PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 11757

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
CALIFORNIA STATE PARKS FOUNDATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) 50 FRANCISCO ST. Room/suite 110

City, town, or post office, state, and ZIP code SAN FRANCISCO, CA 94133

F Name and address of principal officer: ELIZABETH GOLDSTEIN
SAME AS C ABOVE

D Employer identification number
94-1707583

E Telephone number
415-262-4400

G Gross receipts $ 15,152,648.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates 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.CALPARKS.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1969

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO IMPROVE AND MAINTAIN CALIFORNIA'S STATE PARKS.

2 Check this box ▶ ☐ 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	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	51
6	Total number of volunteers (estimate if necessary)	6	1043
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	147,319.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	116,597.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	22,253,949.	11,640,556.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	446,707.	733,928.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	157,764.	320,727.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,858,420.	12,695,211.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,717,109.	2,116,552.
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)	2,761,671.	3,422,846.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	592,870.	236,120.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,876,082.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,346,551.	8,450,244.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,418,201.	14,225,762.
19	Revenue less expenses. Subtract line 18 from line 12	5,440,219.	-1,530,551.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	23,226,785.	22,226,294.
21	Total liabilities (Part X, line 26)	5,181,703.	5,524,648.
22	Net assets or fund balances. Subtract line 21 from line 20	18,045,082.	16,701,646.

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: 12 May 2014

▶ ELIZABETH GOLDSTEIN, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: MAGA E. KISRIEV	Preparer's signature	Date: MAY - 9 2014	Check ☐ if self-employed	PTIN: P01008919
Firm's name ▶ HOOD & STRONG LLP			Firm's EIN ▶	94-1254756
Firm's address ▶ 100 FIRST STREET, 14TH FLOOR SAN FRANCISCO, CA 94105			Phone no.	415.781.0793

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

Enter the Return code for the return that this application is for (file a separate application for each return) ..... [0 1]

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

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

- The books are in the care of ▶ MICHAEL BANKERT 50 FRANCISCO ST., STE 110 - SAN FRANCISCO, CA 94133
  Telephone No. ▶ (415) 262-4400 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2014.

5 For calendar year _____, or other tax year beginning JUL 1, 2012, and ending JUN 30, 2013.

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return
[ ] Change in accounting period

7 State in detail why you need the extension
THE TAXPAYER'S FINANCIAL MATTERS ARE QUITE COMPLEX. ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

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

Signature and Verification must be completed for Part II only.

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

Signature ▶ _____ Title ▶ ACCOUNTANT Date ▶ 2/7/14

Form **8868**
(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

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

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

Enter the Return code for the return that this application is for (file a separate application for each return) [0 1]

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

- The books are in the care of ▶ MICHAEL BANKERT
  50 FRANCISCO ST., STE 110 - SAN FRANCISCO, CA 94133
  Telephone No. ▶ (415) 262-4400 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2012, and ending JUN 30, 2013.

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

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

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission:
THE CALIFORNIA STATE PARKS FOUNDATION IS A NON-PROFIT MEMBERSHIP ORGANIZATION DEDICATED TO PROTECTING, ENHANCING AND ADVOCATING FOR CALIFORNIA STATE PARKS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 6,866,279. including grants of $ 749,952.) (Revenue $)
THE FOUNDATION'S MISSION TO PROTECT, ENHANCE AND ADVOCATE FOR CALIFORNIA STATE PARKS IS SIGNIFICANTLY SUPPORTED BY ITS MEMBERSHIP PROGRAM, WHICH NOW HAS OVER 130,000 MEMBERS. THE FOUNDATION ALSO PROVIDES FUNDING FOR AND MANAGES EDUCATIONAL PROGRAMS AND ACTIVITIES THROUGHOUT THE STATE PARK SYSTEM. THE FOUNDATION IS ALSO INVOLVED IN THE RESTORATION OF WETLANDS AND HISTORICAL STRUCTURES WITHIN THE PARKS.

4b (Code:) (Expenses $ 1,190,901. including grants of $ 1,093,847.) (Revenue $)
THE CALIFORNIA STATE PARKS FOUNDATION IS A KEY FUNDER FOR 19 NONPROFIT ORGANIZATIONS AND LOCAL GOVERNMENTS WHO ARE NOW MANAGING SOME OF THE CALIFORNIA STATE PARKS IN THEIR AREA. THE FOUNDATION SECURED FUNDING AND MADE PRO-BONO SERVICES AVAILABLE TO THESE GROUPS. THE FOUNDATION HAS ALSO PROVIDED A TECHNICAL ASSISTANCE PROGRAM FOCUSED ON CAPACITY BUILDING TO ASSIST THESE ORGANIZATIONS. THE FOUNDATION ALSO PROVIDES ONGOING SUPPORT FOR OPERATIONS AND MAINTENANCE FOR SEVERAL OTHER PARKS THROUGHOUT THE YEAR.

4c (Code:) (Expenses $ 811,069. including grants of $ 2,474.) (Revenue $)
TO ADVANCE ITS AGENDA IN PROTECTING, ADVOCATING AND ENHANCING CALIFORNIA STATE PARKS, THE FOUNDATION MAINTAINS A ROBUST ADVOCACY PROGRAM THAT INCLUDES RESEARCH, POLICY DEVELOPMENT, LOBBYING, GRASSROOTS RELATIONS AND MORE. IT IS THE LEAD VOICE ON STATE PARK ISSUES TO THE LEGISLATURE AND GOVERNOR'S ADMINISTRATION. ITS LEGISLATIVE EFFORTS FOCUS ON PARK PROTECTION, FISCAL SUSTAINABILITY AND NONPROFIT AUTHORITY TO OPERATE STATE PARKS. THE FOUNDATION HAS BUILT A LARGE NETWORK OF INDIVIDUALS AS ADVOCATES THROUGH ITS MEMBERSHIP PROGRAM, AS WELL AS THROUGH OUTREACH TO KEY NONPROFIT, BUSINESS AND CIVIC GROUPS, INFORMING THEM OF CRITICAL STATE PARK POLICY AND BUDGETARY ISSUES THAT AFFECT ACCESS, USE AND ENJOYMENT OF CALIFORNIA'S STATE PARKS.

