

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

OMB No. 1545-0047

2025Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.**A For the 2025 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**PARKS CALIFORNIA**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

901 H STREET, STE 120, #294

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

SACRAMENTO, CA 95814**F** Name and address of principal officer: **KINDLEY WALSH LAWLOR****SAME AS C ABOVE****D** Employer identification number**83-1523594****E** Telephone number**877-455-9290****G** Gross receipts \$**9,268,394.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.PARKSCALIFORNIA.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2018****M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	TO HELP STRENGTHEN PARKS.	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	30
	6	Total number of volunteers (estimate if necessary)	6	62
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,469,827.	2,325,748.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,786,027.	1,202,240.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,293,474.	827,538.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-6,722.	4,281.
	12		5,542,606.	4,359,807.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,517,566.	5,182,388.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,207,208.	3,218,311.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	240,000.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,216,340.	
	17		2,173,529.	2,010,426.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,898,303.	10,651,125.	
19	Revenue less expenses. Subtract line 18 from line 12	-5,355,697.	-6,291,318.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	23,922,687.	17,887,859.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,266,455.	4,556,452.
22		19,656,232.	13,331,407.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	HEANA CHUNG, VP OF OPERATIONS & FINANCE				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	JENNIFER Z IWATA	JENNIFER Z IWATA	06/30/26		P01310188
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	GILBERT CPAS	68-0037990		916-646-6464	
	Firm's address				
	2880 GATEWAY OAKS DR, STE 100				
	SACRAMENTO, CA 95833				

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****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? ☐ Yes ☒ No

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

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

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

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

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

4a (Code:) (Expenses \$ **8,958,336.** including grants of \$ **5,182,388.**) (Revenue \$ **1,206,521.**)**ACCESS & BELONGING:**

**PARKS CALIFORNIA WORKS TO ENSURE EVERYONE FEELS WELCOME IN CALIFORNIA'S
PUBLIC LANDS BY REMOVING BARRIERS, UPLIFTING COMMUNITY VOICES AND
CO-CREATING EXPERIENCES WHERE ALL PEOPLE CAN BUILD A LIFELONG
RELATIONSHIP WITH NATURE. WITH OUR PARTNERS, WE REMOVE PHYSICAL,
CULTURAL, AND FINANCIAL BARRIERS SO THAT EVERYONE CAN EXPERIENCE THE
NATURE, STORIES, AND HISTORY OF CALIFORNIA'S PUBLIC LANDS.**

PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED ON SCHEDULE O.**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **8,958,336.**

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

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	19
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 30		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
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).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
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? If "Yes," complete Form 6069.	17		

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**

Section A. Governing Body and Management

	1a	12	1b	11	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b Enter the number of voting members included on line 1a, above, who are independent						
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?						X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?						X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						X
6 Did the organization have members or stockholders?						X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?						X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?						X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					X	
b Each committee with authority to act on behalf of the governing body?						X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O						X

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
MEREDITH WADE - 877-455-9290
901 H STREET, STE 120, #294, SACRAMENTO, CA 95814

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See 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.

- 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KINDLEY WALSH LAWLOR BOARD DIRECTOR, PRESIDENT & CEO	40.00	X		X				262,354.	0.	24,702.
(2) HEANA CHUNG VICE PRESIDENT OF OPERATIONS & FINAN	40.00			X				200,217.	0.	21,583.
(3) GEOFF KISH VICE PRESIDENT OF PROGRAMS	40.00				X			181,812.	0.	10,300.
(4) MICHELLE WILLIAMS SR. DIRECTOR OF COMMUNICATIONS	40.00					X		148,485.	0.	17,293.
(5) LAUREN NEVES SR. MANAGER OF HUMAN RESOURCES	40.00					X		118,816.	0.	21,163.
(6) KRISTI BIEBER SR. DIRECTOR OF DEVELOPMENT	40.00					X		118,750.	0.	14,771.
(7) MEREDITH WADE FINANCE MANAGER	40.00					X		115,639.	0.	15,523.
(8) DURRESHA DAVIS GRANTS AND CONTRACTS MANAGER	40.00					X		114,395.	0.	9,741.
(9) DEANNA MACKEY BOARD DIRECTOR - CHAIR	1.00	X						0.	0.	0.
(10) MICHAEL MANTELL BOARD DIRECTOR - VICE CHAIR	1.00	X						0.	0.	0.
(11) ROSIE CLAYBURN BOARD DIRECTOR - SECRETARY	1.00	X		X				0.	0.	0.
(12) JOSE GONZALEZ BOARD DIRECTOR - TREASURER	1.00	X		X				0.	0.	0.
(13) MICHAEL CAMUNEZ BOARD DIRECTOR	1.00	X						0.	0.	0.
(14) AMY DOMINGUEZ-ARMS BOARD DIRECTOR	1.00	X						0.	0.	0.
(15) HELEN HERNANDEZ BOARD DIRECTOR	1.00	X						0.	0.	0.
(16) STEPHEN LOCKHART BOARD DIRECTOR	1.00	X						0.	0.	0.
(17) RICK KEATING BOARD DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ADAM VERDIN BOARD DIRECTOR	1.00	X						0.	0.	0.
(19) MICHAEL WOO BOARD DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,260,468.	0.	135,076.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,260,468.	0.	135,076.

