

Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

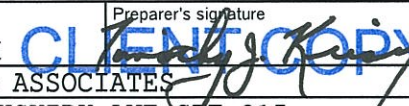
| | | | |
|--|--|--|---|
| A For the 2012 calendar year, or tax year beginning | | , 2012, and ending | |
| B Check if applicable: | C | D Employer Identification Number | |
| <input type="checkbox"/> Address change | REGIONAL PARKS FOUNDATION PO BOX 21074, CRESTMONT STATION OAKLAND, CA 94620-1074 | 23-7011877 | |
| <input type="checkbox"/> Name change | | E Telephone number | |
| <input type="checkbox"/> Initial return | | (510) 544-2200 | |
| <input type="checkbox"/> Terminated | | G Gross receipts \$ | 2,286,230. |
| <input type="checkbox"/> Amended return | | H(a) Is this a group return for affiliates? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Application pending | F Name and address of principal officer: NANCY BAGLIETTO PO BOX 21074 OAKLAND, CA 94620-1074 | H(b) Are all affiliates included? If 'No,' attach a list. (see instructions) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I Tax-exempt status | <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 | H(c) Group exemption number ▶ | |
| J Website: WWW.REGIONALPARKSFOUNDATION.ORG | | | |
| K Form of organization: | <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | L Year of Formation: 1969 | M State of legal domicile: CA |

Part I Summary

| | | | |
|--|---|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>THE REGIONAL PARKS FOUNDATION</u> <u>ENCOURAGES PRIVATE CONTRIBUTIONS IN SUPPORT OF THE EAST BAY REGIONAL PARK</u> <u>DISTRICT.</u> | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a)..... | 3 | 14 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b)..... | 4 | 14 |
| | 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)..... | 5 | 0 |
| | 6 Total number of volunteers (estimate if necessary)..... | 6 | 14 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12..... | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 34..... | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h)..... | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g)..... | 1,396,637. | 1,333,984. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... | 126,351. | 94,680. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... | 26,862. | 37,168. |
| | 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... | 1,549,850. | 1,465,832. |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... | 837,156. | 1,042,851. |
| Expenses | 14 Benefits paid to or for members (Part IX, column (A), line 4)..... | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... | | |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e)..... | | 18,300. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 101,390. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... | 325,795. | 354,658. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... | 1,162,951. | 1,415,809. |
| Net Assets or Fund Balances | 19 Revenue less expenses. Subtract line 18 from line 12..... | 386,899. | 50,023. |
| | 20 Total assets (Part X, line 16)..... | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26)..... | 2,688,693. | 2,896,772. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20..... | 58,669. | 121,424. |
| | | 2,630,024. | 2,775,348. |

Part II Signature Block

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

| | | | | | |
|-------------------------------|---|---|---------|---|--------------------------|
| Sign Here | Signature of officer | Date | | | |
| | NANCY BAGLIETTO Type or print name and title. | DIR OF OPERATIONS | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | TIMOTHY J KRISCH |  | 8-22-13 | | P00283083 |
| | Firm's name ▶ MAZE & ASSOCIATES | | | | |
| | Firm's address ▶ 3478 BUSKIRK AVE STE 215 PLEASANT HILL, CA 94523-4346 | | | | |
| | | | | Firm's EIN ▶ 94-2590179 | Phone no. (925) 930-0902 |

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III. ☒ **X**

- 1**
- Briefly describe the organization's mission:

SEE SCHEDULE O

- 2**
- Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No

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

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

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

- 4**
- Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4 a (Code:) (Expenses \$ 1,042,851. including grants of \$ 1,042,851.) (Revenue \$)SEE SCHEDULE O**4 b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4 c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4 d** Other program services. (Describe in Schedule O.)

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

4 e Total program service expenses **▶** 1,042,851.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-------------|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> | 21 X | |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> | 22 | X |
| 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> | 23 X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i> | 24a | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> | 25a | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i> | 25b | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i> | 26 | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> | 27 | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> | 28a | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> | 28b | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i> | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> | 29 X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> | 32 | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i> | 34 X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> | 35b | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> | 36 | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> | 37 | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 X | |

BAA

Form 990 (2012)

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

| | | Yes | No |
|--|--------------|-----|----|
| 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 1 a 0 | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 1 b 0 | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | | |
| 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | 2 a 0 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) | | | |
| 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | | X |
| b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. | 3 b | | |
| 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4 a | | X |
| b If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | X |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | |
| 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6 a | | X |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7 a | | X |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | | X |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year. | 7 d | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the organization make any taxable distributions under section 4966? | 9 a | | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | 9 b | | |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12. | 10 a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10 b | | |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| a Gross income from members or shareholders | 11 a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11 b | | |
| 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12 a | | |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. | 12 b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? | 13 a | | |
| Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13 b | | |
| c Enter the amount of reserves on hand | 13 c | | |
| 14 a Did the organization receive any payments for indoor tanning services during the tax year? | 14 a | | X |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. | 14 b | | |

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI. ☒**Section A. Governing Body and Management**

| | Yes | No |
|---|-----|----|
| 1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| b Enter the number of voting members included in line 1a, above, who are independent. 1 b 14 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? | 2 | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | X |
| 6 Did the organization have members or stockholders? | 6 | X |
| 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7 a | X |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? | 7 b | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? | 8 a | X |
| b Each committee with authority to act on behalf of the governing body? | 8 b | X |
| 9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. | 9 | X |

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

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

Section C. Disclosure

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

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

☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

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

▶ NANCY BAGLIETTO 2950 PERALTA OAKS COURT OAKLAND CA 94605-5320 (510) 544-2212

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| SEE SCHEDULE O | | | | | | | | | | |
| (1) JAY GILSON DIRECTOR | 1 0 | X | | | | | | 0. | 0. | 0. |
| (2) RAND H SWENSON BOARD PRESIDENT | 1 0 | X | | X | | | | 0. | 0. | 0. |
| (3) BILL YARBOROUGH BOARD TREASURER | 1 0 | X | | X | | | | 0. | 0. | 0. |
| (4) JOHN DILSAVER DIRECTOR | 1 0 | X | | | | | | 0. | 0. | 0. |
| (5) WILLIAM ACEVEDO VICE PRESIDENT | 1 0 | X | | X | | | | 0. | 0. | 0. |
| (6) JENNY MACK DIRECTOR | 1 0 | X | | | | | | 0. | 0. | 0. |
| (7) CHIP CONRADI DIRECTOR | 1 0 | X | | | | | | 0. | 0. | 0. |
| (8) CHRISTINA CLARK DIRECTOR | 1 0 | X | | | | | | 0. | 0. | 0. |
| (9) ROBERT JACQUES BOARD SECRETARY | 1 0 | X | | X | | | | 0. | 0. | 0. |
| (10) GEORGE SLOAN DIRECTOR | 1 0 | X | | | | | | 0. | 0. | 0. |
| (11) JEANNE KENNEDY DIRECTOR | 1 0 | X | | | | | | 0. | 0. | 0. |
| (12) CHRIS ABESS DIRECTOR | 1 0 | X | | | | | | 0. | 0. | 0. |
| (13) SARAH CONNICK DIRECTOR | 1 0 | X | | | | | | 0. | 0. | 0. |
| (14) JAMES W POTTS III DIRECTOR | 1 0 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | | | |
| (15) CAROL JOHNSON EXECUTIVE DIR. | 4 36 | | | X | | | 0. | 128,997. | 71,422. |
| (16) NANCY BAGLIETTO DIR OF OPER. | 36 4 | | | X | | | 0. | 112,831. | 64,081. |
| (17) | | | | | | | | | |
| (18) | | | | | | | | | |
| (19) | | | | | | | | | |
| (20) | | | | | | | | | |
| (21) | | | | | | | | | |
| (22) | | | | | | | | | |
| (23) | | | | | | | | | |
| (24) | | | | | | | | | |
| (25) | | | | | | | | | |
| 1 b Sub-total | | | | | | | 0. | 241,828. | 135,503. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | 0. | 241,828. | 135,503. |
| 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 | | | | | | | | | |