4d Other program services (Describe in Schedule O.)
(Expenses $ 631,292. including grants of $ 270,279.) (Revenue $)

4e **Total program service expenses** ▶ 9,499,541.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	58		
b	Enter the number of Forms W-2G included in 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		
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	51		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
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	X	
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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the 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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response to any question in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	30		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			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?	7a			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?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			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?	10a		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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

MICHAEL BANKERT - (415) 262-4400

50 FRANCISCO ST., STE 110, SAN FRANCISCO, CA 94133

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII ☐

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DONALD J. ROBINSON CHAIRMAN	2.00	X		X				0.	0.	0.
(2) DAVID MANDELKERN VICE CHAIRMAN	2.00	X		X				0.	0.	0.
(3) ELIZABETH LAKE SECRETARY	2.00	X		X				0.	0.	0.
(4) JOHN HARRINGTON TREASURER	2.00	X		X				0.	0.	0.
(5) MICHAEL U. ALVAREZ TRUSTEE	2.00	X						0.	0.	0.
(6) LEE BLACK TRUSTEE	2.00	X						0.	0.	0.
(7) MICHAEL J. BRILL TRUSTEE	2.00	X						0.	0.	0.
(8) DONALD E. COOLEY TRUSTEE	2.00	X						0.	0.	0.
(9) WILLIAM DOOLITTLE TRUSTEE	2.00	X						0.	0.	0.
(10) WILLIAM H. FAIN, JR. FAIA TRUSTEE	2.00	X						0.	0.	0.
(11) CATHY FISHER TRUSTEE	2.00	X						0.	0.	0.
(12) MANUEL G. GRACE, ESQ. TRUSTEE	2.00	X						0.	0.	0.
(13) SANFORD L. HARTMAN TRUSTEE	2.00	X						0.	0.	0.
(14) STEPHEN A. JOHNSON TRUSTEE	2.00	X						0.	0.	0.
(15) WENDY JAMES TRUSTEE	2.00	X						0.	0.	0.
(16) GAIL KAUTZ TRUSTEE	2.00	X						0.	0.	0.
(17) ROSALIND NIEMAN TRUSTEE	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MAIDIE E. OLIVEAU TRUSTEE	2.00	X						0.	0.	0.
(19) BARBARA J. PARSKY TRUSTEE (THRU 03/2013)	2.00	X						0.	0.	0.
(20) ROBERT E. PATTERSON TRUSTEE	2.00	X						0.	0.	0.
(21) PATRICIA PEREZ TRUSTEE	2.00	X						0.	0.	0.
(22) MICHAEL J. PINTO, PHD TRUSTEE	2.00	X						0.	0.	0.
(23) ROGER M. SCHRIMP TRUSTEE	2.00	X						0.	0.	0.
(24) W. JAMES SCILACCI TRUSTEE	2.00	X						0.	0.	0.
(25) MICHAEL L. SHANNON TRUSTEE	2.00	X						0.	0.	0.
(26) MARK B. SMITH TRUSTEE	2.00	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								801,973.	0.	124,019.
d Total (add lines 1b and 1c) ▶								801,973.	0.	124,019.

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 ▶ 6

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	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
WRA, 2169-G EAST FRANCISCO BOULEVARD, SAN RAFAEL, CA 94901	ENVIRONMENTAL CONSULTANTS	682,876.
DIRECT MAILING SYSTEMS 565 MARTIN AVENUE, ROHNERT PART, CA 94928	DIRECT MAIL FULFILLMENT	407,504.
CHAPMIN CUBINE ADAMS + HUSSEY, 1600 WILSON BOULEVARD, SUITE 300, ARLINGTON, VA 22209	DIRECT MAIL CONSULTANTS	376,667.
CALIFORNIA REFORESTATION, INC., 22230-A S. COLORADO RIVER DRIVE, SONORA, CA 95370	REFORESTATION CONSULTANTS	291,984.
SNR DENTON US LLP, 1301 K STREET NW, STE 600 EAST TOWER, WASHINGTON, DC 20005	LEGAL SERVICES	235,921.

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 ▶ 18

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) STEVEN R. SPRINGSTEEL TRUSTEE (THRU 12/2012)	2.00	X						0.	0.	0.
(28) SETH TEICH, CPA TRUSTEE	2.00	X						0.	0.	0.
(29) KURT F. VOTE TRUSTEE (THRU 03/2013)	2.00	X						0.	0.	0.
(30) PETER H. WEINER TRUSTEE	2.00	X						0.	0.	0.
(31) WILLIAM T. DUFF TRUSTEE	2.00	X						0.	0.	0.
(32) DIANA LU EVANS TRUSTEE	2.00	X						0.	0.	0.
(33) CAROLYN DEVINNY TRUSTEE	2.00	X						0.	0.	0.
(34) ELIZABETH GOLDSTEIN PRESIDENT	37.50			X				163,935.	0.	33,234.
(35) MICHAEL BANKERT VP, FINANCE & ADMINISTRATION	37.50			X				126,850.	0.	18,587.
(36) SARA FELDMAN VP, PROGRAMS	37.50					X		130,744.	0.	18,016.
(37) TRACI VERARDO-TORRES VP, GOVERNMENT AFFAIRS	37.50					X		131,826.	0.	10,185.
(38) DAVIDA HARTMAN VP, DEVELOPMENT	37.50					X		147,497.	0.	25,029.
(39) JEROME EMORY DIRECTOR OF COMMUNICATIONS	37.50					X		101,121.	0.	18,968.
Total to Part VII, Section A, line 1c								801,973.		124,019.

