

Form **990**

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

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning and ending**

|  |   |   |
|--|---|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br>REDWOOD PARKS CONSERVANCY<br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>1111 SECOND STREET<br>City or town, state or province, country, and ZIP or foreign postal code<br>CRESCENT CITY, CA 95531<br><b>F Name and address of principal officer:</b> JOANNA DI TOMMASO<br>SAME AS C ABOVE | <b>D Employer identification number</b><br>** - *** 4901<br><br><b>E Telephone number</b><br>707-464-9150<br><br><b>G Gross receipts \$</b> 1,849,470.<br><b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c) Group exemption number</b> ▶ |
| <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |   |
| <b>J Website:</b> ▶ REDWOODPARKSCONSERVANCY.ORG  |   |   |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   |   |
| <b>L Year of formation:</b> 1985   |   | <b>M State of legal domicile:</b> CA  |

**Part I Summary**

|                                    |   |  |
|------------------------------------|---|--|
| <b>Activities &amp; Governance</b> | 1 Briefly describe the organization's mission or most significant activities: <b>PROVIDE SUPPORT FOR EDUCATIONAL, INTERPRETIVE, RECREATIONAL, AND RESOURCE ENHANCEMENT PROGRAMS OF OUR</b><br>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.<br>3 Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 13<br>4 Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 13<br>5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) ..... <b>5</b> 30<br>6 Total number of volunteers (estimate if necessary) ..... <b>6</b> 77<br>7a Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 0.<br>7b Net unrelated business taxable income from Form 990-T, line 38 ..... <b>7b</b> 0. |  |
| <b>Revenue</b>                     | 8 Contributions and grants (Part VIII, line 1h) ..... <b>Prior Year</b> 228,637. <b>Current Year</b> 233,151.<br>9 Program service revenue (Part VIII, line 2g) ..... 3,737. 2,676.<br>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... 734. 968.<br>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 754,995. 830,417.<br>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>988,103.</b> <b>1,067,212.</b>   |  |
| <b>Expenses</b>                    | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... 83,632. 95,501.<br>14 Benefits paid to or for members (Part IX, column (A), line 4) ..... 0. 0.<br>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... 574,310. 620,304.<br>16a Professional fundraising fees (Part IX, column (A), line 11e) ..... 0. 0.<br>16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,706.<br>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... 136,203. 143,214.<br>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>794,145.</b> <b>859,019.</b><br>19 Revenue less expenses. Subtract line 18 from line 12 ..... <b>193,958.</b> <b>208,193.</b>   |  |
| <b>Net Assets or Fund Balances</b> | 20 Total assets (Part X, line 16) ..... <b>Beginning of Current Year</b> 985,590. <b>End of Year</b> 1,200,279.<br>21 Total liabilities (Part X, line 26) ..... 56,561. 63,057.<br>22 Net assets or fund balances. Subtract line 21 from line 20 ..... <b>929,029.</b> <b>1,137,222.</b>  |  |

**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.

|                               |   |      |
|-------------------------------|---|------|
| <b>Sign Here</b>              | Signature of officer<br>JOANNA DI TOMMASO, EXECUTIVE DIRECTOR<br>Type or print name and title   | Date |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>JOHN R. GOFF, CPA<br>Preparer's signature<br>Date<br>Check if self-employed <input type="checkbox"/> PTIN P00443366<br>Firm's name ▶ DAVID L. MOONIE & CO., LLP Firm's EIN ▶ ** - *** 6328<br>Firm's address ▶ 325 SECOND STREET, SUITE 301 EUREKA, CA 95501 Phone no. (707) 442-1737 |      |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: OUR MISSION IS TO FOSTER UNDERSTANDING, ENJOYMENT AND STEWARDSHIP BY PROVIDING SUPPORT TO OUR PARTNER AGENCIES - THE NATIONAL PARK SERVICE, CALIFORNIA STATE PARKS, THE U.S. FOREST SERVICE, AND THE BUREAU OF LAND MANAGEMENT - WHO ARE ENTRUSTED WITH THE CARE OF

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 235,521. including grants of \$ 27,303. ) (Revenue \$ ) REDWOOD PARKS CONSERVANCY STAFF, FULL TIME AND PART TIME, SUPPLEMENTED PARK STAFF IN STATE AND NATIONAL PARK VISITOR CENTERS. IN ALL, CONSERVANCY STAFF SPENT OVER 15,000 HOURS SERVING VISITORS TO CALIFORNIA'S REDWOOD COAST IN 2018. IN ADDITION, THE CONSERVANCY FUNDED A VOLUNTEER COORDINATOR TO INCREASE VOLUNTEERS IN CALIFORNIA STATE PARKS VISITOR CENTERS.

4b (Code: ) (Expenses \$ 16,065. including grants of \$ 9,000. ) (Revenue \$ ) FUNDS SUPPORTED A VARIETY OF EDUCATIONAL PROGRAMS IN STATE AND NATIONAL PARKS INCLUDING NORTH COAST JUNIOR LIFEGUARDS AND FREE SUMMER PROGRAMS AT TOLWA DUNES STATE PARK. FUNDS WERE ALSO USED TO PRODUCE FREE EDUCATIONAL VISITOR GUIDES FOR REDWOOD NATIONAL AND STATE PARKS.

4c (Code: ) (Expenses \$ 30,417. including grants of \$ 10,000. ) (Revenue \$ ) FUNDS SUPPORTED REDWOOD RESTORATION AND STEWARDSHIP PROJECTS INCLUDING THE PREVENTION OF ILLEGAL BURL POACHING, UNIVERSITY STUDENT RESEARCH, AND THE RESTORATION OF THE GROVE OF TITANS IN JEDEDIAH SMITH REDWOODS STATE PARK.

4d Other program services (Describe in Schedule O.) (Expenses \$ 434,163. including grants of \$ 49,198. ) (Revenue \$ 833,093. )

4e Total program service expenses 716,166.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Part V check

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (13), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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)<br>Name and Title                   | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) MICHAEL CALDWELL<br>MEMBER          | 0.50  | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (2) ALEX CAMPBELL<br>MEMBER             | 0.50  | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (3) DENVER NELSON<br>MEMBER             | 0.50  | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (4) MARY GEARHEART<br>SECRETARY         | 0.60  | X   |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| (5) ROSS WELCH<br>VICE CHAIRPERSON      | 0.50  | X   |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| (6) LINDSAY RIGHTER<br>MEMBER           | 0.50  | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (7) KATHLEEN WHITESIDE<br>MEMBER        | 0.50  | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (8) ZACHARY ZWERDLING<br>CHAIRPERSON    | 0.60  | X   |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| (9) BILL ABLER<br>MEMBER                | 0.50  | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (10) LARRY HENDRIX<br>MEMBER            | 0.20  | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (11) ANTHONY STUBBS<br>TREASURER        | 0.70  | X   |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| (12) MATTHEW MARSHALL<br>MEMBER         | 0.50  | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (13) SUSAN ANDREWS<br>MEMBER            | 0.50  | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (14) CATHY BONSER<br>EXECUTIVE DIRECTOR | 45.00   |   |                       | X       |              |                              | 85,000. | 0.   | 0.  |   |
|   |   |   |                       |         |              |                              |         |  |   |   |
|   |   |   |                       |         |              |                              |         |  |   |   |
|   |   |   |                       |         |              |                              |         |  |   |   |
|   |   |   |                       |         |              |                              |         |  |   |   |