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

9

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COMMUNITY COUNSELLING SERVICE CO., LLC (CCS) 527 MADISON AVENUE 5TH FLOOR, NEW YORK, NY	FUNDRAISING STRATEGY	280,000.
TRAILHEAD LABS, INC., 95 THIRD STREET 2ND FLOOR, SAN FRANCISCO, CA 94103	OUTERSPATIAL - ADVENTURE AND MAPS A	250,000.
ENVIRONMENTAL SCIENCE ASSOCIATES P.O. BOX 7209, CAROL STREAM, IL 60197-7209	DEVELOP WEB APPLICATION FOR SCP	188,143.
RESOURCE CONSERVATION DISTRICT OF SANTA CRU 820 BAY AVENUE, SUITE 136, CAPITOLA, CA 950	PROJECT PLANNING AND DESIGN	141,101.
SCANSION LLC 663 CAROLINA ST, SAN FRANCISCO, CA 94107	PROGRAM IMPACT AND EVALUATION SERVICES	100,625.

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

5

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,325,748.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		2,325,748.			
Program Service Revenue	2 a	CONTRACT REVENUE	Business Code	900099	1,202,240.	1,202,240.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,202,240.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		786,125.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real				
b		Less: rental expenses ...	(ii) Personal				
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities				
b		Less: cost or other basis and sales expenses	(ii) Other				
c		Gain or (loss)					
d		Net gain or (loss)		41,413.			41,413.
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
b		Less: direct expenses					
c		Net income or (loss) from fundraising events					
9 a		Gross income from gaming activities. See Part IV, line 19					
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code	900099	4,281.	4,281.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		4,281.			
	12	Total revenue. See instructions		4,359,807.	1,206,521.	0.	827,538.

Part IX Statement of Functional Expenses

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,182,388.	5,182,388.		
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, trustees, and key employees	700,967.	426,056.	84,390.	190,521.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,833,583.	1,112,923.	221,438.	499,222.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	78,205.	48,286.	9,079.	20,840.
9 Other employee benefits	410,469.	253,436.	47,652.	109,381.
10 Payroll taxes	195,087.	120,453.	22,648.	51,986.
11 Fees for services (nonemployees):				
a Management				
b Legal	8,945.	7,494.	155.	1,296.
c Accounting	38,449.	32,211.	667.	5,571.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	240,000.			240,000.
f Investment management fees	18,895.		18,895.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,592,330.	1,529,691.	32,340.	30,299.
12 Advertising and promotion	14,524.			14,524.
13 Office expenses	50,502.	44,452.	1,382.	4,668.
14 Information technology	27,455.	23,001.	476.	3,978.
15 Royalties				
16 Occupancy	29,186.	20,591.	2,575.	6,020.
17 Travel	71,093.	51,592.	10,346.	9,155.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,128.	7,690.	8,432.	6.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,124.	14,275.	2,295.	6,554.
23 Insurance	16,832.	10,884.	1,786.	4,162.
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.)				
a SOFTWARE AND HOSTING SE	64,886.	46,734.	4,548.	13,604.
b OTHER EXPENSES	38,077.	26,179.	7,345.	4,553.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,651,125.	8,958,336.	476,449.	1,216,340.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	862,845.
	2 Savings and temporary cash investments	2,367,069.	2	558,199.
	3 Pledges and grants receivable, net	1,636,303.	3	777,557.
	4 Accounts receivable, net	183.	4	1,582.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	30,246.	9	16,603.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 49,356.		
	b Less: accumulated depreciation	10b 35,423.	10c	13,933.
	11 Investments - publicly traded securities	19,811,984.	11	15,636,939.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	11,806.	14	0.
	15 Other assets. See Part IV, line 11	41,274.	15	20,201.
16 Total assets. Add lines 1 through 15 (must equal line 33)	23,922,687.	16	17,887,859.	
Liabilities	17 Accounts payable and accrued expenses	635,218.	17	572,977.
	18 Grants payable	899,910.	18	1,536,411.
	19 Deferred revenue	2,689,389.	19	2,426,249.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	41,938.	25	20,815.
	26 Total liabilities. Add lines 17 through 25	4,266,455.	26	4,556,452.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,258,805.	27	2,274,235.
	28 Net assets with donor restrictions	16,397,427.	28	11,057,172.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	19,656,232.	32	13,331,407.
	33 Total liabilities and net assets/fund balances	23,922,687.	33	17,887,859.