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

| | Yes | No |
|----------|-----|----|
| 3 | | X |
| 4 | X | |
| 5 | X | |

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII. ☐

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|--|---|---------------------------|----------------------|--|---|---|
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | 1 a Federated campaigns..... | 1 a | | | | |
| | b Membership dues..... | 1 b | 513,902. | | | |
| | c Fundraising events..... | 1 c | | | | |
| | d Related organizations..... | 1 d | | | | |
| | e Government grants (contributions)... | 1 e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above... | 1 f | 820,082. | | | |
| | g Noncash contributions included in lns 1a-1f: \$ | | | | | |
| h Total. Add lines 1a-1f..... | | | 1,333,984. | | | |
| PROGRAM SERVICE REVENUE | Business Code | | | | | |
| | 2 a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue... | | | | | |
| g Total. Add lines 2a-2f..... | | | | | | |
| OTHER REVENUE | 3 Investment income (including dividends, interest and other similar amounts)..... | | 73,136. | | | 73,136. |
| | 4 Income from investment of tax-exempt bond proceeds. | | | | | |
| | 5 Royalties..... | | | | | |
| | 6 a Gross rents..... | (i) Real (ii) Personal | | | | |
| | b Less: rental expenses | | | | | |
| | c Rental income or (loss)... | | | | | |
| | d Net rental income or (loss)..... | | | | | |
| | 7 a Gross amount from sales of assets other than inventory. | (i) Securities (ii) Other | 841,942. | | | |
| | b Less: cost or other basis and sales expenses..... | | 820,398. | | | |
| | c Gain or (loss)..... | | 21,544. | | | |
| | d Net gain or (loss)..... | | 21,544. | | | 21,544. |
| | 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18..... | a | 37,168. | | | |
| | b Less: direct expenses..... | b | | | | |
| | c Net income or (loss) from fundraising events..... | | 37,168. | | | 37,168. |
| | 9 a Gross income from gaming activities. See Part IV, line 19..... | a | | | | |
| | b Less: direct expenses..... | b | | | | |
| | c Net income or (loss) from gaming activities..... | | | | | |
| 10 a Gross sales of inventory, less returns and allowances..... | a | | | | | |
| b Less: cost of goods sold..... | b | | | | | |
| c Net income or (loss) from sales of inventory..... | | | | | | |
| Miscellaneous Revenue Business Code | | | | | | |
| 11 a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue..... | | | | | | |
| e Total. Add lines 11a-11d..... | | | | | | |
| 12 Total revenue. See instructions..... | | | 1,465,832. | 0. | 0. | 131,848. |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21..... | 1,041,492. | 1,041,492. | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22..... | 1,359. | 1,359. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members..... | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees..... | 0. | 0. | 0. | 0. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... | 0. | 0. | 0. | 0. |
| 7 Other salaries and wages..... | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)..... | | | | |
| 9 Other employee benefits..... | | | | |
| 10 Payroll taxes..... | | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management..... | | | | |
| b Legal..... | | | | |
| c Accounting..... | 13,764. | | 13,764. | |
| d Lobbying..... | | | | |
| e Professional fundraising services. See Part IV, line 17. . | 18,300. | | | 18,300. |
| f Investment management fees..... | | | | |
| g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O.) SCH O | 146,974. | | 146,974. | |
| 12 Advertising and promotion..... | 3,562. | | 3,562. | |
| 13 Office expenses..... | 2,037. | | 2,037. | |
| 14 Information technology..... | | | | |
| 15 Royalties..... | | | | |
| 16 Occupancy..... | | | | |
| 17 Travel..... | 1,575. | | 1,575. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials..... | | | | |
| 19 Conferences, conventions, and meetings. . . | 2,283. | | 2,283. | |
| 20 Interest..... | | | | |
| 21 Payments to affiliates..... | | | | |
| 22 Depreciation, depletion, and amortization . . | 4,307. | | 4,307. | |
| 23 Insurance..... | 1,481. | | 1,481. | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)..... | | | | |
| a MEMBERSHIP PROGRAM | 71,573. | | | 71,573. |
| b COMPUTER EXPENSE | 35,180. | | 35,180. | |
| c BANK CHARGES | 24,152. | | 24,152. | |
| d INVESTMENT EXPENSE | 20,854. | | 20,854. | |
| e All other expenses..... | 26,916. | | 15,399. | 11,517. |
| 25 Total functional expenses. Add lines 1 through 24e . . | 1,415,809. | 1,042,851. | 271,568. | 101,390. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)..... | | | | |

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X. ☐

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|------------|--------------------|
| ASSETS | 1 Cash — non-interest-bearing | 374,943. | 1 | 342,922. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 170,232. | 3 | 140,650. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 36,529. | 9 | 39,298. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 58,556. | | |
| | b Less: accumulated depreciation | 10b 49,430. | | |
| | 11 Investments — publicly traded securities | 8,903. | 10c | 9,126. |
| | 12 Investments — other securities. See Part IV, line 11. | 2,098,086. | 11 | 2,364,776. |
| | 13 Investments — program-related. See Part IV, line 11. | | 12 | |
| | 14 Intangible assets | | 13 | |
| 15 Other assets. See Part IV, line 11. | | 14 | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34). | 2,688,693. | 15 | | |
| LIABILITIES | 17 Accounts payable and accrued expenses | 2,688,693. | 16 | 2,896,772. |
| | 18 Grants payable | 58,669. | 17 | 121,424. |
| | 19 Deferred revenue | | 18 | |
| | 20 Tax-exempt bond liabilities | | 19 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 20 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 21 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 22 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 23 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 24 | |
| | 26 Total liabilities. Add lines 17 through 25. | 58,669. | 25 | |
| NET ASSETS OR FUND BALANCES | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | | | |
| | 28 Temporarily restricted net assets | 805,745. | 27 | 700,399. |
| | 29 Permanently restricted net assets | 1,616,214. | 28 | 1,765,620. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | 208,065. | 29 | 309,329. |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 33 Total net assets or fund balances | | 32 | |
| | 34 Total liabilities and net assets/fund balances | 2,630,024. | 33 | 2,775,348. |
| | 2,688,693. | 34 | 2,896,772. | |