**Part VIII Statement of Revenue**

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

|   |   |   |                      | (A)           | (B)                                | (C)                        | (D)  |  |
|---|---|---|----------------------|---------------|------------------------------------|----------------------------|--|--|
|   |   |   |                      | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>     | <b>1 a</b> Federated campaigns  | <b>1a</b>   |                      |               |                                    |                            |  |  |
|   | <b>b</b> Membership dues  | <b>1b</b>   | 8,694.               |               |                                    |                            |  |  |
|   | <b>c</b> Fundraising events   | <b>1c</b>   | 25,798.              |               |                                    |                            |  |  |
|   | <b>d</b> Related organizations  | <b>1d</b>   |                      |               |                                    |                            |  |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>   |                      |               |                                    |                            |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above   | <b>1f</b>   | 198,659.             |               |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |   |                      |               |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f   |   |                      | 233,151.      |                                    |                            |  |  |
| <b>Program Service Revenue</b>                                    | <b>2 a</b> OUTDOOR SCHOOLS  | <b>Business Code</b>                                  | 611110               | 2,450.        | 2,450.                             |                            |  |  |
|   | <b>b</b> MILL CREEK NURSERY   |   | 900099               | 226.          | 226.                               |                            |  |  |
|   | <b>c</b>  |   |                      |               |                                    |                            |  |  |
|   | <b>d</b>  |   |                      |               |                                    |                            |  |  |
|   | <b>e</b>  |   |                      |               |                                    |                            |  |  |
|   | <b>f</b> All other program service revenue  |   |                      |               |                                    |                            |  |  |
|   | <b>g Total.</b> Add lines 2a-2f   |   |                      | 2,676.        |                                    |                            |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |   |                      | 968.          |                                    |                            | 968.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds   |   |                      |               |                                    |                            |  |  |
|   | <b>5</b> Royalties  |   |                      |               |                                    |                            |  |  |
|   | <b>6 a</b> Gross rents  | (i) Real  | (ii) Personal        |               |                                    |                            |  |  |
|   |   | <b>b</b> Less: rental expenses                        |                      |               |                                    |                            |  |  |
|   |   | <b>c</b> Rental income or (loss)                      |                      |               |                                    |                            |  |  |
|   |   | <b>d</b> Net rental income or (loss)                  |                      |               |                                    |                            |  |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory   | (i) Securities  | (ii) Other           |               |                                    |                            |  |  |
|   |   | <b>b</b> Less: cost or other basis and sales expenses |                      |               |                                    |                            |  |  |
|   |   | <b>c</b> Gain or (loss)                               |                      |               |                                    |                            |  |  |
|   |   | <b>d</b> Net gain or (loss)                           |                      |               |                                    |                            |  |  |
|   | <b>8 a</b> Gross income from fundraising events (not including \$ 25,798. of contributions reported on line 1c). See Part IV, line 18 | <b>a</b>  |                      | 0.            |                                    |                            |  |  |
|   |   | <b>b</b> Less: direct expenses                        |                      | 0.            |                                    |                            |  |  |
|   |   | <b>c</b> Net income or (loss) from fundraising events |                      |               | 0.                                 |                            |  |  |
|   | <b>9 a</b> Gross income from gaming activities. See Part IV, line 19  | <b>a</b>  |                      |               |                                    |                            |  |  |
| <b>b</b> Less: direct expenses                                    |   |   |                      |               |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities              |   |   |                      |               |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances | <b>a</b>  |   | 1,612,277.           |               |                                    |                            |  |  |
|   | <b>b</b> Less: cost of goods sold   |   | 782,258.             |               |                                    |                            |  |  |
|   | <b>c</b> Net income or (loss) from sales of inventory   |   |                      | 830,019.      | 830,019.                           |                            |  |  |
| <b>Miscellaneous Revenue</b>                                      |   |   | <b>Business Code</b> |               |                                    |                            |  |  |
| <b>11 a</b> CREDIT CARD REBATES                                   |   |   | 900099               | 398.          | 398.                               |                            |  |  |
|   | <b>b</b>  |   |                      |               |                                    |                            |  |  |
|   | <b>c</b>  |   |                      |               |                                    |                            |  |  |
|   | <b>d</b> All other revenue  |   |                      |               |                                    |                            |  |  |
| <b>e Total.</b> Add lines 11a-11d                                 |   |   |                      | 398.          |                                    |                            |  |  |
| <b>12 Total revenue.</b> See instructions                         |   |   |                      | 1,067,212.    | 833,093.                           | 0.                         | 968.   |  |

**Part IX Statement of Functional Expenses**

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

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

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 95,501.               | 95,501.                         |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 85,000.               | 51,850.                         | 33,150.                                |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | 432,263.              | 376,069.                        | 47,549.                                | 8,645.                      |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 8,755.                | 7,617.                          | 963.                                   | 175.                        |
| <b>9</b> Other employee benefits   | 42,589.               | 37,052.                         | 4,685.                                 | 852.                        |
| <b>10</b> Payroll taxes  | 51,697.               | 44,976.                         | 5,687.                                 | 1,034.                      |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   |                       |                                 |  |                             |
| <b>c</b> Accounting  | 62,432.               | 43,509.                         | 18,923.                                |                             |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   |                       |                                 |  |                             |
| <b>12</b> Advertising and promotion  |                       |                                 |  |                             |
| <b>13</b> Office expenses  | 22,335.               | 13,522.                         | 8,813.                                 |                             |
| <b>14</b> Information technology   |                       |                                 |  |                             |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | 6,075.                | 6,000.                          | 75.                                    |                             |
| <b>17</b> Travel   | 11,024.               | 8,091.                          | 2,933.                                 |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   | 13,877.               | 13,877.                         |  |                             |
| <b>20</b> Interest   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | 5,496.                | 5,496.                          |  |                             |
| <b>23</b> Insurance  | 6,888.                | 5,571.                          | 1,317.                                 |                             |
| <b>24</b> 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.) |                       |                                 |  |                             |
| <b>a</b> <b>COMMUNICATION EXPENSE</b>  | 7,837.                | 4,989.                          | 2,848.                                 |                             |
| <b>b</b> <b>OTHER EXPENSE</b>  | 4,868.                | 1,276.                          | 3,592.                                 |                             |
| <b>c</b> <b>LICENSE, DUES &amp; FEES</b>   | 2,382.                | 770.                            | 1,612.                                 |                             |
| <b>d</b> _____   |                       |                                 |  |                             |
| <b>e</b> All other expenses _____  |                       |                                 |  |                             |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e  | 859,019.              | 716,166.                        | 132,147.                               | 10,706.                     |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|--|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   |                          | <b>1</b>   |                    |
|   | <b>2</b> Savings and temporary cash investments .....  | 753,079.                 | <b>2</b>   | 984,200.           |
|   | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>   |                    |
|   | <b>4</b> Accounts receivable, net .....  | 10,931.                  | <b>4</b>   |                    |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>   |                    |
|   | <b>6</b> 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 ..... |                          | <b>6</b>   |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>   |                    |
|   | <b>8</b> Inventories for sale or use .....   | 201,150.                 | <b>8</b>   | 201,057.           |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 8,209.                   | <b>9</b>   | 8,297.             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 73,762.       |            |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 67,037.       | 12,221.    | <b>10c</b> 6,725.  |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>  |                    |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>  |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>  |                    |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>  |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   |                          | <b>15</b>  |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 985,590.   | <b>16</b>                | 1,200,279. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 56,561.                  | <b>17</b>  | 63,057.            |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>  |                    |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b>  |                    |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>  |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>  |                    |
|   | <b>22</b> 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 .....   |                          | <b>22</b>  |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>  |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>  |                    |
|   | <b>25</b> 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 .....  |                          | <b>25</b>  |                    |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 56,561.                  | <b>26</b>  | 63,057.            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |            |                    |
|   | <b>27</b> Unrestricted net assets .....  | 810,077.                 | <b>27</b>  | 933,260.           |
|   | <b>28</b> Temporarily restricted net assets .....  | 118,952.                 | <b>28</b>  | 203,962.           |
|   | <b>29</b> Permanently restricted net assets .....  |                          | <b>29</b>  |                    |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |            |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | <b>30</b>  |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>31</b>  |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>32</b>  |                    |
|   | <b>33 Total net assets or fund balances</b> .....  | 929,029.                 | <b>33</b>  | 1,137,222.         |
| <b>34 Total liabilities and net assets/fund balances</b> .....            | 985,590.   | <b>34</b>                | 1,200,279. |                    |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 1,067,212. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 859,019.   |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 208,193.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 929,029.   |
| 5  | Net unrealized gains (losses) on investments   | 5  |            |
| 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  | 0.         |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,137,222. |

**Part XII Financial Statements and Reporting**

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

|  | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?   | X   |    |
| 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:  |     |    |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis   |     |    |
| b Were the organization's financial statements audited by an independent accountant?   | X   |    |
| 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:   |     |    |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis   |     |    |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  |     |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | 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     |     |    |