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b	5,194,219.			
	c Fundraising events	1c	360,796.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,317,006.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,768,535.			
	g Noncash contributions included in lines 1a-1f: $ 56,945.					
	h **Total.** Add lines 1a-1f		11,640,556.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		271,607.			271,607.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	7,820.				
	b Less: rental expenses	7,820.				
	c Rental income or (loss)	0.				
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	2,706,517.				
	b Less: cost or other basis and sales expenses	2,244,196.				
	c Gain or (loss)	462,321.				
	d Net gain or (loss)		462,321.			462,321.
	8a Gross income from fundraising events (not including $ 360,796. of contributions reported on line 1c). See Part IV, line 18	a 48,445.				
	b Less: direct expenses	b 193,634.				
	c Net income or (loss) from fundraising events		-145,189.			-145,189.
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a 19,357.				
	b Less: cost of goods sold	b 11,787.				
	c Net income or (loss) from sales of inventory		7,570.		4,757.	2,813.
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS REVENUE	900099	315,784.			315,784.
	b INTERNET MARKETING	541800	142,562.		142,562.	
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		458,346.			
	12 **Total revenue.** See instructions.		12,695,211.	0.	147,319.	907,336.

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 to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,116,552.	2,116,552.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	843,906.	379,701.	336,074.	128,131.
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	2,048,064.	722,947.	753,064.	572,053.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	69,197.	25,540.	25,518.	18,139.
9 Other employee benefits	259,796.	95,889.	95,806.	68,101.
10 Payroll taxes	201,883.	74,514.	74,449.	52,920.
11 Fees for services (non-employees):				
a Management				
b Legal	110,527.	85,251.	25,276.	
c Accounting	46,058.		41,450.	4,608.
d Lobbying	8,102.	8,102.		
e Professional fundraising services. See Part IV, line 17	236,120.			236,120.
f Investment management fees	65,684.		65,684.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,348,518.	955,525.	84,113.	308,880.
12 Advertising and promotion	521,561.	487,122.	15,860.	18,579.
13 Office expenses	1,863,414.	1,060,807.	62,149.	740,458.
14 Information technology	188,997.	88,094.	25,788.	75,115.
15 Royalties				
16 Occupancy	357,513.	131,961.	131,838.	93,714.
17 Travel	117,945.	73,575.	22,586.	21,784.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	35,537.	14,459.	12,146.	8,932.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	122,725.	45,297.	45,258.	32,170.
23 Insurance	30,204.	14,583.	9,131.	6,490.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP	2,257,521.	1,964,653.		292,868.
b PROGRAM EXPENSES	538,298.	538,298.		
c PARK POLICY & ADVOCACY	506,154.	506,154.		
d EVENTS/PLANNED GIVING	295,291.	95,712.	13,737.	185,842.
e All other expenses	36,195.	14,805.	10,212.	11,178.
25 **Total functional expenses.** Add lines 1 through 24e	14,225,762.	9,499,541.	1,850,139.	2,876,082.
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 ▶ [X] if following SOP 98-2 (ASC 958-720)	3,102,463.	1,879,198.	0.	1,223,265.

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X ☒

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	621,228.	1	726,132.
	2	Savings and temporary cash investments	10,905,578.	2	9,576,504.
	3	Pledges and grants receivable, net	3,180,014.	3	1,232,603.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	87,500.	7	883,263.
	8	Inventories for sale or use		8	22,839.
	9	Prepaid expenses and deferred charges	219,345.	9	219,956.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 1,180,129.			
	b	Less: accumulated depreciation — 10b: 694,101.	558,167.	10c	486,028.
	11	Investments - publicly traded securities	6,177,002.	11	8,070,676.
	12	Investments - other securities. See Part IV, line 11	1,293,794.	12	815,098.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	184,157.	15	193,195.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	23,226,785.	16	22,226,294.
Liabilities	17	Accounts payable and accrued expenses	1,653,669.	17	2,032,975.
	18	Grants payable		18	
	19	Deferred revenue	2,364,292.	19	2,324,138.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	1,121,725.	21	1,124,215.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		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	42,017.	25	43,320.
	26	**Total liabilities.** Add lines 17 through 25	5,181,703.	26	5,524,648.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	8,598,699.	27	7,404,778.
	28	Temporarily restricted net assets	7,453,588.	28	6,294,900.
	29	Permanently restricted net assets	1,992,795.	29	3,001,968.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	18,045,082.	33	16,701,646.
	34	Total liabilities and net assets/fund balances	23,226,785.	34	22,226,294.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,695,211.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,225,762.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,530,551.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,045,082.
5	Net unrealized gains (losses) on investments	5	60,369.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	126,746.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,701,646.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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 in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9014630.	11132981.	10179097.	22253949.	11640556.	64221213.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	9014630.	11132981.	10179097.	22253949.	11640556.	64221213.
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)						1109258.
6 **Public support.** Subtract line 5 from line 4.						63111955.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	9014630.	11132981.	10179097.	22253949.	11640556.	64221213.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	295,082.	318,967.	262,148.	248,588.	279,427.	1404212.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				18,188.	147,319.	165,507.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	193,196.	212,233.	155,590.	239,869.	367,822.	1168710.
11 **Total support.** Add lines 7 through 10						66959642.

12 Gross receipts from related activities, etc. (see instructions) ▶ 12 1,194,303.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) ▶ 14 94.25 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 ▶ 15 94.53 %

16a **33 1/3% support test - 2012.** 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 - 2011.** 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 - 2012.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2011.** 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 IV 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2012.** 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 - 2011.** 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 ▶ ☐

** PUBLIC DISCLOSURE COPY **

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

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

CALIFORNIA STATE PARKS FOUNDATION

Employer identification number

94-1707583

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 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, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[X] For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year ..... ▶ $ _____

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

Name of organization: CALIFORNIA STATE PARKS FOUNDATION

Employer identification number: 94-1707583

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 1,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2		$ 303,073.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3		$ 500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4		$ 294,514.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5		$ 400,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6		$ 350,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: CALIFORNIA STATE PARKS FOUNDATION

Employer identification number: 94-1707583

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(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
CALIFORNIA STATE PARKS FOUNDATION	94-1707583

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year. 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 information 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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures ▶ $
3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	76,087.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	85,502.	
c Total lobbying expenditures (add lines 1a and 1b)	161,589.	
d Other exempt purpose expenditures	12,404,268.	
e Total exempt purpose expenditures (add lines 1c and 1d)	12,565,857.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	778,293.	
g Grassroots nontaxable amount (enter 25% of line 1f)	194,573.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	640,743.	677,357.	970,031.	778,293.	3,066,424.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,599,636.
c Total lobbying expenditures	576,026.	446,038.	140,416.	161,589.	1,324,069.
d Grassroots nontaxable amount	160,186.	169,339.	242,508.	194,573.	766,606.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,149,909.
f Grassroots lobbying expenditures	46,967.	80,722.	42,602.	76,087.	246,378.