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,359,807.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,651,125.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,291,318.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,656,232.
5	Net unrealized gains (losses) on investments	5	-33,507.
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	13,331,407.

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a 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? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2025)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2025

**Open to Public
Inspection**

Name of the organization

PARKS CALIFORNIA

Employer identification number	
--------------------------------	--

83-1523594

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1378564.	2826771.	25446742.	2469827.	2325748.	34447652.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge			5,136.	5,136.	5,136.	15,408.
4 Total. Add lines 1 through 3	1378564.	2826771.	25451878.	2474963.	2330884.	34463060.
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)						4947646.
6 Public support. Subtract line 5 from line 4.						29515414.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	1378564.	2826771.	25451878.	2474963.	2330884.	34463060.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,292.	87,387.	319,372.	1285357.	786,125.	2480533.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		5,052.	2,564.	8,733.	4,281.	20,630.
11 Total support. Add lines 7 through 10						36964223.
12 Gross receipts from related activities, etc. (see instructions)					12	5,429,691.

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	79.85 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	80.75 %

16a 33 1/3% support test - 2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒**b 33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**17a 10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐**b 10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2025. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.			
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in Part VI .			
3a			
b Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			
c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3c			

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

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

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

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

Section 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-functionally integrated Type III supporting organization (see instructions).		

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Total annual distributions. Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7
8	Distributable amount for 2025 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

PARKS CALIFORNIA

Employer identification number

83-1523594

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization	Employer identification number
PARKS CALIFORNIA	83-1523594

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>793,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>500,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>250,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>150,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>105,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>100,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
PARKS CALIFORNIA	83-1523594

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 76,806.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8		\$ 75,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9		\$ 64,151.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10		\$ 50,525.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Employer identification number

83-1523594

Part II

(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
 	 	\$ _____	_____
(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	83-1523594

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

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

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

Part I

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and questions about donor advised funds and grant funds.

Part II

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

Form with multiple sections for conservation easements, including purpose(s), total number of easements, total acreage, and questions about monitoring and expenses.

Part III

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

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

Form with questions about collections of art, historical treasures, or other similar assets, including revenue and assets included.

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

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

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

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		49,356.	35,423.	13,933.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				13,933.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
	(1) Federal income taxes	
	(2) OPERATING LEASE LIABILITY	20,815.
	(3)	
	(4)	
	(5)	
	(6)	
	(7)	
	(8)	
	(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		20,815.

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 ... ☐

SCHEDULE G
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization PARKS CALIFORNIA
Employer identification number 83-1523594

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of nongovernment grants
f Solicitation of government grants
g Special fundraising events
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes entry for COMMUNITY COUNSELLING SERVICE CO., LLC (CCS) - 527 MADISON and a Total row.

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

CA

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

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

(I) NAME OF FUNDRAISER: COMMUNITY COUNSELLING SERVICE CO., LLC (CCS)

(I) ADDRESS OF FUNDRAISER:

527 MADISON AVENUE 5TH FLOOR, NEW YORK, NY 10022

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CALIFORNIA DEPARTMENT OF PARKS AND RECREATION - P.O. BOX 942896 - SACRAMENTO, CA 94296	68-0303606	GOVERNMENT	0.	14,426.	COST AT FAIR MARKET VALUE	EVENT SPONSORSHIPS, POSTAGE, SUPPLIES AND	GENERAL SUPPORT TO CA STATE PARKS
SAVE THE REDWOODS LEAGUE 111 SUTTER ST, 11TH FLOOR SAN FRANCISCO, CA 94104	94-0843915	501(C)(3)	191,600.	0.			FOREST MGMT STRATEGY GRANT
YUOK TRIBE 190 KLAMATH BLVD KLAMATH, CA 95548	68-0178020	501(C)(3)	180,000.	0.			2025 CAREER PATHWAYS GRANT & 2026 ROUTE TO PARKS GRANT
SAN JOAQUIN RIVER PARKWAY AND CONSERVATION TRUST - 11605 OLD FRIANT RD - FRESNO, CA 93730	77-0196692	501(C)(3)	176,897.	0.			2025 CAREER PATHWAYS GRANT & 2026 ROUTE TO PARKS GRANT
TRYBE, INC. 3542 FRUITVALE AVE #135 OAKLAND, CA 94602	46-4328520	501(C)(3)	163,599.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
JAMUL INDIAN VILLAGE OF CALIFORNIA P.O. BOX 612 JAMUL, CA 91935	95-3749752	TRIBAL GOVERNMENT	160,000.	0.			2025 ROUTE TO PARKS GRANT & 2026 ROUTE TO PARKS GRANT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **83.**
- 3** Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) (Rev. 12-2024)