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Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI. ☐

| | | | |
|----|---|----|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)..... | 1 | 1,465,832. |
| 2 | Total expenses (must equal Part IX, column (A), line 25)..... | 2 | 1,415,809. |
| 3 | Revenue less expenses. Subtract line 2 from line 1..... | 3 | 50,023. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))..... | 4 | 2,630,024. |
| 5 | Net unrealized gains (losses) on investments..... | 5 | 95,301. |
| 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 | 2,775,348. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question 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 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..... | | |

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Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

REGIONAL PARKS FOUNDATION

Employer identification number

23-7011877

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

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

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | Yes | No |
|------------|-----|----|
| 11 g (i) | | |
| 11 g (ii) | | |
| 11 g (iii) | | |

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in column (i) listed in your governing document? | | (v) Did you notify the organization in column (i) of your support? | | (vi) Is the organization in column (i) organized in the U.S.? | | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|------------|------------|------------|------------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) | 1,251,917. | 1,248,388. | 1,320,373. | 1,396,637. | 1,333,984. | 6,551,299. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | 0. |
| 4 Total. Add lines 1 through 3 ... | 1,251,917. | 1,248,388. | 1,320,373. | 1,396,637. | 1,333,984. | 6,551,299. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .. | | | | | | 327,330. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 6,223,969. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|------------|------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4 | 1,251,917. | 1,248,388. | 1,320,373. | 1,396,637. | 1,333,984. | 6,551,299. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 90,195. | 76,913. | 70,390. | 72,934. | 73,136. | 383,568. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV | 40,883. | 42,156. | 33,944. | 44,463. | 37,168. | 198,614. |
| 11 Total support. Add lines 7 through 10 | | | | | | 7,133,481. |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | 0. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-------------------------------------|---------|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | 87.25 % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 | 15 | 91.29 % |
| 16a 33-1/3% support test – 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | |
| b 33-1/3% support test – 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 17a 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ... | <input type="checkbox"/> | |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)..... | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose..... | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf..... | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge... | | | | | | |
| 6 Total. Add lines 1 through 5... | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons..... | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year..... | | | | | | |
| c Add lines 7a and 7b..... | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.)..... | | | | | | |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6..... | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources..... | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975... | | | | | | |
| c Add lines 10a and 10b..... | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on..... | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)..... | | | | | | |
| 13 Total support. (Add lns 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33-1/3% support tests – 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.▶ ☐

b 33-1/3% support tests – 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.▶ ☐

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

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

This image shows a full page of white paper with horizontal dashed lines. The lines are evenly spaced and run across the entire width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the page.

PART II, LINE 10 - OTHER INCOME

| NATURE AND SOURCE | 2012 | 2011 | 2010 | 2009 | 2008 |
|--------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| FUNDRAISING EVENTS | \$ 37,168. | \$ 44,463. | \$ 33,944. | \$ 42,156. | \$ 40,883. |
| TOTAL | <u>\$ 37,168.</u> | <u>\$ 44,463.</u> | <u>\$ 33,944.</u> | <u>\$ 42,156.</u> | <u>\$ 40,883.</u> |

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No. 1545-0047

2012

Name of the organization

REGIONAL PARKS FOUNDATION

Employer identification number

23-7011877

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

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

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

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

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

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

REGIONAL PARKS FOUNDATION

23-7011877

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

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|---|-------------------------------|--|
| 1 | KAISER PERMANENTE - NO CA REGION 1950 FRANKLIN STREET, 3RD FLR OAKLAND, CA 94612-5129 | \$ 140,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | RECREATIONAL EQUIPMENT INC 1338 SAN PABLO AVE BERKELEY, CA 94702-1022 | \$ 45,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | THOMAS F. WOLF 29 WOOD LN FAIRFAX, CA 94930-2015 | \$ 99,483. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

REGIONAL PARKS FOUNDATION

Employer identification number

23-7011877

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10)**organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)

Use duplicate copies of Part III if additional space is needed.

▶ \$ N/A

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization

REGIONAL PARKS FOUNDATION

Employer identification number

23-7011877

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4 a Was a correction made? ☐ Yes ☐ No
b If 'Yes,' describe in Part IV.

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|----------|-------------|---------|--|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

Schedule C (Form 990 or 990-EZ) 2012

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and 'limited control' provisions apply.

| Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|------------------------------------|-----------------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|--|
| 1 a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | 0. | 0. | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | 0. | 0. | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | 0. | 0. | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | 0. | 0. | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | 0. | 0. | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
| 2 a Lobbying non-taxable amount | 193,632. | 212,385. | | | 406,017. |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 609,026. |
| c Total lobbying expenditures | 500. | 2,500. | | | 3,000. |
| d Grassroots nontaxable amount | 48,408. | 53,096. | | | 101,504. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 152,256. |
| f Grassroots lobbying expenditures | 500. | 2,500. | | | 3,000. |

BAA

Schedule C (Form 990 or 990-EZ) 2012

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

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Part IV Supplemental Information

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

ADDITIONAL INFORMATION

EXPENDITURES MADE TO RECOGNIZE MAJOR SUPPORTERS OF THE BALLOT MEASURE "WW - YES FOR PARKS."

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Employer identification number

REGIONAL PARKS FOUNDATION

23-7011877

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|------------------------------|------------------------------|
| 1 Total number at end of year..... | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year)..... | | |
| 4 Aggregate value at end of year..... | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... | <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' to Form 990, Part IV, line 7.

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

| | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> 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..... | 2 a |
| b Total acreage restricted by conservation easements..... | 2 b |
| c Number of conservation easements on a certified historic structure included in (a)..... | 2 c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register..... | 2 d |

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X..... ▶ \$

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

1 a 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..... | 1 c |
| d Additions during the year..... | 1 d |
| e Distributions during the year..... | 1 e |
| f Ending balance..... | 1 f |

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

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

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

| | (a) Current | (b) Prior year | (c) Two years | (d) Three years | (e) Four years |
|---|-------------|----------------|---------------|-----------------|----------------|
| 1 a Beginning of year balance..... | 208,065. | 157,400. | 105,000. | 101,000. | 40,000. |
| b Contributions..... | 101,264. | 50,665. | 52,400. | 4,000. | 61,000. |
| c Net investment earnings, gains, and losses..... | | | | | |
| d Grants or scholarships..... | | | | | |
| e Other expenditures for facilities and programs..... | | | | 0. | |
| f Administrative expenses..... | | | | | |
| g End of year balance..... | 309,329. | 208,065. | 157,400. | 105,000. | 101,000. |

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 ▶ 100.00 %

c Temporarily restricted endowment ▶ _____ %

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

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

(i) unrelated organizations.....