Form 990 (2018)



**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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> 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) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...   |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...  |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       |                          |
| <b>13 First five years.</b> 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 <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |    |                          |
|---|----|--------------------------|
| <b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....  | 14 | %                        |
| <b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....  | 15 | %                        |
| <b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |    | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |    | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |    | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |    | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |    | <input type="checkbox"/> |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2014   | (b) 2015   | (c) 2016   | (d) 2017   | (e) 2018   | (f) Total  |
|---|------------|------------|------------|------------|------------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   | 18,447.    | 41,071.    | 122,014.   | 183,619.   | 177,988.   | 543,139.   |
| <b>2</b> 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 ..... | 1,132,662. | 1,267,085. | 1,524,927. | 1,546,699. | 1,612,209. | 7,083,582. |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |            |            |            |            |            |            |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |            |            |            |            |            |            |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...  | 27,036.    | 27,036.    | 26,520.    | 26,520.    | 26,520.    | 133,632.   |
| <b>6 Total.</b> Add lines 1 through 5 .....   | 1,178,145. | 1,335,192. | 1,673,461. | 1,756,838. | 1,816,717. | 7,760,353. |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |            |            |            |            |            | 0.         |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |            |            |            |            |            | 0.         |
| <b>c</b> Add lines 7a and 7b .....  |            |            |            |            |            | 0.         |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |            |            |            |            |            | 7,760,353. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2014   | (b) 2015   | (c) 2016   | (d) 2017   | (e) 2018   | (f) Total  |
|--|------------|------------|------------|------------|------------|------------|
| <b>9</b> Amounts from line 6 .....   | 1,178,145. | 1,335,192. | 1,673,461. | 1,756,838. | 1,816,717. | 7,760,353. |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | 908.       | 500.       | 505.       | 734.       | 968.       | 3,615.     |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                         |            |            |            |            |            |            |
| <b>c</b> Add lines 10a and 10b .....   | 908.       | 500.       | 505.       | 734.       | 968.       | 3,615.     |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....    |            |            |            |            |            |            |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                |            |            |            |            |            |            |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   | 1,179,053. | 1,335,692. | 1,673,966. | 1,757,572. | 1,817,685. | 7,763,968. |

**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**

|   |           |         |
|---|-----------|---------|
| <b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | 99.95 % |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....                       | <b>16</b> | 99.95 % |

**Section D. Computation of Investment Income Percentage**

|  |           |       |
|--|-----------|-------|
| <b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | .05 % |
| <b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....                         | <b>18</b> | .04 % |

**19a 33 1/3% support tests - 2018.** 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 - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

|  |  |  |
|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).   |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.   |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  |  |  |
| <b>2</b> Activities Test. Answer (a) and (b) below.  |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |  |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.  |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.   |  |  |

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

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

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

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                       | Subtract line 2 from line 1d  | 3              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                  | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                       | Multiply line 5 by .035   | 6              |                             |
| 7                                       | Recoveries of prior-year distributions  | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                       | Enter 85% of line 1   | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                       | Enter greater of line 2 or line 3   | 4 |              |
| 5                                       | Income tax imposed in prior year  | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| Section D - Distributions   | Current Year |
|---|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2018 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2018 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2018   |                             |  |   |
| <b>a</b> From 2013   |                             |  |   |
| <b>b</b> From 2014   |                             |  |   |
| <b>c</b> From 2015   |                             |  |   |
| <b>d</b> From 2016   |                             |  |   |
| <b>e</b> From 2017   |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2018 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2013 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| <b>4</b> Distributions for 2018 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2018 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2014  |                             |  |   |
| <b>b</b> Excess from 2015  |                             |  |   |
| <b>c</b> Excess from 2016  |                             |  |   |
| <b>d</b> Excess from 2017  |                             |  |   |
| <b>e</b> Excess from 2018  |                             |  |   |

Schedule A (Form 990 or 990-EZ) 2018

**Part VI**

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

Multiple horizontal lines for supplemental information.

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

REDWOOD PARKS CONSERVANCY

Employer identification number

\*\* - \*\*\*4901

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

|  |   |
|--|---|
| Name of organization<br><br><b>REDWOOD PARKS CONSERVANCY</b> | Employer identification number<br><br><b>** - ***4901</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | RICHARD S. ROSS<br><br>14706 ORACLE PL.<br><br>PACIFIC PALISADES, CA 90272                          | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | SAVE THE REDWOODS LEAGUE<br><br>111 SUTTER STREET, 11TH FLOOR<br><br>SAN FRANCISCO, CA 94104        | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | SIMPSON FAMILY FUND<br><br>1601 5TH ST, STE 1900<br><br>SEATTLE, WA 98101                           | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | NATIONAL PARK SERVICE<br><br>1 BEAR VALLEY ROAD<br><br>POINT REYES STATION, CA 94956                | \$ 11,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | PHILANTHROPIC FUND OF THE CALDWELL FAMILY<br><br>1510 RICHARDSON RD.<br><br>CRESCENT CITY, CA 95531 | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | THE BAILEY WILDLIFE FOUNDATION<br><br>1600 MASSACHUSETTS AVE, APT 307<br><br>CAMBRIDGE, MA 02138    | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><br><b>REDWOOD PARKS CONSERVANCY</b> | Employer identification number<br><br><b>** - ***4901</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 7          | CALDWELL CLAN FUND<br><br>P.O. BOX 1032<br><br>CRESCENT CITY, CA 95531 | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | _____<br>_____<br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | _____<br>_____<br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | _____<br>_____<br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | _____<br>_____<br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | _____<br>_____<br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | _____<br>_____<br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| Name of organization<br><br><b>REDWOOD PARKS CONSERVANCY</b> | Employer identification number<br><br><b>** - ***4901</b> |
|--|---|

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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |



|  |  |
|--|--|
| Name of organization<br><br><b>REDWOOD PARKS CONSERVANCY</b> | Employer identification number<br><br><b>** - *** 4901</b> |
|--|--|

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

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization **REDWOOD PARKS CONSERVANCY** Employer identification number **\*\* - \*\*\* 4901**

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

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 2 Aggregate value of contributions to (during year) .....   |                         |  |
| 3 Aggregate value of grants from (during year) .....  |                         |  |
| 4 Aggregate value at end of year .....  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> 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? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" on 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)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical 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 Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2018

**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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

|                                 | 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, for escrow or custodial account liability?  Yes  No

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

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

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

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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

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

|  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" on line 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.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 21,656.                         | 15,880.                      | 5,776.         |
| e Other  |                                      | 52,106.                         | 51,157.                      | 949.           |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>6,725.</b>  |

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |           |           |            |
|----------|--|-----------|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |           | <b>1</b>  | 1,875,990. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |           |            |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> |           |            |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 26,520.   |            |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |           |            |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> | 782,258.  |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  |           | <b>2e</b> | 808,778.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   |           | <b>3</b>  | 1,067,212. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |           |            |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |           |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  |           | <b>4c</b> | 0.         |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |           | <b>5</b>  | 1,067,212. |

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |   |           |           |            |
|----------|---|-----------|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |           | <b>1</b>  | 1,667,797. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 26,520.   |            |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |           |            |
| <b>c</b> | Other losses  | <b>2c</b> |           |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | 782,258.  |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   |           | <b>2e</b> | 808,778.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  |           | <b>3</b>  | 859,019.   |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |           |            |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |           |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   |           | <b>4c</b> | 0.         |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |           | <b>5</b>  | 859,019.   |

**Part XIII Supplemental Information.**

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 X, LINE 2:**

**FIN 48 DISCLOSURE IN AUDITED FINANCIAL STATEMENTS:**

REDWOOD PARKS CONSERVANCY (RPC) IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE. IN ADDITION, RPC QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER IRC SECTION 509(A)(2). NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS, AS THERE ARE NO ACTIVITIES SUBJECT TO UNRELATED BUSINESS INCOME TAX.

ASC 740 PRESCRIBES A NEW THRESHHOLD FOR DETERMINING WHEN AN INCOME TAX

**Part XIII** Supplemental Information (continued)

BENEFIT CAN BE RECOGNIZED, WHICH IS A HIGHER THRESHHOLD THAN THE ONE IMPOSED FOR CLAIMING DEDUCTIONS ON INCOME TAX RETURNS. THE ADOPTION OF ASC 740 DID NOT HAVE ANY IMPACT ON RPC'S FINANCIAL STATEMENTS.