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: CALIFORNIA STATE PARKS FOUNDATION

Employer identification number: 94-1707583

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☒ Yes ☐ No

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

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	7,286,038.	7,209,965.	6,363,968.	5,612,193.	6,752,143.
b	Contributions	1,334,841.	166,472.	200,000.	454,129.	1,100.
c	Net investment earnings, gains, and losses	732,874.	-63,457.	997,973.	743,556.	-1,217,659.
d	Grants or scholarships					
e	Other expenditures for facilities and programs	606,249.	26,942.	351,976.	445,910.	-76,609.
f	Administrative expenses					
g	End of year balance	8,747,504.	7,286,038.	7,209,965.	6,363,968.	5,612,193.

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

a Board designated or quasi-endowment ▶ 60.11 %
b Permanent endowment ▶ 34.32 %
c Temporarily restricted endowment ▶ 5.57 %

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

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

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

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

Part VI Land, Buildings, and Equipment. 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		817,922.	408,272.	409,650.
d Equipment		151,233.	130,415.	20,818.
e Other		210,974.	155,414.	55,560.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				486,028.

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY TO BENEFICIARIES OF	
(3) PLANNED GIFTS	43,320.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	43,320.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	14,259,175.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	60,369.		
b	Donated services and use of facilities	2b	1,367,825.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	1,428,194.
3	Subtract line **2e** from line **1**			3	12,830,981.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	65,684.		
b	Other (Describe in Part XIII.)	4b	-201,454.		
c	Add lines **4a** and **4b**			4c	-135,770.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	12,695,211.

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

1	Total expenses and losses per audited financial statements			1	15,602,611.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	1,367,825.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	74,708.		
e	Add lines **2a** through **2d**			2e	1,442,533.
3	Subtract line **2e** from line **1**			3	14,160,078.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	65,684.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	65,684.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	14,225,762.

Part XIII Supplemental Information

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

PART IV, LINE 2B: TOTAL AMOUNT IS BEING HELD IN THE UBS MONEY MARKET ACCOUNT FOR HILLS FOR EVERYONE (HFE), A NOT-FOR-PROFIT FOUNDATION. THE PURPOSE OF THE FUND IS FOR HFE TO ACQUIRE WALNUT WOODLANDS HABITAT PROPERTY. ON THE FOUNDATION'S BOOK IT IS TITLED AS "CHINO HILLS WALNUT WOODLAND MITIGATION FUND". STARTING SEPTEMBER 2009, THE TERM OF THE AGREEMENT IS FOR 10 YEARS OR UNTIL THE PURPOSE OF THE FUND IS ACHIEVED. ANY INTEREST EARNED SHALL ACCRUE TO HFE. PER FEBRUARY 2010 ADDENDUM, MANAGEMENT FEES WILL BE DELETED AND HFE WILL PAY THE FOUNDATION A

Part XIII Supplemental Information *(continued)*

ONE-TIME, FLAT FEE OF $7,000 TO COVER ALL MANAGEMENT FEES.

PART V, LINE 4: DONOR-RESTRICTED ENDOWMENT FUNDS ARE RESTRICTED TO INVESTMENT IN PERPETUITY, THE INCOME FROM WHICH IS EXPENDABLE TO SUPPORT PROGRAMMATIC ACTIVITIES OF THE FOUNDATION. BOARD-DESIGNATED ENDOWMENT FUNDS ARE RESTRICTED FOR SPECIFIC PROJECTS.

PART X, LINE 2: THE FOUNDATION IS A TAX-EXEMPT ORGANIZATION UNDER THE INTERNAL REVENUE CODE, SECTION 509(A)(1) UNDER SECTION 501(C)(3) AND RELATED CALIFORNIA CODE SECTIONS.

THE FOUNDATION FOLLOWS THE GUIDANCE OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740 FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD MAINTAINED ITS TAX EXEMPT STATUS AND HAD NOT TAKEN UNCERTAIN TAX POSITIONS THAT REQUIRED ADJUSTMENT TO THE FINANCIAL STATEMENTS. THE FOUNDATION CONTINUES TO REMAIN SUBJECT TO EXAMINATION BY U.S. FEDERAL AUTHORITIES FOR THE TAX YEARS 2009 THROUGH 2012 AND BY CALIFORNIA STATE AUTHORITIES FOR THE TAX YEARS 2008 THROUGH 2012.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE	-193,634.
RENTAL EXPENSE	-7,820.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-201,454.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE	193,634.

Part XIII Supplemental Information *(continued)*

RENTAL EXPENSE	7,820.
RETURNED GRANTS	-126,746.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	74,708.

PART XII LINE 2A - DONATED SERVICES AND USE OF FACILITIES

$1,367,825 DONATED SERVICES ARE LEGAL, OTHER SERVICES, AND DONATED DISCOUNTS ON THE SUNSET MAGAZINE SUBSCRIPTIONS FOR MEMBERS.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

CALIFORNIA STATE PARKS FOUNDATION

Employer identification number

94-1707583

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN -	0	0	INVESTMENTS		24,385.
EAST ASIA AND THE PACIFIC -	0	0	INVESTMENTS		85,713.
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	INVESTMENTS		415,357.
MIDDLE EAST AND NORTH AFRICA -	0	0	INVESTMENTS		8,979.
NORTH AMERICA - CANADA AND MEXICO, BUT	0	0	INVESTMENTS		73,345.
RUSSIA & THE NEWLY INDEPENDENT STATES -	0	0	INVESTMENTS		802.
SOUTH AMERICA - ARGENTINA, BOLIVIA,	0	0	INVESTMENTS		16,204.
SUB-SAHARAN AFRICA - ANGOLA,	0	0	INVESTMENTS		6,840.
3 a Sub-total	0	0			631,625.
b Total from continuation sheets to Part I	0	0			1,453.
c **Totals** (add lines 3a and 3b)	0	0			633,078.