(ii) related organizations.....

| | Yes | No |
|--------|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?.....

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land..... | | | | |
| b Buildings..... | | | | |
| c Leasehold improvements..... | | | | |
| d Equipment..... | | | | |
| e Other..... | | 58,556. | 49,430. | 9,126. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)..... | | | | 9,126. |

BAA

Schedule D (Form 990) 2012

Part VII Investments – Other Securities. See Form 990, Part X, line 12. N/A

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

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

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

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

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

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

| (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) .. ▶ | |

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

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

| | | | | |
|---|--|-----|----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements..... | | 1 | 2,046,355. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains on investments..... | 2 a | 95,301. | |
| b | Donated services and use of facilities..... | 2 b | 485,222. | |
| c | Recoveries of prior year grants..... | 2 c | | |
| d | Other (Describe in Part XIII.)..... | 2 d | | |
| e | Add lines 2a through 2d..... | | 2 e | 580,523. |
| 3 | Subtract line 2e from line 1..... | | 3 | 1,465,832. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b..... | 4 a | | |
| b | Other (Describe in Part XIII.)..... | 4 b | | |
| c | Add lines 4a and 4b..... | | 4 c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)..... | | 5 | 1,465,832. |

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

| | | | | |
|---|---|-----|----------|------------|
| 1 | Total expenses and losses per audited financial statements..... | | 1 | 1,901,031. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities..... | 2 a | 485,222. | |
| b | Prior year adjustments..... | 2 b | | |
| c | Other losses..... | 2 c | | |
| d | Other (Describe in Part XIII.)..... | 2 d | | |
| e | Add lines 2a through 2d..... | | 2 e | 485,222. |
| 3 | Subtract line 2e from line 1..... | | 3 | 1,415,809. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b..... | 4 a | | |
| b | Other (Describe in Part XIII.)..... | 4 b | | |
| c | Add lines 4a and 4b..... | | 4 c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)..... | | 5 | 1,415,809. |

Part XIII Supplemental Information

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE REGIONAL PARKS FOUNDATION ENDOWMENT FUNDS ARE TO SUPPORT THE FOUNDATION'S

CAMPERSHIP YOUTH SCHOLARSHIP, ENVIRONMENTAL RESTORATION PROGRAMS AND THE BOTANIC GARDEN.

PART X - FIN 48 FOOTNOTE

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRE THE RECOGNITION, MEASUREMENT,

CLASSIFICATION & DISCLOSURE IN THE FINANCIAL STATEMENTS OF UNCERTAIN TAX POSITIONS

TAKEN OR EXPECTED TO BE TAKEN IN THE ORGANIZATION'S TAX RETURN. MANAGEMENT HAS

BAA

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE (CONTINUED)**

DETERMINED THAT THE FOUNDATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS & ASSOCIATED UNRECOGNIZED BENEFITS THAT MATERIALLY IMPACT THE FINANCIAL STATEMENTS OR RELATED DISCLOSURES. SINCE TAX MATTERS ARE SUBJECT TO SOME DEGREE OF UNCERTAINTY, THERE CAN BE NO ASSURANCE THAT THE FOUNDATION'S TAX RETURNS WILL NOT BE CHALLENGED BY THE TAXING AUTHORITIES & THAT THE FOUNDATION WILL NOT BE SUBJECT TO ADDITIONAL TAX, PENALTIES & INTEREST AS A RESULT OF SUCH CHALLENGE. GENERALLY, THE FOUNDATION'S TAX RETURNS REMAIN OPEN FOR FEDERAL INCOME TAX EXAMINATION FOR THREE YEARS FROM THE DATE OF FILING.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

REGIONAL PARKS FOUNDATION

Employer identification number

23-7011877

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

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

- a** ☒ Mail solicitations **e** ☒ Solicitation of non-government grants
b ☒ Internet and email solicitations **f** ☐ Solicitation of government grants
c ☐ Phone solicitations **g** ☒ Special fundraising events
d ☒ In-person solicitations

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

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

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | 0. |

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

CA

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|---|--------------------------------|--------------|------------------------|--|
| | | BOTANICAL GARD (event type) | (event type) | NONE (total number) | (add column (a) through column (c)) |
| REVENUE | 1 Gross receipts..... | 37,168. | | | 37,168. |
| | 2 Less: Charitable contributions | | | | |
| | 3 Gross income (line 1 minus line 2)..... | 37,168. | | | 37,168. |
| DIRECT EXPENSES | 4 Cash prizes | | | | |
| | 5 Noncash prizes..... | | | | |
| | 6 Rent/facility costs..... | | | | |
| | 7 Food and beverages..... | | | | |
| | 8 Entertainment..... | | | | |
| | 9 Other direct expenses..... | | | | |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d)..... | | | | |
| | 11 Net income summary. Combine line 3, column (d), and line 10..... | 37,168. | | | |

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

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

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

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

b If 'No,' explain: _____

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

b If 'Yes,' explain: _____

- 11 Does the organization operate gaming activities with nonmembers?..... ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?..... ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

| | | |
|--|-------------|---|
| a The organization's facility | 13 a | % |
| b An outside facility | 13 b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions

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

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

REGIONAL PARKS FOUNDATION

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. **SEE PART IV**

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) <u>DURHAM SCHOOL SERVICES</u> <u>FILE 749085</u> <u>LOS ANGELES, CA 90074</u> | | | 12,907. | 0. | | | TO PROVIDE CAMP SCHOLARSHIPS |
| (2) <u>EAST BAY REGIONAL PARK DISTRI</u> <u>PO BOX 5381</u> <u>OAKLAND, CA 94605</u> | 94-6000591 | GOV'T ENTITY | 63,206. | 0. | | | TO PROVIDE CAMP SCHOLARSHIPS |
| (3) <u>EAST BAY REGIONAL PARK DISTRI</u> <u>PO BOX 5381</u> <u>OAKLAND, CA 94605</u> | 94-6000591 | GOV'T ENTITY | 824,494. | 0. | | | PROMOTION OF PARK CONSERVATION |
| (4) <u>MICHAEL'S TRANSPORTATION</u> <u>2029 BENNINGTON DR.</u> <u>VALLEJO, CA 94591</u> | 68-0467732 | | 7,125. | 0. | | | TO PROVIDE CAMP SCHOLARSHIPS |
| (5) <u>YMCA CAMP ARROYO</u> <u>5535 ARROYO ROAD</u> <u>LIVERMORE, CA 94550</u> | 36-3258696 | 501(C) (3) | 119,819. | 0. | | | TO PROVIDE CAMP SCHOLARSHIPS |
| (6) ----- | | | | | | | |
| (7) ----- | | | | | | | |
| (8) ----- | | | | | | | |

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

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

TEEA3901L 11/30/12

Schedule I (Form 990) (2012)

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

23-7011877

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 TO PROVIDE CAMP SCHOLARSHIPS | 6 | 1,359. | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2; Part III, column (b), and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