RPC'S FEDERAL AND STATE TAX RETURNS ARE SUBJECT TO POSSIBLE EXAMINATION BY THE TAXING AUTHORITIES UNTIL THE EXPIRATION OF THE RELATED STATUTES OF LIMITATIONS ON THOSE TAX RETURNS. IN GENERAL, THE RETURNS HAVE A THREE YEAR STATUTE OF LIMITATIONS. MANAGEMENT BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE FINANCIAL STATEMENTS. ACCORDINGLY, RPC HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2018, 2017 AND 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER COST OF SALES 782,258.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER COST OF SALES 782,258.



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

|  |   | (a) Event #1                      | (b) Event #2                     | (c) Other events    | (d) Total events<br>(add col. (a) through col. (c)) |
|--|---|-----------------------------------|----------------------------------|---------------------|---|
|  |   | ROCK THE REDWOODS<br>(event type) | CANDLELIGHT WALK<br>(event type) | 1<br>(total number) |   |
| Revenue  | <b>1</b> Gross receipts .....   | 6,827.                            | 16,267.                          | 2,704.              | 25,798.   |
|  | <b>2</b> Less: Contributions .....  | 6,827.                            | 16,267.                          | 2,704.              | 25,798.   |
|  | <b>3</b> Gross income (line 1 minus line 2) .....                           |                                   |                                  |                     |   |
| Direct Expenses  | <b>4</b> Cash prizes .....  |                                   |                                  |                     |   |
|  | <b>5</b> Noncash prizes .....   |                                   |                                  |                     |   |
|  | <b>6</b> Rent/facility costs .....  |                                   |                                  |                     |   |
|  | <b>7</b> Food and beverages .....   |                                   |                                  |                     |   |
|  | <b>8</b> Entertainment .....  |                                   |                                  |                     |   |
|  | <b>9</b> Other direct expenses .....  |                                   |                                  |                     |   |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) ..... |                                   |                                  |                     |   |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) ..... |   |                                   |                                  |                     |   |

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_







**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" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **REDWOOD PARKS CONSERVANCY** Employer identification number **\*\* - \*\*\* 4901**

**Part I General Information on Grants and Assistance**

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

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

| <b>1 (a)</b> Name and address of organization or government                 | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| USDI NATIONAL PARK SERVICE<br>1111 SECOND STREET<br>CRESCENT CITY, CA 95531 | ** - ***8309   |  | 10,000.                         | 15,723.                                  | COST   | PUBLIC PROGRAM<br>SUPPORT                    | EDUCATIONAL                               |
| CA DEPT OF PARKS & RECREATION<br>P.O. BOX 2006<br>EUREKA, CA 95502          | ** - ***3606   |  | 36,447.                         | 3,995.                                   | COST   | PUBLIC PROGRAM<br>SUPPORT                    | VOLUNTEER COORDINATOR                     |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |

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

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

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

Schedule I (Form 990) (2018)

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

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

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART 1, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS  
 CASH GRANTS WERE PROVIDED TO THE CALIFORNIA DEPARTMENT OF PARKS AND RECREATION (CDPR) AND THE NATIONAL PARK SERVICE (NPS) WITH A LETTER STATING THEIR INTENDED USE IN ORDER TO RESTRICT THE USE OF GRANT FUNDS.  
 AS FUNDS ARE USED, BOTH NPS AND CDPR PROVIDE REDWOOD PARKS CONSERVANCY WITH UPDATES ON THE IMPACTS OF THESE GRANTS.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

REDWOOD PARKS CONSERVANCY

Employer identification number

\*\* - \*\*\*4901

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PUBLIC LAND PARTNERS.

FORM 990 - ORGANIZATION'S MISSION

OUR MISSION IS TO FOSTER UNDERSTANDING, ENJOYMENT AND STEWARDSHIP BY  
PROVIDING SUPPORT TO OUR PARTNER AGENCIES - THE NATIONAL PARK  
SERVICE, CALIFORNIA STATE PARKS, THE U.S. FOREST SERVICE, AND THE BUREAU  
OF LAND MANAGEMENT - WHO ARE ENTRUSTED WITH THE CARE OF NORTHERN  
CALIFORNIA'S PUBLIC LANDS.

FORM 990, PART I, LINE 6

THE NUMBER OF VOLUNTEER HOURS FOR 2018 WAS 4,891. VOLUNTEER ACTIVITY  
INCLUDED BOARD SERVICE, VISITOR SERVICES, AND RESTORATION WORK.

FORM 990 - ADDITIONAL INFORMATION

FUNDRAISING, IF ANY, IS PRIMARILY ACCOMPLISHED BY UNPAID BOARD MEMBERS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NORTHERN CALIFORNIA'S PUBLIC LANDS.

FORM 990 - PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

OTHER PROGRAM SERVICES INCLUDE ADDITIONAL STAFF SUPPORT FOR IMPORTANT  
PARK PROJECTS AND PROGRAMS, ANNUAL EDUCATIONAL EVENTS AT PRAIRIE CREEK  
REDWOODS STATE PARK, TRAIL MAINTENANCE IN THE SMITH RIVER NATIONAL  
RECREATION AREA, AND PURCHASING SUPPLIES FOR VISITOR CENTERS.

|   |  |
|---|--|
| Name of the organization<br>REDWOOD PARKS CONSERVANCY | Employer identification number<br>**-***4901 |
|---|--|

FORM 990 - PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
 THE ORGANIZATION'S PROCESS INCLUDES THOROUGH REVIEW OF FORM 990;  
 MANAGEMENT REVIEWS IT WITH THE FINANCE COMMITTEE AND PROVIDES A PRINTED  
 COPY TO THE MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR REVIEW AND  
 APPROVAL.

FORM 990, PART VI, SECTION B, LINE 11B:  
 A COPY OF THE FINAL FORM 990 WAS EMAILED TO EACH BOARD MEMBER BY THE  
 EXECUTIVE DIRECTOR PRIOR TO FILING OF THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:  
 CONFLICT OF INTEREST POLICY ENFORCED THROUGH BOARD MEMBER CERTIFICATION.

FORM 990, PART VI, SECTION C, LINE 19:  
 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS  
 AVAILABLE TO THE PUBLIC UPON REQUEST.

PART XII, LINE 2C  
 THE BOARD OF DIRECTORS IS RESPONSIBLE FOR SELECTION OF THE AUDITOR AND  
 OVERSIGHT OF THE AUDIT, AND HAS ULTIMATE RESPONSIBILITY TO APPROVE THE  
 FINAL AUDIT REPORT.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

| Asset No. | Description                                  | Date Acquired | Method | Life  | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
|           | TRANSPORTATION EQUIPMENT                     |               |        |       |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| 9         | NISSAN NV 200                                | 04/25/15      | SL     | 5.00  |      | 16       | 21,656.                  |            |                     |                      | 21,656.                | 11,549.                            |                         | 4,331.                 | 15,880.                         |
|           | * 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT |               |        |       |      |          | 21,656.                  |            |                     |                      | 21,656.                | 11,549.                            |                         | 4,331.                 | 15,880.                         |
|           | OTHER  |               |        |       |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| 1         | FURNITURE AND FIXTURES - VARIOUS             | 01/01/01      | SL     | 15.00 |      | 16       | 13,353.                  |            |                     |                      | 13,353.                | 13,353.                            |                         | 0.                     | 13,353.                         |
| 2         | POS SYSTEM                                   | 01/01/12      | SL     | 5.00  |      | 16       | 25,431.                  |            |                     |                      | 25,431.                | 25,431.                            |                         | 0.                     | 25,431.                         |
| 3         | STORAGE TUBS                                 | 10/15/13      | SL     | 3.00  |      | 16       | 3,876.                   |            |                     |                      | 3,876.                 | 3,876.                             |                         | 0.                     | 3,876.                          |
| 4         | WIRE SHELVING                                | 06/24/13      | SL     | 7.00  |      | 16       | 1,806.                   |            |                     |                      | 1,806.                 | 1,161.                             |                         | 258.                   | 1,419.                          |
| 5         | LADDER CC HQ                                 | 01/14/13      | SL     | 5.00  |      | 16       | 777.                     |            |                     |                      | 777.                   | 776.                               |                         | 1.                     | 777.                            |
| 6         | SHELVING, HAND TRUCK, LADDER                 | 10/15/13      | SL     | 5.00  |      | 16       | 2,820.                   |            |                     |                      | 2,820.                 | 2,397.                             |                         | 423.                   | 2,820.                          |
| 7         | TABLET                                       | 03/14/13      | SL     | 3.00  |      | 16       | 664.                     |            |                     |                      | 664.                   | 664.                               |                         | 0.                     | 664.                            |
| 8         | DISPLAY RACKS KUCHEL                         | 02/28/13      | SL     | 7.00  |      | 16       | 3,379.                   |            |                     |                      | 3,379.                 | 2,334.                             |                         | 483.                   | 2,817.                          |
|           | * 990 PAGE 10 TOTAL OTHER                    |               |        |       |      |          | 52,106.                  |            |                     |                      | 52,106.                | 49,992.                            |                         | 1,165.                 | 51,157.                         |
|           | * GRAND TOTAL 990 PAGE 10 DEPR               |               |        |       |      |          | 73,762.                  |            |                     |                      | 73,762.                | 61,541.                            |                         | 5,496.                 | 67,037.                         |