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	INVESTMENTS		1,453.
Totals ▶					1,453.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3 Enter total number of other organizations or entities ▶

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)*	☒ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)*	☐ Yes	☒ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization

CALIFORNIA STATE PARKS FOUNDATION

Employer identification number

94-1707583

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

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

a [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] 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? [X] Yes [ ] No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
CHAPMAN CUBINE ADAMS + HUSSEY - 1600 WILSON BLVD, SUITE	CONSULTING ON DIRECT MAIL AND ONLINE GIVING		X	4,959,131.	347,884.	4,611,247.
MAL WARWICK & ASSOCIATES - 2550 NINTH ST., SUITE #103,	CONSULTING ON MAJOR GIFTS PROGRAM		X	1,045,073.	235,744.	809,329.
ERIKA PRINGSHEIM-MOORE - 1087 SIERRA VISTA WAY, LAFAYETTE,	EARTH DAY PROGRAM FUNDRAISING		X	326,600.	79,068.	247,532.
TELEFUND INC. - P.O. BOX 2366, DENVER, CO 80201	TELEMARKETING		X	115,184.	112,211.	2,973.
JUDI SHILS PRODUCTIONS - P.O. BOX 1146, ROSS, CA 94957	COASTAL CLEANUP DAY		X	111,405.	40,996.	70,409.
YOUR VOICE MEDIA - 1111 BROADWAY, SUITE #2040,	TELEMARKETING		X	74,067.	63,821.	10,246.
GORDON & SCHWENKMEYER - 360 N. SEPULVEDA BLVD, SUITE	TELEMARKETING		X	45,837.	27,408.	18,429.
Total ▶				6,677,297.	907,132.	5,770,165.

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

SEE PART IV FOR CONTINUATIONS

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

		(a) Event #1 ANNUAL GALA (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	409,241.			409,241.
	2 Less: Contributions	360,796.			360,796.
	3 Gross income (line 1 minus line 2)	48,445.			48,445.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	37,354.			37,354.
	8 Entertainment				
	9 Other direct expenses	156,280.			156,280.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(193,634.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				-145,189.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
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. Combine line 1, column d, and line 7 ▶				

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

a Is the organization licensed to operate 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 operate 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 operated 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 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.** Complete this part to 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 complete this part to provide any additional information (see instructions).

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

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

(I) ADDRESS OF FUNDRAISER:

1600 WILSON BLVD, SUITE 300, ARLINGTON, VA 22209

(I) NAME OF FUNDRAISER: MAL WARWICK & ASSOCIATES

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

Part IV **Supplemental Information** *(continued)*

(I) NAME OF FUNDRAISER: ERIKA PRINGSHEIM-MOORE

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

(I) NAME OF FUNDRAISER: YOUR VOICE MEDIA

(I) ADDRESS OF FUNDRAISER: 1111 BROADWAY, SUITE #2040, OAKLAND, CA 94607

(I) NAME OF FUNDRAISER: GORDON & SCHWENKMEYER

(I) ADDRESS OF FUNDRAISER:

360 N. SEPULVEDA BLVD, SUITE 1055, EL SEGUNDO, CA 90245

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization
CALIFORNIA STATE PARKS FOUNDATION

Employer identification number
94-1707583

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? ..... [X] 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANDERSON MARSH INTERPRETIVE ASSOCIATION - P.O. BOX 672 - LOWER LAKE, CA 95422	68-0050224	501(C)(3)	11,450.	0.			OPERATING GRANT IN SUPPORT OF ANDERSON MARSH SHP
ANGEL ISLAND CONSERVANCY P.O. BOX 866 TIBURON, CA 94920	51-0152954	501(C)(3)	6,835.	0.			EARTH DAY 2013: ANGEL ISLAND SP
BENICIA STATE PARKS ASSOCIATION P.O. BOX 404 BENECIA, CA 94510	94-3007635	501(C)(3)	71,000.	0.			OPERATING GRANT IN SUPPORT OF BENECIA STATE CAPITOL HISTORIC PARK, DEVELOPMENT OF
CA DEPARTMENT OF PARKS & RECREATION - 1416 9TH STREET - SACRAMENTO, CA 95814		STATE OF CALIFORNIA	776,100.	0.			STATE PARKS CAPITAL PROJECTS AND PROGRAMS
CA LEAGUE OF CONSERVATION VOTERS (CLCV) - 350 FRANK H OGAWA PLAZA, #1100 - OAKLAND, CA 94612	94-3169564	501(C)(4)	7,000.	0.			ANNUAL CONTRIBUTION
CENTRAL COAST STATE PARKS ASSOCIATION - 20 STATE PARK ROAD - MORRO BAY, CA 93442	51-0198869	501(C)(3)	20,000.	0.			OPERATING AGREEMENT IN SUPPORT OF MORRO STRAND SB

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 41.

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2012)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