ANNUALLY GRANTEE ORGANIZATIONS ARE REQUIRED TO PROVIDE WRITTEN REPORTS TO THE
REGIONAL PARKS FOUNDATION'S EXECUTIVE DIRECTOR LISTING AMOUNT OF FUNDS EXPENDED,
AMOUNT OF FUNDS UNEXPENDED, PROGRESS TOWARDS COMPLETION OF PROJECT, ESTIMATED DATE OF
COMPLETION AND EXPLANATION IF PROJECT CANNOT BE COMPLETED AS ORIGINALLY APPROVED.
EXECUTIVE DIRECTOR MAY REQUIRE ADDITIONAL DOCUMENTATION FROM GRANTEES IF WARRANTED.
STATUS OF ALL GRANTS IS REPORTED TO THE REGIONAL PARKS FOUNDATION BOARD OF DIRECTORS
ON AN ANNUAL BASIS.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
► **Attach to Form 990.** ► **See separate instructions.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

REGIONAL PARKS FOUNDATION

Employer identification number

23-7011877

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

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

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

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

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

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

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?

- b** Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III.

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

- a** The organization?

- b** Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III.

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.

- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?
If 'Yes,' describe in Part III.

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

Yes No

1 b

2

4 a

4 b

4 c

5 a

5 b

6 a

6 b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|--------------------|--|---------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus and incentive compensation | (iii) Other reportable compensation | | | | |
| CAROL JOHNSON | | | | | | | |
| 1 EXECUTIVE DIR. | (i) 0. | (ii) 0. | (iii) 0. | 0. | 0. | 0. | 0. |
| NANCY BAGLIETTO | | | | | | | |
| 2 DIR OF OPER. | (i) 128,997. | (ii) 0. | (iii) 0. | 0. | 71,422. | 200,419. | 0. |
| | (i) 0. | (ii) 0. | (iii) 0. | 0. | 0. | 0. | 0. |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
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| 16 | | | | | | | |
| BAA | | | | | | | |

TEEA4102L 12/11/12

Schedule J (Form 990) 2012

Part III Supplemental Information

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

PART III - ADDITIONAL INFORMATION

IN ACCORDANCE WITH THE AGREEMENT BETWEEN THE REGIONAL PARKS FOUNDATION
(FOUNDATION) AND THE EAST BAY REGIONAL PARK DISTRICT (EBRPD), STAFF ASSISTANCE TO THE
FOUNDATION IS PROVIDED BY EBRPD STAFF AT NO COST TO THE FOUNDATION. CAROL JOHNSON,
THE EBRPD'S ASSISTANT GENERAL MANAGER, PUBLIC AFFAIRS, IS THE NOMINAL EXECUTIVE
DIRECTOR OF THE FOUNDATION, TAKING ON AVERAGE 4 HOURS PER WEEK AS PART OF HER
REGULAR DUTIES. NANCY BAGLIETTO, THE EBRPD'S FOUNDATION MANAGER, IS THE DIRECTOR OF
OPERATIONS, PROGRAMS & DEVELOPMENT OF THE FOUNDATION, TAKING ON AVERAGE 36 HOURS PER
WEEK AS PART OF HER REGULAR DUTIES. SHE MAKES THE MANAGEMENT DECISIONS ON BEHALF OF
THE FOUNDATION AND HAS THE SIGNING AUTHORITY.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization

REGIONAL PARKS FOUNDATION

Employer identification number

23-7011877

Part I **Types of Property**

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|-------------------------------|---|---|--|
| 1 Art — Works of art | | | | |
| 2 Art — Historical treasures | | | | |
| 3 Art — Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities — Publicly traded | X | 1 | 99,483. | FMV |
| 10 Securities — Closely held stock | | | | |
| 11 Securities — Partnership, LLC, or trust interests | | | | |
| 12 Securities — Miscellaneous | | | | |
| 13 Qualified conservation contribution — Historic structures | | | | |
| 14 Qualified conservation contribution — Other | | | | |
| 15 Real estate — Residential | | | | |
| 16 Real estate — Commercial | | | | |
| 17 Real estate — Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (.....) | | | | |
| 26 Other ► (.....) | | | | |
| 27 Other ► (.....) | | | | |
| 28 Other ► (.....) | | | | |

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | | X |
| 32a | | X |
| 33 | | |

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

Schedule M (Form 990) 2012

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

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings present.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

REGIONAL PARKS FOUNDATION

Employer identification number

23-7011877

FORM 990, PART VI, LINE 15

THE EAST BAY REGIONAL PARK DISTRICT CONTRIBUTED (IN-KIND) STAFFING VALUED AT

\$481,470 FOR THE YEAR ENDED DECEMBER 31, 2012, WHICH IS INCLUDED IN THE

RECONCILIATION OF REVENUE AND EXPENSES (PARTS XII & XIII) ON SCHEDULE D AND SCHEDULE

R. THE ORGANIZATION DOES NOT INTEND TO EMPLOY INDIVIDUALS DIRECTLY.

SCH R, PART V, LINE 2, ITEMS (2) & (3)

CONTRIBUTED (IN-KIND) SERVICES, SUPPLIES AND PROPERTY ARE RECORDED AT ESTIMATED FAIR

VALUE AT THE TIME OF DONATION. FAIR VALUE IS DETERMINED BY APPRAISALS OR ESTIMATES

MADE BY THE FOUNDATION. DURING 2012 THE FOUNDATION RECEIVED CONTRIBUTED SERVICES,

SUPPLIES, AND PROPERTY FROM THE EAST BAY REGIONAL PARKS DISTRICT WITH AN ESTIMATED

FAIR VALUE OF \$485,222.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE FOUNDATION'S MISSION IS TO PROVIDE BROADER PUBLIC ACCESS TO THE PARK DISTRICT'S

65 REGIONAL PARKS, 1,200 MILES OF TRAILS, AND 40 MILES OF SHORELINE THAT MAKE UP

MORE THAN 113,000 ACRES THROUGHOUT ALAMEDA AND CONTRA COSTA COUNTIES. OVER THE

YEARS, THE FOUNDATION'S COMMITMENT HAS REMAINED STEADFAST IN ITS PURSUIT TO INCREASE

VISITATION AND ENGAGEMENT FOR THOSE UNDERSERVED, AT-RISK, DISABLED, AND LOW-INCOME

POPULATIONS WISHING TO PARTAKE IN THE MULTITUDE OF OFFERINGS WITHIN THE REGIONAL

PARKS LANDSCAPE AND SERVICE DELIVERY - AN INITIATIVE FITTINGLY CALLED, "ACCESS FOR

ALL."