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

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

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

|  | Enter filer's identifying number   |  |
|--|--|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>REDWOOD PARKS CONSERVANCY</b>                          | Employer identification number (EIN) or<br><b>**-***4901</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>1111 SECOND STREET</b>                        | Social security number (SSN)                                 |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>CRESCENT CITY, CA 95531</b> |  |

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 (other than individual) | 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          |

**JOANNA DI TOMMASO**

- The books are in the care of ▶ **1111 SECOND STREET - CRESCENT CITY, CA 95531**  
Telephone No. ▶ **707-464-9150** 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 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2018** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**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

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 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. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



2018 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - REDWOOD PARKS CONSERVANCY

| Asset No. | Description                            | Date Acquired | Method | Life  | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|--|---------------|--------|-------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
|           | TRANSPORTATION EQUIPMENT               |               |        |       |          |                          |            |                      |                        |                          |                 |                        |
| 9         | NISSAN NV 200                          | 042515        | SL     | 5.00  | 16       | 21,656.                  |            |                      | 21,656.                | 11,549.                  |                 | 4,331.                 |
|           | * 990 PAGE 10 TOTAL TRANSPORTATION EQU |               |        |       |          | 21,656.                  |            | 0.                   | 21,656.                | 11,549.                  |                 | 4,331.                 |
|           | OTHER FURNITURE AND FIXTURES - VARIOUS |               |        |       |          |                          |            |                      |                        |                          |                 |                        |
| 1         | FIXTURES - VARIOUS                     | 010101        | SL     | 15.00 | 16       | 13,353.                  |            |                      | 13,353.                | 13,353.                  |                 | 0.                     |
| 2         | POS SYSTEM                             | 010112        | SL     | 5.00  | 16       | 25,431.                  |            |                      | 25,431.                | 25,431.                  |                 | 0.                     |
| 3         | STORAGE TUBS                           | 101513        | SL     | 3.00  | 16       | 3,876.                   |            |                      | 3,876.                 | 3,876.                   |                 | 0.                     |
| 4         | WIRE SHELVING                          | 062413        | SL     | 7.00  | 16       | 1,806.                   |            |                      | 1,806.                 | 1,161.                   |                 | 258.                   |
| 5         | LADDER CC HQ SHELVING, HAND            | 011413        | SL     | 5.00  | 16       | 777.                     |            |                      | 777.                   | 776.                     |                 | 1.                     |
| 6         | TRUCK, LADDER                          | 101513        | SL     | 5.00  | 16       | 2,820.                   |            |                      | 2,820.                 | 2,397.                   |                 | 423.                   |
| 7         | TABLET DISPLAY RACKS                   | 031413        | SL     | 3.00  | 16       | 664.                     |            |                      | 664.                   | 664.                     |                 | 0.                     |
| 8         | KUCHEL                                 | 022813        | SL     | 7.00  | 16       | 3,379.                   |            |                      | 3,379.                 | 2,334.                   |                 | 483.                   |
|           | * 990 PAGE 10 TOTAL OTHER              |               |        |       |          | 52,106.                  |            | 0.                   | 52,106.                | 49,992.                  |                 | 1,165.                 |
|           | * GRAND TOTAL 990 PAGE 10 DEPR         |               |        |       |          | 73,762.                  |            | 0.                   | 73,762.                | 61,541.                  |                 | 5,496.                 |

2019 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - REDWOOD PARKS CONSERVANCY

| Asset No. | Description                                  | Date Acquired | Method | Life  | Unadjusted Cost Or Basis | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Amount Of Depreciation |
|-----------|--|---------------|--------|-------|--------------------------|----------------------|------------------------|--------------------------|------------------------|
|           | TRANSPORTATION EQUIPMENT                     |               |        |       |                          |                      |                        |                          |                        |
| 9         | NISSAN NV 200                                | 042515        | SL     | 5.00  | 21,656.                  |                      | 21,656.                | 15,880.                  | 4,331.                 |
|           | * 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT |               |        |       | 21,656.                  |                      | 21,656.                | 15,880.                  | 4,331.                 |
|           | OTHER  |               |        |       |                          |                      |                        |                          |                        |
| 1         | FURNITURE AND FIXTURES - VARIOUS             | 010101        | SL     | 15.00 | 13,353.                  |                      | 13,353.                | 13,353.                  | 0.                     |
| 2         | POS SYSTEM                                   | 010112        | SL     | 5.00  | 25,431.                  |                      | 25,431.                | 25,431.                  | 0.                     |
| 3         | STORAGE TUBS                                 | 101513        | SL     | 3.00  | 3,876.                   |                      | 3,876.                 | 3,876.                   | 0.                     |
| 4         | WIRE SHELVING                                | 062413        | SL     | 7.00  | 1,806.                   |                      | 1,806.                 | 1,419.                   | 258.                   |
| 5         | LADDER CC HQ                                 | 011413        | SL     | 5.00  | 777.                     |                      | 777.                   | 777.                     | 0.                     |
| 6         | SHELVING, HAND TRUCK, LADDER                 | 101513        | SL     | 5.00  | 2,820.                   |                      | 2,820.                 | 2,820.                   | 0.                     |
| 7         | TABLET                                       | 031413        | SL     | 3.00  | 664.                     |                      | 664.                   | 664.                     | 0.                     |
| 8         | DISPLAY RACKS KUCHEL                         | 022813        | SL     | 7.00  | 3,379.                   |                      | 3,379.                 | 2,817.                   | 483.                   |
|           | * 990 PAGE 10 TOTAL OTHER                    |               |        |       | 52,106.                  |                      | 52,106.                | 51,157.                  | 741.                   |
|           | * GRAND TOTAL 990 PAGE 10 DEPR               |               |        |       | 73,762.                  |                      | 73,762.                | 67,037.                  | 5,072.                 |

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

# 2018 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2018

|   |   |
|---|---|
| <b>Prepared for</b>                                 | Joanna Di Tommaso, Executive Director<br>Redwood Parks Conservancy<br>1111 Second Street<br>Crescent City, CA 95531   |
| <b>Prepared by</b>                                  | David L. Moonie & Co., LLP<br>325 Second Street, Suite 301<br>Eureka, CA 95501  |
| <b>To be signed and dated by</b>                    | Not Applicable  |
| <b>Amount of tax</b>                                | Total tax \$ 10.00<br>Less: payments and credits \$ 0.00<br>Plus: other amount \$ 0.00<br>Plus: interest and penalties \$ 0.00<br>Balance due \$ 10.00  |
| <b>Overpayment</b>                                  | Credited to your estimated tax \$ 0.00<br>Other amount \$ 0.00<br>Refunded to you \$ 0.00   |
| <b>Make check payable to</b>                        | Franchise Tax Board   |
| <b>Mail tax return and check (if applicable) to</b> | This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.    |
| <b>Return must be mailed on or before</b>           | Not Applicable  |
| <b>Special Instructions</b>                         | Your payment should be made as instructed below on or before November 15, 2019.<br><br>Separately mail California Form FTB 3586 with a check or money order for \$10.00, payable to Franchise Tax Board.<br><br>Mail to: Franchise Tax Board<br>PO BOX 942857<br>Sacramento CA 94257-0531 |