232101
12-18-12

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRYSTAL COVE ALLIANCE #5 CRYSTAL COVE NEWPORT COAST, CA 92567	33-0878633	501(C)(3)	11,000.	0.			CRYSTAL COVE PORTS PROGRAM, SPONSORSHIP: ANNUAL GALA
CUYAMACA RANCHO STATE PARK INTERPRETIVE ASSOCIATION - P.O. BOX 91 - PALOMAR MOUNTAIN, CA 92060-0091	95-3245265	501(C)(3)	228,073.	0.			REFORESTATION EFFORTS AT CUYAMACA RANCHO SP FUNDED BY REFOREST CALIFORNIA SPONSORSHIP WITH COKE,
EAST MERCED RESOURCE CONSERVATION DISTRICT - 2135 WARDROBE AVE, STE C - MERCED, CA 95431	94-6000521	501(C)(3)	21,600.	0.			OPERATING AGREEMENT IN SUPPORT OF GEORGE J. HATFIELD AND MCCONNELL SRAS., CAPACITY BUILDING
FORT ROSS CONSERVANCY 19005 COAST HIGHWAY 1 JENNER, CA 95450	94-2370751	501(C)(3)	7,817.	0.			CALL HOUSE AND GARDENS MAINT., EQUIPMENT FOR MARINE MAMMAL MONITORING & EDUCATION PROGRAM
FRIENDS OF CHANNEL COAST STATE PARKS - 1072 CASITAS PASS RD, PMB 185 - CARPENTERIA, CA 93014	77-0003881	501(C)(3)	7,000.	0.			CAPACITY BUILDING FOR STAFFING, VOLUNTEER AND BOARD DEVELOPMENT AND STRATEGIC PLANNING
FRIENDS OF PIO PICO P.O. BOX 5798 WHITTIER, CA 90607	91-2157321	501(C)(3)	20,000.	0.			OPERATING AND MATCHING GRANTS IN SUPPORT OF PIO PICO SHP
HENDY WOODS COMMUNITY SERVICES DISTRICT - P.O. BOX 443 - PHILO, CA 95466	45-4465332	501(C)(3)	25,000.	0.			OPERATING GRANT TO SUPPORT HENRY WOODS SP
IDE ADOBE INTERPRETIVE ASSOCIATION 21659 ADOBE ROAD RED BLUFF, CA 96080	94-2610924	501(C)(3)	25,000.	0.			OPERATING GRANT TO SUPPORT WILLIAM B. IDE ADOBE SP
LITERACY FOR ENVIRONMENTAL JUSTICE 1329 EVANS AVENUE SAN FRANCISCO, CA 94124	01-0777856	501(C)(3)	86,000.	0.			BAY YOUTH FOR THE ENVIRONMENT PROGRAM, COMMUNITY GARDEN PLANTING MATERIALS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MALIBU CREEK DOCENTS P.O. BOX 4790 WEST HILLS, CA 91308-4790	95-4613602	501(C)(3)	5,500.	0.			EARTH DAY 2013: MALIBU CREEK SP
MARIN STATE PARKS ASSOCIATION FOR FRIENDS OF CHINA CAMP - P.O. BOX 285 - NOVATO, CA 94948	94-2655527	501(C)(3)	50,000.	0.			OPERATING GRANT IN SUPPORT OF CHINA CAMP SP
MENDOCINO AREA PARKS ASSOCIATION P.O. BOX 1387 MENDOCINO, CA 95460	68-0049014	501(C)(3)	90,350.	0.			OPERATING AGREEMENT IN SUPPORT OF STANDISH-HICKEY SRA, CAPACITY BUILDING FOR
MOUNTAIN PARKS FOUNDATION 525 NORTH BIG TREES PARK ROAD FELTON, CA 95018	23-7275572	501(C)(3)	8,500.	0.			CAPACITY BUILDING FOR NEW DONOR MANAGEMENT SYSTEM FOR HENRY COWELL AND BIG BASIN STATE PARKS,
MT. DIABLO INTERPRETIVE ASSOCIATION - P.O. BOX 346 - WALNUT CREEK, CA 94597	23-7444529	501(C)(3)	10,500.	0.			EARTH DAY 2013: MT. DIABLO SP-TWO EVENTS
NAPA COUNTY REGIONAL PARK & OPEN SPACE DISTRICT AND NAPA VALLEY STATE PARKS - 1195 THIRD STREET - ROOM #210 - NAPA, CA 94559	38-6848662	NAPA COUNTY	35,000.	0.			MAJOR REPAIRS FOR BOTHE-NAPA VISITOR CENTER
UNIVERSITY CORPORATION SAN FRANCISCO STATE - 1600 HOLLOWAY AVE, HSS 307 - SAN FRANCISCO, CA 94132	94-1384645	501(C)(3)	17,916.	0.			OUTDOOR YOUTH CONNECTION TRAINING SESSIONS AND PROGRAM MANAGEMENT
PLUMAS-EUREKA STATE PARK ASSOCIATION - P.O. BOX 262 - BLAIRSDEN-GRAEGLE, CA 96103	94-2452427	501(C)(3)	47,100.	0.			OPERATING GRANT IN SUPPORT OF PLUMAS-EUREKA SP, EXTERIOR PAINTING AND REPAIR OF MUSEUM AND
POPPY RESERVE/MOJAVE DESERT INTERPRETIVE ASSOCIATION - 41342 SEQUOIA AVE - PALMDALE, CA 93551	95-3805569	501(C)(3)	26,000.	0.			OPERATING GRANT IN SUPPORT OF SADDLEBACK BUTTE SP, OPERATING GRANT IN SUPPORT OF PROVIDENCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REDWOOD PARKS ASSOCIATION 1111 SECOND STREET CRESCENT CITY, CA 95531	68-0084901	501(C)(3)	6,000.	0.			CULTURAL PROTECTION AND TRAIL HEAD SIGNAGE FOR TOLWA DUNES SP
SAN FRANCISCO PARKS ALLIANCE 451 HAYES STREET, 2ND FLOOR SAN FRANCISCO, CA 94102	23-7131784	501(C)(3)	6,000.	0.			BAY AREA OPEN SPACE COUNCIL MEMBERSHIP AND SPONSORSHIP OF 2013 OPEN SPACE CONFERENCE
SAVE OUR SHORES 345 LAKE AVENUE - SUITE #A SANTA CRUZ, CA 95062	94-2745941	501(C)(3)	8,843.	0.			BEACH CLEANUP ALONG SANTA CRUZ AND MONTEREY COUNTIES, SERVICE PARTNERSHIP WITH DPPR
SEA AND DESERT INTERPRETIVE ASSOCIATION - 100-225 STATE PARK ROAD - NORTH SHORE, CA 92554	95-3098995	501(C)(3)	35,000.	0.			OPERATING GRANT TO MATCH FUNDS TO SUPPORT SALTON SEA SRA
SHASTA HISTORICAL SOCIETY 1449 MARKET STREET REDDING, CA 96001	23-7394579	501(C)(3)	34,000.	0.			OPERATING GRANT IN SUPPORT OF SHASTA SHP
SIERRA STATE PARKS FOUNDATION P.O. BOX 285 TAHOE CITY, CA 96145	94-2538013	501(C)(3)	29,500.	0.			ELECTRICAL SURVEY OF VIKINGSHOLM CASTLE AT EMERALD BAY SP, DONOR WALL FOR NEW MUSEUM AND
SONOMA ECOLOGY CENTER P.O. BOX 1486 ELDRIDGE, CA 95431	94-3136500	501(C)(3)	40,000.	0.			OPERATING GRANT IN SUPPORT OF SUGARLOAF RIDGE SP
SOUTH YUBA RIVER CITIZENS LEAGUE 216 MAIN STREET NEVADA CITY, CA 95959	68-0171371	501(C)(3)	35,000.	0.			OPERATING GRANT IN SUPPORT OF MALAKOFF-DIGGENS SP, RIVER AMBASSADORS
SOUTH YUBA RIVER PARK ASSOCIATION 17660 PLEASANT VALLEY ROAD, POB 165 PENN VALLEY, CA 95946	94-3204916	501(C)(3)	15,000.	0.			SAVE OUR BRIDGE CAMPAIGN TO REPAIR AND RENOVATE HISTORIC COVERED BRIDGE, INTERPRETIVE SIGNAGE FOR