IN ADDITION TO FUNDRAISING ON BEHALF OF THE REGIONAL PARKS' PROGRAMS, SERVICES, AND

RESOURCE PROTECTION PROJECTS, THE FOUNDATION ALSO HOLDS AND INVESTS FUNDS FOR FUTURE

USE BY THE PARK DISTRICT. THROUGH A VARIETY OF BROAD-BASED INITIATIVES, THE

FOUNDATION IS ABLE TO MEET ITS ONGOING MISSION THROUGH SPECIAL CAPITAL PROJECTS,

MEMBERSHIP, ENVIRONMENTAL CONSERVATION, LEGACY, AND CAMPERSHIP PROGRAMS. EACH OF

Name of the organization

REGIONAL PARKS FOUNDATION

Employer identification number

23-7011877

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THESE SPECIALIZED PROGRAM AREAS INCLUDE WAYS FOR DONORS AND COMMUNITY MEMBERS TO GET MORE INVOLVED WITH THEIR REGIONAL PARKS EITHER DIRECTLY THEMSELVES OR INDIRECTLY BY HELPING OTHERS TO PARTICIPATE.

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

EACH YEAR, THE REGIONAL PARKS FOUNDATION IS POISED TO GENERATE SUPPORT FOR THE FOLLOWING ONGOING PROGRAM INITIATIVES:

CAMPERSHIP PROGRAM - TO PROVIDE CAMPING SCHOLARSHIPS FOR YOUNGSTERS FROM LOW-INCOME FAMILIES RESIDING WITHIN ALAMEDA AND CONTRA COSTA COUNTIES. THESE SCHOLARSHIPS, ALSO KNOWN AS "CAMPERSHIPS," OFFER A ONE-OF-KIND EXPERIENCE IN THE REGIONAL PARKS TO AT-RISK AND DISABLED YOUTH WHO OTHERWISE WOULD NOT BE ABLE TO ATTEND CAMP DURING THE SUMMER OR PARTICIPATE IN OUTDOOR ENVIRONMENTAL EDUCATION DURING THE ACADEMIC SCHOOL YEAR. THE GOAL OF THE OVERALL CAMPERSHIP PROGRAM IS TO PROVIDE AN EQUAL OPPORTUNITY FOR OUR EAST BAY RESIDENTS TO PARTICIPATE IN PARK DISTRICT PROGRAMS AND ACTIVITIES SO THAT NO ONE IS TURNED AWAY DUE TO LIMITED FINANCIAL RESOURCES.

ENVIRONMENTAL RESTORATION AND HABITAT ENHANCEMENT PROGRAM - TO PROVIDE FOR HEALTHY, THRIVING WILDLIFE POPULATIONS IN THE PARKLANDS. THE SAN FRANCISCO BAY AREA IS THE 4TH-LARGEST METROPOLITAN AREA IN THE NATION. THE POPULATION INCREASE OVER THE LAST TWO CENTURIES HAS DRAMATICALLY CHANGED THE FACE OF THE LAND, PLACING MANY WILDLIFE SPECIES AND THEIR HABITATS IN JEOPARDY. THE FOUNDATION SUPPORTS PARK DISTRICT PROJECTS THAT MANAGE AND PRESERVE THE HEALTHY BALANCE OF ALL NATIVE WILDLIFE.

MEMBERSHIP PROGRAM - THE FOUNDATION OPERATES THE ANNUAL MEMBERSHIP PROGRAM FOR THE EAST BAY REGIONAL PARK DISTRICT. INDIVIDUALS AND FAMILIES CAN ENJOY THE MANY BENEFITS OF MEMBERSHIP, INCLUDING FREE DAY-USE PARKING, SWIMMING, DISCOUNTED CAMPING, A DOG

| | |
|---------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| REGIONAL PARKS FOUNDATION | 23-7011877 |

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

PASS, AND "SPECIAL" MEMBERS-ONLY EVENTS. PRESENTLY, THERE ARE OVER 7,000 MEMBERS AND GROWING, ASSISTING THE FOUNDATION TO RAISE ADDITIONAL UNRESTRICTED SUPPORT THAT CAN BE DIRECTED TO WHERE THE NEED IS GREATEST.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE DIRECTOR OF OPERATIONS, PROGRAMS AND DEVELOPMENT REVIEWS THE FORM 990 FOR ACCURACY AND COMPLETENESS. THE RETURN IS PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW, DISCUSSION AND APPROVAL. ANY IDENTIFIED ISSUES ARE RESOLVED AT THIS TIME AND THE FORM 990 IS FINALIZED. THE DIRECTOR OF OPERATIONS, PROGRAMS AND DEVELOPMENT SIGNS AND FILES THE RETURN ON BEHALF OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

OFFICERS, DIRECTORS AND KEY EMPLOYEES SIGN A FORM EACH YEAR ACKNOWLEDGING THEY ARE AWARE OF OUR CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO INFORM THE ORGANIZATION IF A SITUATION ARISES IN WHICH THEY HAVE A CONFLICT.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

PRIOR YEAR INFORMATION RETURNS (FORM 990) ARE AVAILABLE FOR PUBLIC INSPECTION ON THE GUIDESTAR WEBSITE LOCATED AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S GOVERNING DOCUMENTS, POLICIES, FINANCIAL STATEMENTS AND INFORMATION RETURNS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VII - COMPENSATION EXPLANATION**CAROL JOHNSON**

IN ACCORDANCE WITH THE AGREEMENT BETWEEN THE REGIONAL PARKS FOUNDATION (FOUNDATION) AND THE EAST BAY REGIONAL PARK DISTRICT (EBRPD), STAFF ASSISTANCE TO THE FOUNDATION IS PROVIDED BY EBRPD STAFF AT NO COST TO THE FOUNDATION. CAROL JOHNSON, THE EBRPD'S ASSISTANT GENERAL MANAGER, PUBLIC AFFAIRS, IS THE NOMINAL EXECUTIVE DIRECTOR OF THE FOUNDATION, TAKING ON AVERAGE 4 HOURS PER WEEK AS PART OF HER REGULAR DUTIES.

Name of the organization

REGIONAL PARKS FOUNDATION

Employer identification number

23-7011877

FORM 990, PART VII - COMPENSATION EXPLANATION (CONTINUED)**NANCY BAGLIETTO**

IN ACCORDANCE WITH THE AGREEMENT BETWEEN THE REGIONAL PARKS FOUNDATION

(FOUNDATION) AND THE EAST BAY REGIONAL PARK DISTRICT (EBRPD), STAFF ASSISTANCE TO THE

FOUNDATION IS PROVIDED BY EBRPD STAFF AT NO COST TO THE FOUNDATION. NANCY BAGLIETTO,

THE EBRPD'S FOUNDATION MANAGER, IS THE DIRECTOR OF OPERATIONS, PROGRAMS & DEVELOPMENT

OF THE FOUNDATION, TAKING ON AVERAGE 36 HOURS PER WEEK AS PART OF HER REGULAR DUTIES.

SHE MAKES THE MANAGEMENT DECISIONS ON BEHALF OF THE FOUNDATION AND HAS THE SIGNING

AUTHORITY.