California Exempt Organization  
Annual Information Return

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name: **REDWOOD PARKS CONSERVANCY**  
 California corporation number: **1535009**  
 FEIN: **\*\* - \*\*\*4901**

Street address (suite or room): **1111 SECOND STREET**  
 City: **CRESCENT CITY** State: **CA** ZIP code: **95531**  
 Foreign country name: Foreign province/state/country: Foreign postal code:

**A** First Return  Yes  No  
**B** Amended Return  Yes  No  
**C** IRC Section 4947(a)(1) trust  Yes  No  
**D** Final Information Return?  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy)    
**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other  
**F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series  
**G** Is this a group filing? See instructions  Yes  No  
**H** Is this organization in a group exemption  Yes  No  
 If "Yes," what is the parent's name?  
**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No  
**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No  
**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_  
**L** If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required   
**M** Is the organization a Limited Liability Company?  Yes  No  
**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No  
**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No  
**P** Is federal Form 1023/1024 pending?  Yes  No  
 Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

|                       |    |  |    |           |    |
|-----------------------|----|--|----|-----------|----|
| Receipts and Revenues | 1  | Gross sales or receipts from other sources. From Side 2, Part II, line 8   | 1  | 1,616,319 | 00 |
|                       | 2  | Gross dues and assessments from members and affiliates   | 2  | 8,694     | 00 |
|                       | 3  | Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>   | 3  | 224,457   | 00 |
|                       | 4  | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B | 4  | 1,849,470 | 00 |
|                       | 5  | Cost of goods sold <b>STMT 2</b>   | 5  | 782,258   | 00 |
|                       | 6  | Cost or other basis, and sales expenses of assets sold   | 6  |           | 00 |
|                       | 7  | Total costs. Add line 5 and line 6   | 7  | 782,258   | 00 |
|                       | 8  | Total gross income. Subtract line 7 from line 4  | 8  | 1,067,212 | 00 |
| Expenses              | 9  | Total expenses and disbursements. From Side 2, Part II, line 18  | 9  | 859,019   | 00 |
|                       | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8  | 10 | 208,193   | 00 |
| Filing Fee            | 11 | Total payments   | 11 |           | 00 |
|                       | 12 | Use tax. See General Information K   | 12 |           | 00 |
|                       | 13 | Payments balance. If line 11 is more than line 12, subtract line 12 from line 11   | 13 |           | 00 |
|                       | 14 | Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12  | 14 |           | 00 |
|                       | 15 | Filing fee \$10 or \$25. See General Information F   | 15 | 10        | 00 |
|                       | 16 | Penalties and Interest. See General Information J  | 16 |           | 00 |
|                       | 17 | <b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result   | 17 | 10        | 00 |

**Sign Here**  
 Signature of officer: **EXECUTIVE DIRE** Title: **EXECUTIVE DIRE** Date: \_\_\_\_\_ Telephone: \_\_\_\_\_  
**Paid Preparer's Use Only**  
 Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:   
 Firm's name (or yours, if self-employed) and address: **DAVID L. MOONIE & CO., LLP** PTIN: **P00443366**  
**325 SECOND STREET, SUITE 301** Firm's FEIN: **\*\* - \*\*\*6328**  
**EUREKA, CA 95501** Telephone: **(707) 442-1737**  
 May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

828951 12-12-18

|                                    |                                   |  |   |    |           |         |    |
|------------------------------------|-----------------------------------|--|---|----|-----------|---------|----|
| <b>Receipts from Other Sources</b> | 1                                 | Gross sales or receipts from all business activities. See instructions   | •   | 1  | 1,612,277 | 00      |    |
|                                    | 2                                 | Interest   | •   | 2  | 968       | 00      |    |
|                                    | 3                                 | Dividends  | •   | 3  |           | 00      |    |
|                                    | 4                                 | Gross rents  | •   | 4  |           | 00      |    |
|                                    | 5                                 | Gross royalties  | •   | 5  |           | 00      |    |
|                                    | 6                                 | Gross amount received from sale of assets (See Instructions)   | •   | 6  |           | 00      |    |
|                                    | 7                                 | Other income <b>SEE STATEMENT 3</b>  | •   | 7  | 3,074     | 00      |    |
|                                    | 8                                 | <b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | •   | 8  | 1,616,319 | 00      |    |
|                                    | 9                                 | Contributions, gifts, grants, and similar amounts paid   | •   | 9  | 95,501    | 00      |    |
|                                    | 10                                | Disbursements to or for members  | •   | 10 |           | 00      |    |
|                                    | 11                                | Compensation of officers, directors, and trustees <b>SEE STATEMENT 4</b>   | •   | 11 | 85,000    | 00      |    |
|                                    | 12                                | Other salaries and wages   | •   | 12 | 432,263   | 00      |    |
|                                    | <b>Expenses and Disbursements</b> | 13   | Interest  | •  | 13        |         | 00 |
|                                    |                                   | 14   | Taxes   | •  | 14        | 51,697  | 00 |
|                                    |                                   | 15   | Rents   | •  | 15        | 6,075   | 00 |
|                                    |                                   | 16   | Depreciation and depletion (See instructions)   | •  | 16        | 5,496   | 00 |
|                                    |                                   | 17   | Other Expenses and Disbursements <b>SEE STATEMENT 5</b>   | •  | 17        | 182,987 | 00 |
|                                    |                                   | 18   | <b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | •  | 18        | 859,019 | 00 |

| <b>Schedule L Balance Sheet</b>  |   | Beginning of taxable year |         | End of taxable year |           |
|----------------------------------|---|---------------------------|---------|---------------------|-----------|
|                                  |   | (a)                       | (b)     | (c)                 | (d)       |
| <b>Assets</b>                    |   |                           |         |                     |           |
| 1                                | Cash  |                           | 753,079 |                     | 984,200   |
| 2                                | Net accounts receivable                           |                           | 10,931  |                     |           |
| 3                                | Net notes receivable                              |                           |         |                     |           |
| 4                                | Inventories                                       |                           | 201,150 |                     | 201,057   |
| 5                                | Federal and state government obligations          |                           |         |                     |           |
| 6                                | Investments in other bonds                        |                           |         |                     |           |
| 7                                | Investments in stock                              |                           |         |                     |           |
| 8                                | Mortgage loans                                    |                           |         |                     |           |
| 9                                | Other investments                                 |                           |         |                     |           |
| 10 a                             | Depreciable assets                                | 73,762                    |         | 73,762              |           |
| b                                | Less accumulated depreciation                     | (61,541)                  | 12,221  | (67,037)            | 6,725     |
| 11                               | Land  |                           |         |                     |           |
| 12                               | Other assets <b>STMT 6</b>                        |                           | 8,209   |                     | 8,297     |
| 13                               | <b>Total assets</b>                               |                           | 985,590 |                     | 1,200,279 |
| <b>Liabilities and net worth</b> |   |                           |         |                     |           |
| 14                               | Accounts payable                                  |                           | 56,561  |                     | 63,057    |
| 15                               | Contributions, gifts, or grants payable           |                           |         |                     |           |
| 16                               | Bonds and notes payable                           |                           |         |                     |           |
| 17                               | Mortgages payable                                 |                           |         |                     |           |
| 18                               | Other liabilities                                 |                           |         |                     |           |
| 19                               | Capital stock or principal fund                   |                           |         |                     |           |
| 20                               | Paid-in or capital surplus. Attach reconciliation |                           |         |                     |           |
| 21                               | Retained earnings or income fund                  |                           | 929,029 |                     | 1,137,222 |
| 22                               | <b>Total liabilities and net worth</b>            |                           | 985,590 |                     | 1,200,279 |

| <b>Schedule M-1 Reconciliation of income per books with income per return</b>                          |   |   |         |
|--|---|---|---------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. |   |   |         |
| 1  | Net income per books  | • | 208,193 |
| 2  | Federal income tax  | • |         |
| 3  | Excess of capital losses over capital gains                         | • |         |
| 4  | Income not recorded on books this year                              | • |         |
| 5  | Expenses recorded on books this year not deducted in this return    | • |         |
| 6  | <b>Total.</b> Add line 1 through line 5                             |   | 208,193 |
| 7  | Income recorded on books this year not included in this return      | • |         |
| 8  | Deductions in this return not charged against book income this year | • |         |
| 9  | <b>Total.</b> Add line 7 and line 8                                 |   |         |
| 10   | <b>Net income per return.</b><br>Subtract line 9 from line 6        |   | 208,193 |