SEE PART IV FOR COLUMNS (G) AND (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUDUBON CANYON RANCH PO BOX 577 STINSON BEACH, CA 94970	94-6069140	501(C)(3)	150,000.	0.			2025 CAREER PATHWAYS GRANT
FEATHER RIVER LAND TRUST PO BOX 1826 QUINCY, CA 95971	68-0449687	501(C)(3)	150,000.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
MIDDLETOWN ART CENTER (ECOARTS OF LAKE COUNTY) - PO BOX 1616 - MIDDLETOWN, CA 95461	20-2027708	501(C)(3)	150,000.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
PLAYHOUSE ARTS 1251 9TH STREET ARCATA, CA 95521	26-0383637	501(C)(3)	135,677.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
WOMEN IN DIALOGUE PO BOX 86681 LOS ANGELES, CA 90086	23-2979717	501(C)(3)	133,741.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
GREEN CITIES FUND (QUEER SURF) 162 PANORAMIC WAY BERKELEY, CA 94704	20-3911647	501(C)(3)	130,000.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT & 2026 ROUTE TO PARKS GRANT
SONOMA ECOLOGY CENTER PO BOX 1486 ELDRIDGE, CA 95431	94-3136500	501(C)(3)	120,000.	0.			2025 ROUTE TO PARKS GRANT & 2026 ROUTE TO PARKS GRANT
MID-CITY COMMUNITY ADVOCACY NETWORK - 4305 UNIVERSITY AVENUE, SUITE 550 - SAN DIEGO, CA 92105	83-3305285	501(C)(3)	119,853.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
APAPA (ASIAN PACIFIC ISLANDER AMERICAN PUBLIC AFFAIRS) - 3220 GROSBEAK CT. - DAVIS, CA 95616	55-0849384	501(C)(3)	112,000.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALANCED ROCK FOUNDATION (BRF) 9723 ROCKY RD REAR EL PORTAL, CA 95318	26-0778922	501(C)(3)	108,000.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
THE ARTLANDS CREATIVE 18 E. VINE ST REDLANDS, CA 92373	46-5257168	501(C)(3)	105,510.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
BLUE SKY SUSTAINABLE LIVING CENTER 1000 PERKINS ROAD, PO BOX 271 NEW CUYAMA, CA 93254	46-1239650	501(C)(3)	104,500.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
SAN JOAQUIN COUNTY OFFICE OF EDUCATION - P.O. BOX 213030 - STOCKTON, CA 95213	68-0006282	GOVERNMENT	103,500.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
MCKINLEYVILLE COMMUNITY COLLABORATIVE (DBA MCKINLEYVILLE FAMILY RESOURCE CENTER) - 1615 HEARTWOOD DRIVE - MCKINLEYVILLE,	68-0445130	501(C)(3)	100,050.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
SANTA MONICA MOUNTAINS FUND 1 BAXTER WAY, SUITE 180 THOUSAND OAKS, CA 91362	95-4187832	501(C)(3)	100,000.	0.			EVERY KID OUTDOORS PROJECT
SAN JOAQUIN JOINT POWERS AUTHORITY 949 EAST CHANNEL STREET STOCKTON, CA 95202	47-4601205	GOVERNMENT	100,000.	0.			2025 ROUTE TO PARKS GRANT & 2026 ROUTE TO PARKS GRANT
FILAM ARTS (THE ASSOCIATION FOR ADVANCEMENT OF FILIPINO AMERICAN ARTS & CULTURE) - 153 GLENDALE BLVD - LOS ANGELES, CA 90026	95-4747810	501(C)(3)	100,000.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
FERN STREET COMMUNITY ARTS, INC. PO BOX 5864 SAN DIEGO, CA 92165	33-0589443	501(C)(3)	100,000.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF CATHEDRAL CITY 68700 AVENIDA LALO GUERRERO CATHEDRAL CITY, CA 92234	95-3674780	GOVERNMENT	98,167.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
MARIPOSA COUNTY ARTS COUNCIL, INC. 5009 CA-140, P.O. BOX 2134 MARIPOSA, CA 95338	94-2753977	501(C)(3)	88,000.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
TAKE NOTE TROUPE, INC. 5180 COVENANT CT. LOOMIS, CA 95650	20-1651216	501(C)(3)	84,435.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
CITY OF MERCED 678 18TH STREET MERCED, CA 95340	94-6000371	GOVERNMENT	77,000.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
MESA GRANDE INDIAN HOUSING AUTHORITY - PO BOX 2282 - RAMONA, CA 92065	33-0557365	TRIBAL GOVERNMENT	69,850.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
AMAH MUTSUN LAND TRUST 2460 17TH AVENUE #1019 SANTA CRUZ, CA 95062	32-0447436	501(C)(3)	61,726.	0.			QUIROSTE VALLEY CULTURAL PRESERVE BURN PREPARATION & STIPENDS FOR ASPIRING FIRELIGHTERS TRAINING
HIJOS DEL SOL ARTS PRODUCTION 443 E. ALISAL STREET, SUITE C SALINAS, CA 93905	46-4445158	501(C)(3)	61,489.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
JOHN MUIR LAND TRUST PO BOX 31 MARTINEZ, CA 94553	68-0194652	501(C)(3)	55,000.	0.			EAST BAY STEWARDSHIP NETWORK COORDINATOR SUPPORT
GROWERS FIRST INC. PO BOX 4227 LAGUNA BEACH, CA 92652	38-3674832	501(C)(3)	50,000.	0.			2025 ROUTE TO PARKS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHAW 4 COMMUNITY 445 W. WEBER AVE #134 STOCKTON, CA 95203	87-0972854	501(C)(3)	50,000.	0.			2025 ROUTE TO PARKS GRANT
SISKIYOU COUNTY OFFICE OF EDUCATION - 609 SOUTH GOLD STREET - YREKA, CA 96097-3310	94-6002764	GOVERNMENT	49,769.	0.			2025 ROUTE TO PARKS GRANT
IMPERIAL VALLEY EQUITY AND JUSTICE, INC. - 230 BLAIR AVENUE - CALEXICO, CA 92231	33-0411322	501(C)(3)	49,520.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
KARMIC ACTION RETRIBUTION MANAGEMENT AGENCY (KARMA) - 3547 HILLVIEW STREET - LOS ANGELES, CA 90032	83-1961921	501(C)(3)	48,721.	0.			2026 ROUTE TO PARKS GRANT
CRESCENT MOON THEATER PRODUCTIONS 181 CANYON RD FAIRFAX, CA 94930	84-2549308	501(C)(3)	45,000.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
MIGHTY COMMUNITY ADVOCACY 1805 VAN NESS AVE FRESNO, CA 93721	85-1341269	501(C)(3)	44,795.	0.			2026 ROUTE TO PARKS GRANT
TEHAMA CONSERVATION FUND 202 WALNUT ST. RED BLUFF, CA 96080	47-1883263	501(C)(3)	44,467.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
THE STEWARDSHIP NETWORK 416 LONGSHORE DR. ANN ARBOR, MI 48105	56-2471470	501(C)(3)	44,400.	0.			CAPACITY BUILDING FOR LANDSCAPE-SCALE PARTNERSHIPS IN CALIFORNIA & SPONSORSHIP
INK PEOPLE 627 3RD ST. EUREKA, CA 95501	94-3056179	501(C)(3)	43,927.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEINERS OAKS PARKS 157 S. PUEBLO AVE OJAI, CA 93023	92-1574062	501(C)(3)	42,148.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
TAHOE TRUCKEE SCHOOL OF MUSIC 10038 MEADOW WAY, SUITE E TRUCKEE, CA 96161	46-0914096	501(C)(3)	41,800.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