REGIONAL PARKS FOUNDATION

23-7011877

FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES

| | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT & GENERAL | (D) FUND- RAISING |
|-------------------|--------------------|----------------------------|--------------------------------|-------------------------|
| CONTRACT SERVICES | 146,974. | | 146,974. | |
| TOTAL | <u>\$ 146,974.</u> | <u>\$ 0.</u> | <u>\$ 146,974.</u> | <u>\$ 0.</u> |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

REGIONAL PARKS FOUNDATION

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Employer identification number

23-7011877

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) ----- ----- ----- ----- ----- | | | | | |
| (2) ----- ----- ----- ----- ----- | | | | | |
| (3) ----- ----- ----- ----- ----- | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Sec 512(b)(13) controlled entity? | |
|---|--------------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) EAST BAY REGIONAL PARK DISTRICT PO BOX 5381 OAKLAND, CA 94605 94-6000591 | ACQUIRE AND MAINTAIN PARKLANDS | CA | GOV'T UNIT | N/A | N/A | | X |
| (2) ----- ----- ----- ----- ----- | | | | | | | |
| (3) ----- ----- ----- ----- ----- | | | | | | | |
| (4) ----- ----- ----- ----- ----- | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropor- tionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|--|--|---------------------------------|--|--|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) ----- | | | | | | | | | | | | |
| ----- | | | | | | | | | | | | |
| ----- | | | | | | | | | | | | |
| (2) ----- | | | | | | | | | | | | |
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| (3) ----- | | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Sec 512(b)(13) controlled entity? | |
|---|-------------------------|--|--|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) ----- | | | | | | | | | |
| ----- | | | | | | | | | |
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| (2) ----- | | | | | | | | | |
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| (3) ----- | | | | | | | | | |
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Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

| (a) Name of other organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) EAST BAY REGIONAL PARK DISTRICT | B | 824,494. | |
| (2) EAST BAY REGIONAL PARK DISTRICT | N | 3,752. | |
| (3) EAST BAY REGIONAL PARK DISTRICT | O | 481,470. | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under section 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|---|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1) ----- | | | | | | | | | | | | | |
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| (2) ----- | | | | | | | | | | | | | |
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| (3) ----- | | | | | | | | | | | | | |
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| (5) ----- | | | | | | | | | | | | | |
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| (6) ----- | | | | | | | | | | | | | |
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| (7) ----- | | | | | | | | | | | | | |
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| (8) ----- | | | | | | | | | | | | | |
| ----- | | | | | | | | | | | | | |
| ----- | | | | | | | | | | | | | |

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Area for supplemental information with horizontal dashed lines.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

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

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

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

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. ☐

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

Enter filer's identifying number, see instructions

| | | |
|--|--|---|
| Type or print | Name of exempt organization or other filer, see instructions. | Employer identification number (EIN) or |
| | REGIONAL PARKS FOUNDATION | 23-7011877 |
| | Number, street, and room or suite number. If a P.O. box, see instructions. | Social security number (SSN) |
| | PO BOX 21074, CRESTMONT STATION | |
| File by the due date for filing your return. See instructions. | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | OAKLAND, CA 94620-1074 | |

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

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

- The books are in the care of ► NANCY BAGLIETTO

Telephone No. ► (510) 544-2212 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ☐. If it is for part of the group, check this box... ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 13, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ☒ calendar year 20 12 or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

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

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

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

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

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

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

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

Enter filer's identifying number, see instructions

| | | |
|---|--|---|
| Type or print | Name of exempt organization or other filer, see instructions. | Employer identification number (EIN) or |
| | REGIONAL PARKS FOUNDATION | 23-7011877 |
| | Number, street, and room or suite number. If a P.O. box, see instructions. | Social security number (SSN) |
| | MAZE & ASSOCIATES 3478 BUSKIRK AVE STE 215 | |
| File by the extended due date for filing your return. See instructions. | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | PLEASANT HILL, CA 94523-4346 | |

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

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

- The books are in care of ▶ NANCY BAGLIETTO
Telephone No. ▶ (510) 544-2212 FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ... _____. If this is for the whole group, check this box ... ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 20 13.

5 For calendar year 2012, or other tax year beginning _____, 20 __, and ending _____, 20 __.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension... THE ORGANIZATION IS IN THE PROCESS OF ACCUMULATING ALL DATA NECESSARY FOR THE PREPARATION OF A COMPLETE AND ACCURATE TAX RETURN. THEREFORE, ADDITIONAL TIME TO FILE IS REQUIRED.

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

Signature and Verification must be completed for Part II only.

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

Signature ▶

Title ▶ DIR OF OPERATIONS

Date ▶

BAA

FIF20502L 01/21/13

Form 8868 (Rev 1-2013)

**FORM 990, PART IX, LINE 24E
OTHER EXPENSES**

| | (A) <u>TOTAL</u> | (B) <u>PROGRAM SERVICES</u> | (C) <u>MANAGEMENT & GENERAL</u> | (D) <u>FUNDRAISING</u> |
|----------------------|---------------------|------------------------------------|--|---------------------------|
| DUES & SUBSCRIPTIONS | 2,775. | | 2,775. | |
| FUNDRAISING EXPENSES | 11,517. | | | 11,517. |
| MISCELLANEOUS | 1,900. | | 1,900. | |
| POSTAGE AND SHIPPING | 9,414. | | 9,414. | |
| TAXES | 1,310. | | 1,310. | |
| TOTAL | \$ 26,916. | \$ 0. | \$ 15,399. | \$ 11,517. |

**EXCESS CONTRIBUTIONS
SCHEDULE A, PART II, LINE 5**

| | <u>2008</u> | <u>2009</u> | <u>2010</u> | <u>2011</u> | <u>2012</u> | <u>TOTAL</u> | <u>2% AMT</u> | <u>EXCESS</u> |
|---------------------------------|-------------|-------------|-------------|-------------|-------------|--------------|---------------|---------------|
| OLIVER DE SILVA, INC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RECREATIONAL EQUIPMENT INC | 0 | 0 | 0 | 31,750 | 45,000 | 76,750 | 0 | 0 |
| JEANNE ATELJEVICH | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ROGER BOONE | 0 | 0 | 0 | 10,500 | 10,500 | 21,000 | 0 | 0 |
| GREGORY LENSER (BEQUEST) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RALPH LEON | 35,000 | 0 | 0 | 0 | 0 | 35,000 | 0 | 0 |
| DAVID SEABORG | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CARLA SORACCO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MICHAEL WILKINS | 0 | 0 | 0 | 5,000 | 0 | 5,000 | 0 | 0 |
| CHEVRON | 30,000 | 0 | 0 | 15,000 | 15,000 | 60,000 | 0 | 0 |
| COMMITTEE FOR INDUSTRIAL SAFETY | 0 | 0 | 0 | 0 | 10,000 | 10,000 | 0 | 0 |
| FREMONT BANK FOUNDATION | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| IAC SEARCH & MEDIA | 5,000 | 0 | 0 | 5,000 | 5,000 | 15,000 | 0 | 0 |

REGIONAL PARKS FOUNDATION

23-7011877

EXCESS CONTRIBUTIONS (CONTINUED)
SCHEDULE A, PART II, LINE 5

| | | | | | | | | |
|------------------------------------|---------|---|---|---------|---------|---------|---------|---------|
| KAISER PERMANENTE - NO CA REGION | 95,000 | 0 | 0 | 235,000 | 140,000 | 470,000 | 142,670 | 327,330 |
| PACIFIC GAS & ELECTRIC COMPANY | 11,000 | 0 | 0 | 0 | 0 | 11,000 | 0 | 0 |
| PORT OF OAKLAND | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SAFEWAY INC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TESORO GOLDEN EAGLE REFINERY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| THE BANK OF AMERICA CHARITABLE FDN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| THE BERNARD OSHER FOUNDATION | 5,000 | 0 | 0 | 5,000 | 5,000 | 15,000 | 0 | 0 |
| THE CLOROX CO FOUNDATION FUND | 5,000 | 0 | 0 | 5,000 | 7,500 | 17,500 | 0 | 0 |
| ROTARY CLUB OF MISSION SAN JOSE | 6,000 | 0 | 0 | 0 | 0 | 6,000 | 0 | 0 |
| Y & H SODA FOUNDATION | 10,000 | 0 | 0 | 0 | 0 | 10,000 | 0 | 0 |
| THE LOWELL BERRY FOUNDATION | 5,000 | 0 | 0 | 5,000 | 5,000 | 15,000 | 0 | 0 |
| LORRAINE Y PARMER | 5,000 | 0 | 0 | 0 | 0 | 5,000 | 0 | 0 |
| THOMAS & MARLA WILLIAMS | 25,000 | 0 | 0 | 0 | 0 | 25,000 | 0 | 0 |
| WENDEL, ROSEN, BLACK & DEAN | 5,566 | 0 | 0 | 0 | 0 | 5,566 | 0 | 0 |
| DAVID HAMISH | 10,000 | 0 | 0 | 0 | 0 | 10,000 | 0 | 0 |
| THE THOMAS J. LONG FOUNDATION | 100,000 | 0 | 0 | 0 | 0 | 100,000 | 0 | 0 |
| THE DAVID B GOLD FOUNDATION | 5,000 | 0 | 0 | 0 | 0 | 5,000 | 0 | 0 |
| RICHARD SPIGHT | 5,000 | 0 | 0 | 0 | 0 | 5,000 | 0 | 0 |

EXCESS CONTRIBUTIONS (CONTINUED)
SCHEDULE A, PART II, LINE 5

| | | | | | | | | |
|----------------------------------|----------|----------|----------------|----------------|----------------|----------------|----------------|--|
| FARALLON ISLAND FOUNDATION | | | | | | | | |
| 5,000 | 0 | 0 | 0 | 0 | 5,000 | 0 | 0 | |
| MICHAEL WILKINS & SHIELA DUIGNAN | | | | | | | | |
| 10,000 | 0 | 0 | 0 | 0 | 10,000 | 0 | 0 | |
| WILLIAM A KERR FOUNDATION | | | | | | | | |
| 25,000 | 0 | 0 | 0 | 0 | 25,000 | 0 | 0 | |
| AT&T FOUNDATION | | | | | | | | |
| 15,000 | 0 | 0 | 0 | 0 | 15,000 | 0 | 0 | |
| <u>417,566</u> | <u>0</u> | <u>0</u> | <u>317,250</u> | <u>243,000</u> | <u>977,816</u> | <u>142,670</u> | <u>327,330</u> | |

12/31/12

2012 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

REGIONAL PARKS FOUNDATION

23-7011877

| NO. | DESCRIPTION | DATE ACQUIRED | DATE SOLD | BUS. PCT. | CUR 179 BONUS | SPECIAL DEPR. ALLOW. | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAGE /BASIS REDUCT. | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE | RATE | CURRENT DEPR. |
|-----|-------------|------------------|--------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|------------------------------|----------------|----------------|--------|------|------|------------------|
|-----|-------------|------------------|--------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|------------------------------|----------------|----------------|--------|------|------|------------------|

FORM 990/990-PF

MISCELLANEOUS

| | | | | | | | | | | | | | | | |
|----|---------------------------|----------|--|--|--|--|--|--|--|--------|--------|-----|---|--|-------|
| 1 | COMPUTERS | 1/01/00 | | | | | | | | 4,973 | | S/L | 5 | | 0 |
| 2 | SOFTWARE | 1/01/00 | | | | | | | | 2,180 | | S/L | 5 | | 0 |
| 3 | SOFTWARE | 7/01/04 | | | | | | | | 11,281 | 11,281 | S/L | 5 | | 0 |
| 4 | ID CARD PRINTER | 2/01/05 | | | | | | | | 2,510 | 2,510 | S/L | 5 | | 0 |
| 5 | SCANNER | 11/01/05 | | | | | | | | 825 | 825 | S/L | 5 | | 0 |
| 6 | SOFTWARE | 7/01/05 | | | | | | | | 8,658 | 8,658 | S/L | 5 | | 0 |
| 7 | SCANNER | 3/01/06 | | | | | | | | 825 | 825 | S/L | 5 | | 0 |
| 8 | 2 SERVERS/4 DRIVE MODULES | 11/28/06 | | | | | | | | 9,710 | 9,710 | S/L | 5 | | 0 |
| 9 | DELL SQL | 8/10/10 | | | | | | | | 2,623 | 744 | S/L | 5 | | 525 |
| 10 | SQL SERVER | 7/07/10 | | | | | | | | 427 | 213 | S/L | 3 | | 142 |
| 11 | NET COMMUNITY REDESIGN | 12/03/10 | | | | | | | | 2,600 | 939 | S/L | 3 | | 867 |
| 12 | WEBSITE REDESIGN | 2/22/11 | | | | | | | | 7,414 | 2,265 | S/L | 3 | | 2,471 |
| 13 | CARD PRINTER | 9/19/12 | | | | | | | | 4,530 | | S/L | 5 | | 302 |

TOTAL MISCELLANEOUS

| | | | | | | | | | | | | | | | |
|--------|---|---|---|---|---|---|---|---|---|--------|--------|--|--|--|-------|
| 58,556 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 58,556 | 45,123 | | | | 4,307 |
|--------|---|---|---|---|---|---|---|---|---|--------|--------|--|--|--|-------|

TOTAL DEPRECIATION

| | | | | | | | | | | | | | | | |
|--------|---|---|---|---|---|---|---|---|---|--------|--------|--|--|--|-------|
| 58,556 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 58,556 | 45,123 | | | | 4,307 |
|--------|---|---|---|---|---|---|---|---|---|--------|--------|--|--|--|-------|

GRAND TOTAL DEPRECIATION

| | | | | | | | | | | | | | | | |
|--------|---|---|---|---|---|---|---|---|---|--------|--------|--|--|--|-------|
| 58,556 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 58,556 | 45,123 | | | | 4,307 |
|--------|---|---|---|---|---|---|---|---|---|--------|--------|--|--|--|-------|