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CA 199 CASH CONTRIBUTIONS STATEMENT 1  
INCLUDED ON PART I, LINE 3

---

| CONTRIBUTOR'S NAME                        | CONTRIBUTOR'S ADDRESS                                 | DATE OF GIFT | AMOUNT              |
|---|---|--------------|---------------------|
| RICHARD S. ROSS                           | 14706 ORACLE PL. PACIFIC PALISADES, CA 90272          | 10/22/18     | 25,000.             |
| SAVE THE REDWOODS LEAGUE                  | 111 SUTTER STREET, 11TH FLOOR SAN FRANCISCO, CA 94104 | 03/26/18     | 5,000.              |
| SIMPSON FAMILY FUND                       | 1601 5TH ST, STE 1900 SEATTLE, WA 98101               | 06/26/18     | 10,000.             |
| NATIONAL PARK SERVICE                     | 1 BEAR VALLEY ROAD POINT REYES STATION, CA 94956      | 08/15/18     | 11,000.             |
| PHILANTHROPIC FUND OF THE CALDWELL FAMILY | 1510 RICHARDSON RD. CRESCENT CITY, CA 95531           | 12/12/18     | 10,000.             |
| THE BAILEY WILDLIFE FOUNDATION            | 1600 MASSACHUSETTS AVE, APT 307 CAMBRIDGE, MA 02138   | 06/14/18     | 10,000.             |
| CALDWELL CLAN FUND                        | P.O. BOX 1032 CRESCENT CITY, CA 95531                 | 12/31/18     | 10,000.             |
| TOTAL INCLUDED ON LINE 3                  |   |              | <hr/> 81,000. <hr/> |

FORM 199

COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

|  |         |         |
|--|---------|---------|
| 1. INVENTORY AT BEGINNING OF YEAR . . . . .    |         | 201,150 |
| 2. MERCHANDISE PURCHASED. . . . .              |         |         |
| 3. COST OF LABOR. . . . .                      |         |         |
| 4. MATERIALS AND SUPPLIES . . . . .            | 782,165 |         |
| 5. OTHER COSTS. . . . .                        |         |         |
| 6. ADD LINES 1 THROUGH 5 . . . . .             |         | 983,315 |
| 7. INVENTORY AT END OF YEAR . . . . .          |         | 201,057 |
| 8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . . |         | 782,258 |

| CA 199                             | OTHER INCOME | STATEMENT | 3 |
|------------------------------------|--------------|-----------|---|
| DESCRIPTION                        |              | AMOUNT    |   |
| CREDIT CARD REBATES                |              | 398.      |   |
| OUTDOOR SCHOOLS                    |              | 2,450.    |   |
| MILL CREEK NURSERY                 |              | 226.      |   |
| TOTAL TO FORM 199, PART II, LINE 7 |              | 3,074.    |   |

| CA 199 | COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES | STATEMENT | 4 |
|--------|--|-----------|---|
|--------|--|-----------|---|

| NAME AND ADDRESS  | TITLE AND<br>AVERAGE HRS WORKED/WK | COMPENSATION |
|---|------------------------------------|--------------|
| MICHAEL CALDWELL<br>1111 SECOND STREET<br>CRESCENT CITY, CA 95531   | MEMBER<br>0.50                     | 0.           |
| ALEX CAMPBELL<br>1111 SECOND STREET<br>CRESCENT CITY, CA 95531      | MEMBER<br>0.50                     | 0.           |
| DENVER NELSON<br>1111 SECOND STREET<br>CRESCENT CITY, CA 95531      | MEMBER<br>0.50                     | 0.           |
| MARY GEARHEART<br>1111 SECOND STREET<br>CRESCENT CITY, CA 95531     | SECRETARY<br>0.60                  | 0.           |
| ROSS WELCH<br>1111 SECOND STREET<br>CRESCENT CITY, CA 95531         | VICE CHAIRPERSON<br>0.50           | 0.           |
| LINDSAY RIGHTER<br>1111 SECOND STREET<br>CRESCENT CITY, CA 95531    | MEMBER<br>0.50                     | 0.           |
| KATHLEEN WHITESIDE<br>1111 SECOND STREET<br>CRESCENT CITY, CA 95531 | MEMBER<br>0.50                     | 0.           |
| ZACHARY ZWERDLING<br>1111 SECOND STREET<br>CRESCENT CITY, CA 95531  | CHAIRPERSON<br>0.60                | 0.           |



REDWOOD PARKS CONSERVANCY

\*\*-\*\*\*4901

|   |                             |                |
|---|-----------------------------|----------------|
| BILL ABLER<br>1111 SECOND STREET<br>CRESCENT CITY, CA 95531       | MEMBER<br>0.50              | 0.             |
| LARRY HENDRIX<br>1111 SECOND STREET<br>CRESCENT CITY, CA 95531    | MEMBER<br>0.20              | 0.             |
| ANTHONY STUBBS<br>1111 SECOND STREET<br>CRESCENT CITY, CA 95531   | TREASURER<br>0.70           | 0.             |
| MATTHEW MARSHALL<br>1111 SECOND STREET<br>CRESCENT CITY, CA 95531 | MEMBER<br>0.50              | 0.             |
| SUSAN ANDREWS<br>1111 SECOND STREET<br>CRESCENT CITY, CA 95531    | MEMBER<br>0.50              | 0.             |
| CATHY BONSER<br>1111 SECOND STREET<br>CRESCENT CITY, CA 95531     | EXECUTIVE DIRECTOR<br>45.00 | 85,000.        |
| TOTAL TO FORM 199, PART II, LINE 11                               |                             | <u>85,000.</u> |

|        |                |           |   |
|--------|----------------|-----------|---|
| CA 199 | OTHER EXPENSES | STATEMENT | 5 |
|--------|----------------|-----------|---|

| DESCRIPTION                         | AMOUNT          |
|-------------------------------------|-----------------|
| COMMUNICATION EXPENSE               | 7,837.          |
| OTHER EXPENSE                       | 4,868.          |
| LICENSE, DUES & FEES                | 2,382.          |
| PENSION PLAN CONTRIBUTIONS          | 8,755.          |
| OTHER EMPLOYEE BENEFITS             | 42,589.         |
| ACCOUNTING FEES                     | 62,432.         |
| OFFICE EXPENSES                     | 22,335.         |
| TRAVEL                              | 11,024.         |
| CONFERENCES AND CONVENTIONS         | 13,877.         |
| INSURANCE                           | 6,888.          |
| TOTAL TO FORM 199, PART II, LINE 17 | <u>182,987.</u> |

| CA 199                                 | OTHER ASSETS | STATEMENT    | 6           |
|--|--------------|--------------|-------------|
| DESCRIPTION                            |              | BEG. OF YEAR | END OF YEAR |
| PREPAID EXPENSES AND DEFERRED CHARGES  |              | 8,209.       | 8,297.      |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 |              | 8,209.       | 8,297.      |

| CA 199                                 | FUND BALANCES | STATEMENT    | 7           |
|--|---------------|--------------|-------------|
| DESCRIPTION                            |               | BEG. OF YEAR | END OF YEAR |
| UNRESTRICTED ASSETS                    |               | 810,077.     | 933,260.    |
| TEMPORARILY RESTRICTED ASSETS          |               | 118,952.     | 203,962.    |
| TOTAL TO FORM 199, SCHEDULE L, LINE 21 |               | 929,029.     | 1,137,222.  |

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN \*\* - \*\*\* 4901

Corporation name

California corporation number

REDWOOD PARKS CONSERVANCY

1535009

Part I Election To Expense Certain Property Under IRC Section 179

Table with 5 rows for election details and 13 rows for property details. Includes columns for description, cost, and elected cost.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table with 8 columns: (a) Description property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation allowed or allowable in earlier years, (e) Depreciation Method, (f) Life or rate, (g) Depreciation for this year, (h) Additional first year depreciation.

Part III Summary

Summary table with 3 rows for total expense, total depreciation, and depreciation adjustment.

Part IV Amortization

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Amortization allowed or allowable in earlier years, (e) R&TC section, (f) Period or percentage, (g) Amortization for this year.

| CA 3885                            |                    | DEPRECIATION     |               |        |       | STATEMENT 8       |       |
|------------------------------------|--------------------|------------------|---------------|--------|-------|-------------------|-------|
| ASSET NO./<br>DESCRIPTION          | DATE IN<br>SERVICE | COST OR<br>BASIS | PRIOR<br>DEPR | METHOD | LIFE  | DEPRE-<br>CIATION | BONUS |
| 1 FURNITURE AND FIXTURES - VARIOUS | 01/01/01           | 13,353.          | 13,353.       | SL     | 15.00 | 0.                |       |
| 2 POS SYSTEM                       | 01/01/12           | 25,431.          | 25,431.       | SL     | 5.00  | 0.                |       |
| 3 STORAGE TUBS                     | 10/15/13           | 3,876.           | 3,876.        | SL     | 3.00  | 0.                |       |
| 4 WIRE SHELVING                    | 06/24/13           | 1,806.           | 1,161.        | SL     | 7.00  | 258.              |       |
| 5 LADDER CC HQ                     | 01/14/13           | 777.             | 776.          | SL     | 5.00  | 1.                |       |
| 6 SHELVING, HAND TRUCK, LADDER     | 10/15/13           | 2,820.           | 2,397.        | SL     | 5.00  | 423.              |       |
| 7 TABLET                           | 03/14/13           | 664.             | 664.          | SL     | 3.00  | 0.                |       |
| 8 DISPLAY RACKS KUCHEL             | 02/28/13           | 3,379.           | 2,334.        | SL     | 7.00  | 483.              |       |
| 9 NISSAN NV 200                    | 04/25/15           | 21,656.          | 11,549.       | SL     | 5.00  | 4,331.            |       |
| TOTAL TO FORM 3885                 |                    | 73,762.          | 61,541.       |        |       | 5,496.            |       |

**Voucher at bottom of page.**

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.**  
If the amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2018 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:  
**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:** Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.  
S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.  
Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

839035 12-12-18

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR **2018** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM **3586 (e-file)**

0000000 REDW \*\*-\*\*\*4901 1535009 18 FORM 3  
TYB 01-01-2018 TYE 12-31-2018  
REDWOOD PARKS CONSERVANCY

1111 SECOND STREET  
CRESCENT CITY CA 95531

(707) 464-9150

Amount of Payment 10.

TAXABLE YEAR  
**2018**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

|                                  |                     |
|----------------------------------|---------------------|
| Exempt Organization name         | Identifying number  |
| <b>REDWOOD PARKS CONSERVANCY</b> | <b>** - ***4901</b> |

**Part I Electronic Return Information** (whole dollars only)

|  |          |                  |
|--|----------|------------------|
| <b>1</b> Total gross receipts (Form 199, line 4)             | <b>1</b> | <b>1,849,470</b> |
| <b>2</b> Total gross income (Form 199, line 8)               | <b>2</b> | <b>1,067,212</b> |
| <b>3</b> Total expenses and disbursements (Form 199, line 9) | <b>3</b> | <b>859,019</b>   |

**Part II Settle Your Account Electronically for Taxable Year 2018**

|   |                  |  |
|---|------------------|--|
| <b>4</b> <input type="checkbox"/> Electronic funds withdrawal | <b>4a</b> Amount | <b>4b</b> Withdrawal date (mm/dd/yyyy) |
|---|------------------|--|

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

|                               |  |
|-------------------------------|--|
| <b>5</b> Routing number _____ | <b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| <b>6</b> Account number _____ |  |

**Part IV Declaration of Officer**



I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2018 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements to be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**



|                  |  |  |   |
|------------------|--|--|---|
| <b>Sign Here</b> |  |  |  |
|                  | Signature of officer   | Date   | <b>EXECUTIVE DIRECTOR</b>   |

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

|                  |   |   |   |   |                             |
|------------------|---|---|---|---|-----------------------------|
| <b>ERO</b>       | ERO's signature                                      | Date  | Check if also paid preparer <input checked="" type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN <b>P00443366</b> |
| <b>Must Sign</b> | Firm's name (or yours if self-employed) and address  | <b>DAVID L. MOONIE &amp; CO., LLP</b><br><b>325 SECOND STREET, SUITE 301</b><br><b>EUREKA, CA</b> |   |   | FEIN <b>** - ***6328</b>    |
|                  |   |   |   |   | ZIP code <b>95501</b>       |

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

|                      |   |      |   |                      |
|----------------------|---|------|---|----------------------|
| <b>Paid Preparer</b> | Paid preparer's signature                            | Date | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN |
| <b>Must Sign</b>     | Firm's name (or yours if self-employed) and address  |      |   | FEIN                 |
|                      |   |      |   | ZIP code             |

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

December 31, 2018

|   |   |
|---|---|
| <b>Prepared for</b>                                 | Joanna Di Tommaso, Executive Director<br>Redwood Parks Conservancy<br>1111 Second Street<br>Crescent City, CA 95531 |
| <b>Prepared by</b>                                  | David L. Moonie & Co., LLP<br>325 Second Street, Suite 301<br>Eureka, CA 95501                                      |
| <b>Amount due or refund</b>                         | Balance due of \$150.00   |
| <b>Make check payable to</b>                        | Attorney General Registry of Charitable Trusts  |
| <b>Mail tax return and check (if applicable) to</b> | Registry of Charitable Trusts<br>P.O. Box 903447<br>Sacramento, CA 94203-4470                                       |
| <b>Return must be mailed on or before</b>           | Please mail as soon as possible.  |
| <b>Special Instructions</b>                         | The report should be signed and dated by the authorized individual(s).  |

**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 (916) 210-6400

**WEB SITE ADDRESS:**  
[www.ag.ca.gov/charities/](http://www.ag.ca.gov/charities/)

**ANNUAL  
 REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Section 12586 and 12587, California Government Code  
 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

|  |   |
|--|---|
| State Charity Registration Number: <b>CT 065283</b><br><br><b>REDWOOD PARKS CONSERVANCY</b><br><small>Name of Organization</small><br><br><b>1111 SECOND STREET</b><br><small>Address (Number and Street)</small><br><br><b>CRESCENT CITY, CA 95531</b><br><small>City or Town, State and ZIP Code</small> | Check if:<br><input type="checkbox"/> Change of address<br><br><input type="checkbox"/> Amended report<br><br>Corporate or Organization No. <u>1535009</u><br><br>Federal Employer I.D. No. <u>68-0084901</u> |
|--|---|

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

| Gross Receipts                 | Fee  | Gross Annual Revenue              | Fee  | Gross Annual Revenue                  | Fee   |
|--------------------------------|------|-----------------------------------|------|---------------------------------------|-------|
| Less than \$25,000             | 0    | Between \$100,001 and \$250,000   | \$50 | Between \$1,000,001 and \$10 million  | \$150 |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 million | \$75 | Between \$10,000,001 and \$50 million | \$225 |
|                                |      |                                   |      | Greater than \$50 million             | \$300 |

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2018 ending 12/31/2018 ) list:  
 Gross annual revenue \$ 1,067,212 Total assets \$ 1,200,279

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

|   | Yes | No |
|---|-----|----|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? |     | X  |
| 2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?  |     | X  |
| 3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?  |     | X  |
| 4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.  |     | X  |
| 5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.   |     | X  |
| 6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.   |     | X  |
| 7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.  |     | X  |
| 8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.  |     | X  |
| 9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?  | X   |    |

Organization's area code and telephone number 707-464-9150

Organization's e-mail address \_\_\_\_\_

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.

**JOANNA DI TOMMASO**
**EXECUTIVE DIRECTOR**

Signature of authorized officer
Printed Name
Title
Date