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEWARDS OF THE COAST AND REDWOODS P.O. BOX 2 DUNCAN MILLS, CA 95430	94-3039895	501(C)(3)	107,000.	0.			OPERATING GRANT IN SUPPORT OF AUSTIN CREEK SRA; EDUCATIONAL AND INTERPRETIVE PROGRAMMING
TREEPEOPLE, INC. 12601 MULHOLLAND DRIVE BEVERLY HILLS, CA 90210	23-7314838	501(C)(3)	6,000.	0.			SUPPORT TRAINING OF SUPERVISORS IN TREE PLANTING AND REFORESTATION TECHNIQUES
UNIVERSITY CORPORATION AT MONTEREY BAY - 100 CAMPUS CENTER - BLDG. 97 - SEASIDE, CA 93955-8001	91-1785970	501(C)(3)	5,926.	0.			ENGAGEMENT OF STUDENTS AND COMMUNITY IN HABITAT RESTORATION AT FORT ORD DUNES SP
VALLEY OF THE MOON NATURAL HISTORY ASSOCIATION - 2400 LONDON RANCH ROAD - GLEN ELLEN, CA 95442	94-2412859	501(C)(3)	38,000.	0.			OPERATING AGREEMENT TO SUPPORT JACK LONDON SHP, EARTH DAY 2013: JACK LONDON SHP
WEAVERVILLE JOSS HOUSE ASSOCIATION P.O. BOX 2608 WEAVERVILLE, CA 96093	94-2904260	501(C)(3)	25,520.	0.			OPERATING GRANT TO SUPPORT JOSS HOUSE SHP
CA NATIVE PLANT SOCIETY 2707 K STREET SACRAMENTO, CA 95816	94-6116403	501(C)(3)	8,000.	0.			OUTREACH PROGRAM FOR VOLUNTEERS, EARTH DAY 2013: BENICIA SRA
DOHENY STATE BEACH INTERPRETIVE ASSOCIATION - 33121 BIG SUR - DANA POINT, CA 92629	95-3736287	501(C)(3)	7,285.	0.			EARTH DAY 2013: DOHENY SB, RE-ESTABLISH DOHENY WHALE WALK
REGIONAL PARKS FOUNDATION P.O. BOX 21074 OAKLAND, CA 94620	23-7011877	501(C)(3)	9,507.	0.			EARTH DAY 2013: REDWOOD REGIONAL PARK, EARTH DAY 2013 EASTSHORE SP
SAN ONOFRE FOUNDATION 3030 AVENIDA DEL PRESIDENTS SAN CLEMENTE, CA 92672	26-0254696	501(C)(3)	8,953.	0.			EARTH DAY: SAN ONOFRE SB, EARTH DAY: SAN CLEMENTE SB

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: THE FOUNDATION'S DISCRETIONARY GRANTS PROGRAM REQUIRES APPLICANTS TO SUBMIT GRANT APPLICATIONS, WHICH ARE REVIEWED BY A GRANTS COMMITTEE MADE UP OF SELECTED EMPLOYEES OF THE FOUNDATION. RESTRICTED GRANTS ARE MADE BASED ON SUBMITTED INVOICES OR REQUESTS FOR EXPENSES ALLOWED BY THE TERMS OF THE PROGRAM OR RESTRICTED FUND AGREEMENT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BENICIA STATE PARKS ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING GRANT IN SUPPORT OF

Part IV Supplemental Information

BENECIA STATE CAPITOL HISTORIC PARK, DEVELOPMENT OF FUNDRAISING AND MARKETING MATERIALS TO BOLSTER VOLUNTEERISM AND REVENUE

NAME OF ORGANIZATION OR GOVERNMENT:
CUYAMACA RANCHO STATE PARK INTERPRETIVE ASSOCIATION
(H) PURPOSE OF GRANT OR ASSISTANCE: REFORESTATION EFFORTS AT CUYAMACA RANCHO SP FUNDED BY REFOREST CALIFORNIA SPONSORSHIP WITH COKE, START-UP FUNDS: FRIENDS4PICACHO AND PURCHASE OF KAYAKS FOR RENTAL PROGRAM IN PICACHO SRA.

NAME OF ORGANIZATION OR GOVERNMENT:
EAST MERCED RESOURCE CONSERVATION DISTRICT
(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING AGREEMENT IN SUPPORT OF GEORGE J. HATFIELD AND MCCONNELL SRAS., CAPACITY BUILDING FOR NEW MARKETING/FUNDRAISING BROCHURE

NAME OF ORGANIZATION OR GOVERNMENT: MENDOCINO AREA PARKS ASSOCIATION
(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING AGREEMENT IN SUPPORT OF STANDISH-HICKEY SRA, CAPACITY BUILDING FOR FINANCIAL AND ACCOUNTING SYSTEMS

NAME OF ORGANIZATION OR GOVERNMENT: MOUNTAIN PARKS FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: CAPACITY BUILDING FOR NEW DONOR MANAGEMENT SYSTEM FOR HENRY COWELL AND BIG BASIN STATE PARKS, SPONSORSHIP: VOLUNTEER APPRECIATION EVENT

NAME OF ORGANIZATION OR GOVERNMENT: PLUMAS-EUREKA STATE PARK ASSOCIATION
(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING GRANT IN SUPPORT OF