ORANGE COUNTY COASTKEEPER DBA INLAND EMPIRE WATERKEEPER - 6876 INDIANA AVE, SUITE D - RIVERSIDE, CA 92506	33-0847892	501(C)(3)	40,000.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
FRESNO BARRIOS UNIDOS 4747 N. FIRST STREET, SUITE 140 FRESNO, CA 93726	77-0363955	501(C)(3)	40,000.	0.			2026 ROUTE TO PARKS GRANT
SOUTH FRESNO OUTDOOR ADVENTURES 3412 E. BALCH AVENUE FRESNO, CA 93702	99-4023709	501(C)(3)	40,000.	0.			2026 ROUTE TO PARKS GRANT
CALIFORNIA INTERTRIBAL ALLIANCES 1365 ROMA STREET MADERA, CA 93637	99-3068505	501(C)(3)	40,000.	0.			2026 ROUTE TO PARKS GRANT
INSTITUTE FOR PUBLIC STRATEGIES 8885 RIO SAN DIEGO DRIVE, STE 117 SAN DIEGO, CA 92108	33-0519874	501(C)(3)	39,792.	0.			2026 ROUTE TO PARKS GRANT
ANGELS GATE CULTURAL CENTER 3601 S GAFFEY ST, BOX 1 SAN PEDRO, CA 90731	95-3688214	501(C)(3)	35,800.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
TREEPEOPLE 12601 MULHOLLAND DR. BEVERLY HILLS, CA 90210	23-7314838	501(C)(3)	35,000.	0.			2025 ROUTE TO PARKS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROAD ROOM CREATIVE COLLECTIVE SACRAMENTO - 1409 DEL PASO BLVD - SACRAMENTO, CA 95815	83-1724460	501(C)(3)	34,650.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
CITY OF HURON PO BOX 339 HURON, CA 93234	94-6003558	GOVERNMENT	34,471.	0.			2026 ROUTE TO PARKS GRANT
COMMUNITY NATURE CONNECTION P.O. BOX 31187 LOS ANGELES, CA 90031	95-4316388	501(C)(3)	33,577.	0.			2026 ROUTE TO PARKS GRANT
OUTDOOR OUTREACH 3980 SHERMAN STREET, SUITE 160 SAN DIEGO, CA 92110	33-0860449	501(C)(3)	30,000.	0.			2026 ROUTE TO PARKS GRANT
LAND TOGETHER 2081 CENTER STREET BERKELEY, CA 94704	46-3998218	501(C)(3)	30,000.	0.			2026 ROUTE TO PARKS GRANT
HEARTS FOR SIGHT FOUNDATION 5644 MCCULLOCH AVE TEMPLE CITY, CA 91780	81-2457848	501(C)(3)	30,000.	0.			2026 ROUTE TO PARKS GRANT
BLUE DOT EDUCATION 2157 THOMAS AVE SAN DIEGO, CA 92109	47-2986413	501(C)(3)	30,000.	0.			2026 ROUTE TO PARKS GRANT
HOPE AND HARVEST PROJECT 7529 PLEASANT GROVE ROAD ELVERTA, CA 95626	39-2378699	501(C)(3)	30,000.	0.			2026 ROUTE TO PARKS GRANT
CAMP PHOENIX 10974 STAR CT OAKLAND, CA 94603	46-1470903	501(C)(3)	30,000.	0.			2026 ROUTE TO PARKS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACK LONDON PARK PARTNERS (VALLEY OF THE MOON NATURAL HISTORY ASSOCIATION) - 2400 LONDON RANCH RD - GLEN ELLEN, CA 95442	94-2412859	501(C)(3)	29,926.	0.			2026 ROUTE TO PARKS GRANT
BIPOC SUPPORT FOUNDATION 1507 E. VALLEY PARKWAY, SUITE 3 #12 ESCONDIDO, CA 92027	85-2617598	501(C)(3)	29,757.	0.			2026 ROUTE TO PARKS GRANT
SIERRA STATE PARKS FOUNDATION PO BOX 2509 KINGS BEACH, CA 96143	94-2539013	GOVERNMENT	29,500.	0.			2026 ROUTE TO PARKS GRANT
NEW VILLAGE ARTS, INC. 2787 STATE STREET CARLSBAD, CA 92008	52-2320930	501(C)(3)	28,025.	0.			2025 ARTS IN CALIFORNIA PARKS GRANT
COLOR THE WATER 4525 S SLAUSIN AVE CULVER CITY, CA 90230	85-3800480	501(C)(3)	27,422.	0.			2026 ROUTE TO PARKS GRANT
SHELTER VALLEY CITIZENS CORP. 7217 GREAT SOUTHERN OVERLAND STAGE JULIAN, CA 92036	23-7123684	501(C)(3)	26,438.	0.			2026 ROUTE TO PARKS GRANT
EMDAD 3339 EL CAMINO AVENUE SACRAMENTO, CA 95821	37-2166297	501(C)(3)	25,300.	0.			2026 ROUTE TO PARKS GRANT
EDISON YOUTH ACTIVITIES 125 W HAWES AVE FRESNO, CA 93706	93-2460627	501(C)(3)	25,000.	0.			2026 ROUTE TO PARKS GRANT
DESERT RECREATION DISTRICT 45305 OASIS STREET INDIO, CA 92201	33-0076473	GOVERNMENT	22,742.	0.			2026 ROUTE TO PARKS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF LA HABRA - COMMUNITY SERVICES - 110 E. LA HABRA BLVD - LA HABRA, CA 90631	95-6000730	GOVERNMENT	20,000.	0.			2026 ROUTE TO PARKS GRANT
IMPERIAL COUNTY OFFICE OF EDUCATION - 1398 SPERBER RD - EL CENTRO, CA 92243	95-6001665	GOVERNMENT	20,000.	0.			2026 ADVENTURE PASS GRANT
GOLDEN GATE NATIONAL PARKS CONSERVANCY AKA GGNPC - FORT MASON, BUILDING 201 - 3RD FLOOR - SAN FRANCISCO, CA 94123	94-2781708	501(C)(3)	16,302.	0.			NATURAL RESOURCES DIVISION DEFERRED MAINTENANCE & DATA PRIORITIES
INQUIRING SYSTEMS, INC. (ECOLOGICAL WORKFORCE INITIATIVE) - 1275 4TH ST #371 - SANTA ROSA, CA 95404	94-2524840	501(C)(3)	15,300.	0.			2025 CAREER PATHWAYS GRANT
VENTANA WILDLIFE SOCIETY 9699 BLUE LARKSPUR LANE, #105 MONTEREY, CA 93940	94-2795935	501(C)(3)	15,000.	0.			2026 ROUTE TO PARKS GRANT
COMMUNITY INITIATIVES (LATINO OUTDOORS) - 1000 BROADWAY, SUITE 480 - OAKLAND, CA 94607	94-3255070	501(C)(3)	13,000.	0.			2026 ROUTE TO PARKS GRANT
SOCIAL GOOD FUND (OUTDOORITHM COLLECTIVE) - 4316 LA CRESTA AVENUE - OAKLAND, CA 94602	46-1323531	501(C)(3)	9,376.	0.			2025 SANTA CRUZ COMMUNITY GRANT
SAVED BY NATURE 2772 JOSEPH AVE #4 CAMPBELL, CA 95008	83-2405377	501(C)(3)	8,000.	0.			2025 SANTA CRUZ COMMUNITY GRANT
INDEPENDENT ARTS AND MEDIA (PUENTES) - P.O. BOX 420442 - SAN FRANCISCO, CA 94142	94-3355076	501(C)(3)	8,000.	0.			2025 SANTA CRUZ COMMUNITY GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SANTA CRUZ COUNTY 4450 CAPITOLA RD, STE 106 CAPITOLA, CA 95010	94-1422471	501(C)(3)	8,000.	0.			2025 SANTA CRUZ COMMUNITY GRANT
SQUARE ONE FOUNDATION 325 SOQUEL AVE SANTA CRUZ, CA 95062	33-2926087	501(C)(3)	8,000.	0.			2025 SANTA CRUZ COMMUNITY GRANT
WATSONVILLE WETLANDS WATCH PO BOX 1239 FREEDOM, CA 95019	77-0519882	501(C)(3)	8,000.	0.			2025 SANTA CRUZ COMMUNITY GRANT
REAL OPTIONS FOR CITY KIDS (R.O.C.K.) - 73 LELAND AVE - SAN FRANCISCO, CA 94134	94-3212617	501(C)(3)	7,535.	0.			2025 SANTA CRUZ COMMUNITY GRANT
CENTRAL COAST STATE PARKS ASSOCIATION - 202 TANK FARM ROAD, SUITE H2 - SAN LUIS OBISPO, CA 93401	51-0198869	501(C)(3)	6,500.	0.			2025 SANTA CRUZ COMMUNITY GRANT
BOYS & GIRLS CLUBS OF FRESNO COUNTY - 540 N. AUGUSTA STREET - FRESNO, CA 93701	94-1149171	501(C)(3)	5,908.	0.			2025 SANTA CRUZ COMMUNITY GRANT
COMPUTER USING EDUCATORS (CUE) 2443 FILMORE ST, #380-2738 SAN FRANCISCO, CA 94115	46-2095510	501(C)(3)	56,500.	0.			CONTINUING PASSPORTS PROGRAM & 2025/26 PASSPORTS PROGRAM

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 required in Part I, line 2; Part III, column (b); and any other additional information.**PART I, LINE 2:**

A GRANT APPLICATION FORM IS USED FOR ANY INTERESTED ENTITIES SEEKING ASSISTANCE CONSISTENT WITH THE INTENT OF GRANT AWARDS SOLICITATION. IF ANY APPLICATIONS WERE SELECTED FOR GRANT AWARDS, THEN THE APPLICANT SIGNS A CONTRACT WITH SPECIFIC TERMS AND CONDITIONS TO ENSURE THE GRANTEE FULFILLS ITS OBLIGATIONS AS OUTLINED IN THE GRANT APPLICATION SOLICITATION AND DESCRIBED IN THEIR PROPOSAL. REGULAR REPORTING, CHECK-IN CALLS OR ONSITE VISITS ARE METHODS USED FOR ENSURING GRANT MONIES ARE UTILIZED FOR INTENDED PURPOSE.

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA DEPARTMENT OF PARKS AND RECREATION

(G) DESCRIPTION OF NON-CASH ASSISTANCE: EVENT SPONSORSHIPS, POSTAGE, SUPPLIES AND EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: THE STEWARDSHIP NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPACITY BUILDING FOR

LANDSCAPE-SCALE PARTNERSHIPS IN CALIFORNIA & SPONSORSHIP CONTRIBUTION TO 30X30 PARTNERSHIP'S 2025 SUMMIT

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ 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

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 | ☒ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ 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:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 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:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

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			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KINDLEY WALSH LAWLOR BOARD DIRECTOR, PRESIDENT & CEO	(i)	262,354.	0.	0.	9,841.	14,861.	287,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HEANA CHUNG VICE PRESIDENT OF OPERATIONS & FINAN	(i)	200,217.	0.	0.	10,011.	11,572.	221,800.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GEOFF KISH VICE PRESIDENT OF PROGRAMS	(i)	179,812.	2,000.	0.	9,091.	1,209.	192,112.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHELLE WILLIAMS SR. DIRECTOR OF COMMUNICATIONS	(i)	148,485.	0.	0.	7,333.	9,960.	165,778.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

This image shows a full page of blank, lined paper. It features approximately 30 evenly spaced horizontal blue or grey lines across its entire width. The lines are uniform in thickness and spacing, providing a template for writing. There are no margins, text, or other markings on the page.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

PARKS CALIFORNIA

Employer identification number

83-1523594

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

CLIMATE & STEWARDSHIP:

PARKS CALIFORNIA HELPS CARE FOR CALIFORNIA'S PUBLIC LANDS - FROM MOUNTAINS AND FORESTS TO COASTLINES AND RIVERS - SO THAT EVERYONE CAN ENJOY THESE PLACES FOR GENERATIONS. WE INVEST IN CLIMATE RESILIENCE, STEWARD IMPORTANT ECOSYSTEMS, AND USE SCIENCE-BASED TOOLS TO KEEP OUR LANDSCAPES HEALTHY. BY SUPPORTING TRIBAL PARTNERSHIPS, WE HONOR INDIGENOUS KNOWLEDGE AND CULTURAL PRACTICES THAT SHAPE HOW WE CARE FOR THESE LANDS TODAY.

PARKS FOR THE FUTURE:

PARKS OF THE FUTURE IS PARKS CALIFORNIA'S COMMITMENT TO REIMAGINING HOW PUBLIC LANDS ARE CARED FOR AND EXPERIENCED. BY WORKING TOGETHER WITH PARTNERS, WE HELP BUILD AN INCLUSIVE, RESILIENT PARK SYSTEM THAT REFLECTS CALIFORNIA'S DIVERSE COMMUNITIES AND IS PREPARED TO MEET THE NEEDS OF A CHANGING WORLD. FROM WILDFIRE RECOVERY TO NEXT-GENERATION WORKFORCE DEVELOPMENT, WE HELP KEEP CALIFORNIA'S PUBLIC LANDS VIBRANT, RESILIENT, AND WELCOMING FOR EVERYONE.

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 THE CONFLICTS COVERED BY THE POLICY TO THE ATTENTION OF THOSE BOARD MEMBERS ENGAGED IN THE ACTIVITIES 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 2025.

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 2025.

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

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

Schedule O (Form 990) (Rev. 12-2024)

Name of the organization

PARKS CALIFORNIA

Employer identification number

83-1523594

STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES 1,529,691.

MANAGEMENT AND GENERAL EXPENSES 32,340.

FUNDRAISING EXPENSES 30,299.

TOTAL EXPENSES 1,592,330.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,592,330.

FORM 990, PART XII, LINE 2C:

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