, NATURE HAS ESSENTIAL WORTH. AT PARKS CALIFORNIA, WE BELIEVE
THAT FUNDAMENTAL TO OUR PLANETARY HEALTH ARE INTACT AND FLOURISHING
NATURAL ECOSYSTEMS. HOME TO THE LARGEST AND MOST DIVERSE STATE PARK
SYSTEM IN THE COUNTRY, CALIFORNIA'S PARKS HAVE 1.6 MILLION ACRES, 340
MILES OF COASTLINE, 970 MILES OF LAKE AND RIVER FRONTAGE, AND 4,500
MILES OF TRAILS. STATE PARKS PROTECT CRITICAL ECOSYSTEMS THAT PROVIDE
GLOBAL SIGNIFICANCE FAR BEYOND THE PARK BOUNDARIES, BUT YET OUR PARKS
FACE CHALLENGES FROM CLIMATE IMPACTS AND INCREASED VISITATION. THAT IS
WHY, WITH CALIFORNIA STATE PARKS WE ARE BRINGING TOGETHER COMMUNITIES
AND PARTNERS FROM ACROSS THE STATE, TO ACCELERATE AND SCALE EFFORTS TO
TAKE ON THE CONSERVATION AND CLIMATE CHALLENGES FACING OUR VALUED

LANDSCAPES. PROJECTS INCLUDE BUT ARE NOT LIMITED TO LANDSCAPE

Schedule O (Form 990) 2023 Page **2**

Name of the organization

PARKS CALIFORNIA

Employer identification number 83-1523594

STEWARDSHIP, CLIMATE FELLOWSHIP, AND INNOVATING TOOLS & TRAINING (SUCH AS VISITOR USE MANAGEMENT TOOLKIT AND EARLY DETECTION RAPID RESPONSE).

PARKS FOR THE FUTURE:

THE HEALTH OF CALIFORNIA'S PARKS BENEFIT FROM COLLABORATIVE STEWARDSHIP

AND COMMUNITY CONNECTIONS. PARKS CALIFORNIA IS BASED ON A NEW AND MORE

SUSTAINABLE MODEL FOR PUBLIC-PRIVATE PARTNERSHIP. TOGETHER, WE ENSURE

PROTECTED LANDS REMAIN RESILIENT WHILE MEETING THE EVOLVING NEEDS OF

ALL PEOPLE. PARKS FOR THE FUTURE TAKE ON MULTIPLE MEANINGS. IT SPEAKS

TO OUR NEED FOR PARKS NOW AND INTO THE FUTURE, HOW WE STEWARD THESE

PLACES TO ENSURE THEIR AND OUR SURVIVAL, AND OF OUR NEED TO INNOVATE TO

ENSURE PARKS REMAIN RELEVANT AND ACCESSIBLE FOR FUTURE GENERATIONS.

PROJECTS INCLUDE BUT ARE NOT LIMITED TO REIMAGINING BIG BASIN,

NONPROFIT PARTNER STUDY, VIRTUAL ADVENTURE APP, AND OUTERSPATIAL APP,

AND CAREER PATHWAYS GRANT.

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 OF OPERATIONS & FINANCE

MONITORS THE BOARD ACTIVITIES AND BRINGS THOSE ACTIVITIES THAT FALL WITHIN

Schedule O (Form 990) 2023 Page **2**

Name of the organization PARKS CALIFORNIA

Employer identification number 83-1523594

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

DURING THE EXECUTIVE SESSION OF THE BOARD MEETING, THE BOARD REVIEWED THE PRESIDENT & CEO'S JOB PERFORMANCE AND APPROVED TO ADJUST THE COMPENSATION.

THE PRESIDENT AND CEO LAST REVIEWED IN 2022.

BOARD APPROVED A COMPENSATION ADJUSTMENT WITH A MAXIMUM CAP TO NOT EXCEED.

BASED ON THE OUTCOME OF THE ANNUAL PERFORMANCE REVIEW PROCESS,

COMPENSATIONS WERE ADJUSTED. THE VP OF OPERATIONS AND FINANCE AND VP

PROGRAMS WAS LAST REVIEWED IN 2022.

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 IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES

1,244,733.

MANAGEMENT AND GENERAL EXPENSES

44,387.

FUNDRAISING EXPENSES

40,658.

Schedule O (Form 990) 2023 Page **2**

Name of the organization PARKS CALIFORNIA	Employer identification number 83-1523594
TOTAL EXPENSES	1,329,778.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,329,778.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESE	ONSIBILITY FOR
OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT, AND THIS PROC	CESS HAS NOT
CHANGED FROM THE PRIOR YEAR.	