Part IV Supplemental Information

PLUMAS-EUREKA SP, EXTERIOR PAINTING AND REPAIR OF MUSEUM AND HISTORIC BUILDINGS

NAME OF ORGANIZATION OR GOVERNMENT:
POPPY RESERVE/MOJAVE DESERT INTERPRETIVE ASSOCIATION
(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING GRANT IN SUPPORT OF SADDLEBACK BUTTE SP, OPERATING GRANT IN SUPPORT OF PROVIDENCE MOUNTAIN, VIDEOS ABOUT TOMO-KAHNI SP, PROGRAMS FOCUSED ON NATIVE AMERICANS

NAME OF ORGANIZATION OR GOVERNMENT: SIERRA STATE PARKS FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: ELECTRICAL SURVEY OF VIKINGSHOLM CASTLE AT EMERALD BAY SP, DONOR WALL FOR NEW MUSEUM AND NEW MUSEUM COORDINATOR

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH YUBA RIVER CITIZENS LEAGUE
(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING GRANT IN SUPPORT OF MALAKOFF-DIGGENS SP, RIVER AMBASSADORS VOLUNTEER PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH YUBA RIVER PARK ASSOCIATION
(H) PURPOSE OF GRANT OR ASSISTANCE: SAVE OUR BRIDGE CAMPAIGN TO REPAIR AND RENOVATE HISTORIC COVERED BRIDGE, INTERPRETIVE SIGNAGE FOR HISTORIC COVERED BRIDGE AND EDUCATION CENTER

NAME OF ORGANIZATION OR GOVERNMENT: STEWARDS OF THE COAST AND REDWOODS
(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING GRANT IN SUPPORT OF AUSTIN CREEK SRA; EDUCATIONAL AND INTERPRETIVE PROGRAMMING IN ARMSTRONG WOODS, AUSTIN CREEK, AND THE SONOMA COAST PARKS; EARTH DAY 2013: SONOMA COAST SP

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: TREEPEOPLE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TRAINING OF SUPERVISORS IN TREE PLANTING AND REFORESTATION TECHNIQUES IN MALIBU CREEK AND TOPANGA STATE PARKS

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

CALIFORNIA STATE PARKS FOUNDATION

Employer identification number

94-1707583

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ 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 (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ 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 in 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? 4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? 4c		X
	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) and 501(c)(4) organizations must complete lines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? 5a		X
b	Any related organization? 5b		X
	If "Yes" to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? 6a		X
b	Any related organization? 6b		X
	If "Yes" to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9		

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 in 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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELIZABETH GOLDSTEIN	(i)	163,935.	0.	0.	12,213.	21,021.	197,169.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVIDA HARTMAN	(i)	147,497.	0.	0.	9,929.	15,100.	172,526.	0.
VP, DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

CALIFORNIA STATE PARKS FOUNDATION

Employer identification number

94-1707583

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	14	56,945.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE M, PART I, COLUMN (B): THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTORS, NOT THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

CALIFORNIA STATE PARKS FOUNDATION

Employer identification number

94-1707583

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

THE FOUNDATION'S MISSION TO PROTECT, ENHANCE AND ADVOCATE FOR CALIFORNIA STATE PARKS IS SIGNIFICANTLY SUPPORTED BY ITS MEMBERSHIP PROGRAM, WHICH NOW HAS OVER 130,000 MEMBERS. THE FOUNDATION ALSO PROVIDES FUNDING FOR AND MANAGES EDUCATIONAL PROGRAMS AND ACTIVITIES THROUGHOUT THE STATE PARK SYSTEM. THE FOUNDATION IS ALSO INVOLVED IN THE RESTORATION OF WETLANDS AND HISTORICAL STRUCTURES WITHIN THE PARKS. EXPENSES $ 631,292. INCLUDING GRANTS OF $ 270,279. REVENUE $ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE FOUNDATION'S STAFF PREPARES THE INFORMATION AND REVIEWS THE DRAFT FORM ONCE IT IS PROCESSED. AFTER ANY NECESSARY CHANGES ARE MADE, THE FORM IS SHARED WITH THE AUDIT AND FINANCE AND INVESTMENT COMMITTEES FOR COMMENT, AND THEN TO THE FULL BOARD BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES BOARD MEMBERS AND OFFICERS TO COMPLETE A CONFLICT OF INTEREST STATEMENT EACH YEAR. ALL SIGNIFICANT TRANSACTIONS ARE REVIEWED BY MANAGEMENT AND THE EXECUTIVE COMMITTEE TO ENSURE THAT NO CONFLICT OF INTEREST EXISTS. IF THERE IS A CONFLICT OF INTEREST NOTED BY MANAGEMENT AND/OR THE BOARD, THE FULL BOARD WILL REVIEW AND DISCUSS THE MATTER AND DETERMINE IF THE TRANSACTION SHOULD BE EXECUTED.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION CONSULTANT PROVIDES COMPARATIVE SALARY INFORMATION FOR PRESIDENT AND VP, FINANCE AND ADMINISTRATION. THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE

Name of the organization: CALIFORNIA STATE PARKS FOUNDATION

Employer identification number: 94-1707583

INFORMATION IN CONJUNCTION WITH CURRENT SALARIES PAID TO OFFICERS AND FORMALLY APPROVES THE SALARY OF EACH POSITION.

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE INCLUDED ON THE FOUNDATION'S WEBSITE. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART X, COLUMN (A), LINE 21: THE LIABILITY IS MOVED FROM LINE 25 TO LINE 21 TO PROPERLY PRESENT FUNDS HELD FOR OTHERS AND TO MATCH THE END-OF-YEAR BALANCE ON COLUMN (B).

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

RETURNED GRANTS	126,746.

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization
CALIFORNIA STATE PARKS FOUNDATION

Employer identification number
94-1707583

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

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

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

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

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

Schedule R (Form 990) 2012

232161
12-10-12 LHA

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
POOLED INCOME FUND	INVESTMENTS	CA	CALIFORNIA STATE PARKS FOUNDATION	TRUST				X	

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

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

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership