GIBSON & COMPANY, INC. CPA 4600 NORTHGATE BLVD, SUITE 115 SACRAMENTO, CA 95834

RESTORE HETCH HETCHY
3286 ADELINE STREET, SUITE 7
BERKELEY, CA 94703

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CLIENT'S COPY

GIBSON & COMPANY, INC. CERTIFIED PUBLIC ACCOUNTANT

4600 NORTHGATE BLVD., SUITE 115 • SACRAMENTO, CALIFORNIA 95834-1121 (916) 484-1252 FAX (916) 484-1123 WEBSITE WWW.GIBSONCOCPA.COM

RESTORE HETCH HETCHY
3286 Adeline Street, Suite 7

Berkeley, CA 94703 Attention: Adolph S Rosekrans Jr

RE: FORMS 990 & 199 DUE July 15, 2020

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 15, 2020.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return electronically to the FTB. Do not mail the paper copy of the return to the FTB.

Your payment should be made as instructed below on or before May 15, 2020.

Separately mail California Form FTB 3586 with a check or money order for \$10.00, payable to Franchise Tax Board.

Mail to - Franchise Tax Board PO BOX 942857 Sacramento CA 94257-0531

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed on or before May 15, 2020 to:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

Enclose a check or money order for \$75.00, payable to Department of Justice.

The report should be signed and dated by the authorized individual(s).

Electronic filing forms 8879 and 8453 can be signed, scanned and emailed back to us.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Very truly yours,

Michael V. Gibson Certified Public Accountant Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

FEDERAL INFORMATIONAL FORMS

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
1	LAPTOP COMPUTER & PROJECTOR	04/01/05	SL	5.00		16	3,592.				3,592.	3,592.		0.	3,592.
2	COMPUTER	02/01/06	SL	5.00		16	1,357.				1,357.	1,357.		0.	1,357.
3	PROJECTOR	05/01/07	SL	5.00		16	1,084.				1,084.	1,084.		0.	1,084.
4	FURNITURE	12/31/10	SL	5.00		16	783.				783.	783.		0.	783.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						6,816.				6,816.	6,816.		0.	6,816.
	* GRAND TOTAL 990 PAGE 10 DEPR						6,816.				6,816.	6,816.		0.	6,816.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2019, or fiscal year beginning	, 2019, and ending

OMB No. 1545-1878

▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number RESTORE HETCH HETCHY 77-0551533 Name and title of officer ADOLPH S ROSEKRANS JR EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **1a** Form 990 check here ► X **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b _____ 281,610. b Total revenue, if any (Form 990-EZ, line 9) ______ 2b _____ 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) ______ **3b** _____ 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here ► **b Balance Due** (Form 8868, line 3c) _______ **5b** _____ 5a Form 8868 check here ► Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize GIBSON & COMPANY, INC. CPA ERO firm name as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Certification and Authentication **ERO's EFIN/PIN.** Enter your six-digit electronic filing identification 68492612520 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

FILEABLE FORMS

Form 990 (Rev. January 2020) Department of the Treasury

A For the 2019 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

and ending

OMB No. 1545-0047 2019

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.

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

D Employer identification number Check if applicable: C Name of organization Address change RESTORE HETCH HETCHY Name change 77-0551533 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 510-893-3400 3286 ADELINE STREET, SUITE 7 termin-ated 311,847. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return BERKELEY, CA 94703 H(a) Is this a group return Applica-F Name and address of principal officer: ADOLPH S. ROSEKRANS JR. for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.HETCHHETCHY.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2000 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 4 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 2 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 4 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 39 7b Prior Year **Current Year** 223,116. 242,734.Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 2,252. 85. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 36,624. 38,159. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 261,360. 281,610. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 127,146. 129,375. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 129,327. 107,697. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 256,473. 237,072. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,887. 44,538. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 334,058. 286,863. 20 Total assets (Part X, line 16) 2,657. 0. 21 Total liabilities (Part X, line 26) Net/ 286,863. 331,401. 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign ADOLPH S. ROSEKRANS JR., EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Paid MICHAEL V. GIBSON P00174078 Firm's EIN > 94-2743702 Preparer Firm's address \downarrow 4600 NORTHGATE BLVD, SUITE 115 Use Only Phone no. (916) 484-1252 SACRAMENTO, CA 95834

X Yes No

May the IRS discuss this return with the preparer shown above? (see instructions)

Pai	Check if Cabadula O contains a year case any state in this Doubli
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF RESTORE HETCH HETCHY IS TO RETURN THE HETCH HETCHY
	VALLEY IN YOSEMITE NATIONAL PARK TO ITS NATURAL SPLENDOR WHILE
	CONTINUING TO MEET THE WATER AND POWER NEEDS OF ALL COMMUNITIES THAT
	DEPEND ON THE TUOLUMNE RIVER.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	J J J J J J J J J J J J J J J J J J J
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 161,694. including grants of \$) (Revenue \$)
	EDUCATED AND ACTIVATED PEOPLE IN THE BAY AREA, CA AND THE UNITED STATES
	ABOUT THE OPPORTUNITY TO RESTORE HETCH HETCHY VALLEY. CONVENED STAKE
	HOLDER MEETINGS WITH ALL AFFECTED GROUPS AND INDIVIDUALS TO FIND COMMON
	GROUND.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, (assume of t
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{)}
4e	Total program service expenses ► 161,694.
	Form 990 (2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
·	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	7		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		y
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> ^</u>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	demosts government on that the column by some time too, complete conceders, that of the manner manner manner.			

932003 01-20-20

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Α.
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
Га				
	Check if Schedule O contains a response or note to any line in this Part V			L L
4	Entar the number reported in Box 2 of Form 1006. Fator 0, if not applicable		Yes	No
I a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
C	(gambling) winnings to prize winners?	1c	Х	
	Garming) withings to prize withers:	<u> </u>	000	<u> </u>

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

		_	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-	Х	
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a	21	
D	were not tax deductible?	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9a		
b	, , , , , , , , , , , , , , , , , , , ,	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
''a	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
14a	· · · · · · · · · · · · · · · · · · ·	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		X
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	10		
	ii 160, complete i omi #120, comedule o.	Eor~	990	/2010

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	:		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	Ŀ		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Division (mis cooling Dioqueste information about policine not required by the internal networks code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ŭ	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	•		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1.00		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IUa		16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IOa		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
<u>Sac</u>	exempt status with respect to such arrangements? tion C. Disclosure	IOD		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))(R/c only	Λ avail	ablo
18	for public inspection. Indicate how you made these available. Check all that apply.	(۱۱۱۱) درر	ı, avdıl	auie
40		nd fire c	noin!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the transfer available to the public during the tox years.	iu iiria	icial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records SPRECK ROSEKRANS - 510-893-3400			
	3286 ADELINE STREET, SUITE 7, BERKELEY, CA 94703			
_	2200 IDDDII DINDDI, DOIID /, DUNNUUDI, CA 74/03			

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Form **990** (2019)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

X Check this box if neither the organization		T	A1 1120			прсі	isai			(E)
(A)	(B)			Pos	C) ition	1		(D)	(E)	(F)
Name and title	Average	(do	not c	heck	more	than	one	Reportable compensation	Reportable compensation	Estimated amount of
	hours per week	offi	box, unless person is both an officer and a director/trustee)				tee)	from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				pa		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	l trus	nal tr		loyee	dwo				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(4)	line)	프	lus	₩	Ke	e Hig	For			
(1) ROGER WILLIAMS	1.00	٠,		7.					0	0
BOARD CHAIR	1 00	Х	_	Х				0.	0.	0
(2) PETER VAN KURAN	1.00	٠,,		37						0
TREASURER	1 00	Х	_	Х				0.	0.	0
(3) MARK PALLEY	1.00	₩.		٠.				0.	0.	0
SECRETARY (A) HIRGINIA TOWNNESSEN	1.00	Х		Х				0.	0.	0
(4) VIRGINIA JOHANNESSEN VICE-CHAIR	1.00	X		x				0.	0.	0
VICE-CHAIR		^		^				0.	0.	0
		1								
		-								
		1								
		<u> </u>								
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	(A) Name and title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation		am	(F) timated ount o	
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer p		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	C)	comp fro orga and	other pensation the anization relate nization	e on ed
	ubtotal								0.		0.			0.
d T	otal from continuation sheets to Part Votal (add lines 1b and 1c)otal number of individuals (including but r							<u> </u>	0. 0.		0.			0.
	ompensation from the organization	iot iii iii iii ca to ti		- 11310					cocived more than proc	,,ooo or reportable			Yes	0 N o
lir	id the organization list any former officer, ne 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	uch individual										3		Х
aı	or any individual listed on line 1a, is the sund related organizations greater than \$15 id any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		Х
re	endered to the organization? If "Yes," come on the contractors on the contractors of the contractors	=				-			~			5		Х
	omplete this table for your five highest co ne organization. Report compensation for	· ·	-								ensa	ation fi	rom	
	(A) Name and business	address	N	INC	3				(B) Description of s	ervices	Co	(C omper) isation	1
	otal number of independent contractors (100,000 of compensation from the organi		ot li	mite	d to		se lis	stec	d above) who received m	nore than				
											F	orm §	90 (2	019)

932008 01-20-20

Ра	rt V	Ш						
			Check if Schedule O contains a response	or note to any lin		(B)	(C)	
					(A) Total revenue	Related or exempt		(D) Revenue excluded
					Total Tovolido		business revenue	
(O (O								sections 512 - 514
anta			Federated campaigns 1a					
Gr.			Membership dues 1b	0 525				
fts,			Fundraising events 1c	9,535.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d					
Sir			Government grants (contributions) 1e					
utic	•	f	All other contributions, gifts, grants, and	222 100				
G E D			similar amounts not included above 1f	233,199.				
ou		_	Noncash contributions included in lines 1a-1f		242,734.			
<u>S</u>		<u>n</u>	Total. Add lines 1a-1f		242,734.			
•	•	_		Business Code				
/ice	2							
Ser		b						
m (۳ C						
gra Re		d ^						
Program Service Revenue		e f	All other program service revenue					
			Total. Add lines 2a-2f					
	3	9	Investment income (including dividends, inter					
			other similar amounts)		2,252.	2,252.		
	4		Income from investment of tax-exempt bond		-			
	5		Royalties	' ·				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
4		b	Less: cost or other basis					
n n			and sales expenses					
Revenue			Gain or (loss) 7c					
er R			Net gain or (loss)					
Othe	8	а	Gross income from fundraising events (not					
٥			including \$ of contributions reported on line 1c). See					
			•	35,637.				
		h	Part IV, line 18 8a Less: direct expenses 8b					
			Net income or (loss) from fundraising events	>	5,400.			5,400.
			Gross income from gaming activities. See		- 7 - 7 - 7			2,200
	-		Part IV, line 19	,				
		b	Less: direct expenses 9b	+				
								
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	a				
		b	Less: cost of goods sold10l	b				
		С	Net income or (loss) from sales of inventory .					
S				Business Code	24 22 ;	04 00		
eor re	11	а	MISCELLANEOUS	900099	31,224.	31,224.		
llan		b						
Miscellaneous Revenue		С						
Ĭ			All other revenue		21 11/			
		e	Total. Add lines 11a-11d		31,224. 281,610.	33,476.	0.	5,400.
	12		Total revenue. See instructions		ZUI, OIU.	33,4/0.	<u>U•</u>	3,400.

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 respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	-				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
,					
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	40,000.	28,000.	3,200.	8,800
_	trustees, and key employees	40,000.	20,000.	3,200	0,000
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	42,341.		42,341.	
7	Other salaries and wages	42,341.		44,341.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	40 001	20 /15	2 001	0 005
9	Other employee benefits	40,021.	28,415.	2,801.	8,805
0	Payroll taxes	7,013.	4,979.	491.	1,543
1	Fees for services (nonemployees):				
а	Management	0.560	0.560		
b	Legal	2,560.	2,560.		
	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	222.	222.		
15	Royalties				
16	Occupancy	19,716.	19,716.		
17	Travel	929.	929.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
1	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,443.		1,443.	
24	Other expenses. Itemize expenses not covered			-	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	RESEARCH & ANALYSIS	20,777.	20,777.		
b	OUTREACH	19,941.	19,941.		
c	PRINTING	7,699.	7,699.		
d	COMMUNICATIONS	5,804.	5,804.		
	All other expenses SEE SCH O	28,606.	22,652.	5,065.	889
25	Total functional expenses. Add lines 1 through 24e	237,072.	161,694.	55,341.	20,037
26	Joint costs. Complete this line only if the organization	= ,			==,00,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	ouuoanonai vainpaigii anu iunulaising sulicitatiUll.				

Form **990** (2019)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to a	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			225,711.	1	221,432.
	2	Savings and temporary cash investments			58,392.	2	109,866
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,816.			
	b	Less: accumulated depreciation		6,816.	0.	10c	0.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		2,760.	15	2,760.	
	16	Total assets. Add lines 1 through 15 (must eq		ı	286,863.	16	334,058.
	17	Accounts payable and accrued expenses	_ _		17	2,657.	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ý	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
apil		controlled entity or family member of any of the				22	
Ĩ	23	Secured mortgages and notes payable to unre	-			23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	•				
		of Schedule D		· ·		25	
	26	Total liabilities. Add lines 17 through 25			0.	26	2,657.
		Organizations that follow FASB ASC 958, ch					
ses		and complete lines 27, 28, 32, and 33.		·			
<u>a</u>	27	Net assets without donor restrictions				27	
Ba	28	Net assets with donor restrictions				28	
u		Organizations that do not follow FASB ASC					
ŗ		and complete lines 29 through 33.	,	ŕ			
S 0	29	Capital stock or trust principal, or current fund	s		0.	29	0.
set	30	Paid-in or capital surplus, or land, building, or e			0.	30	0.
As	31	Retained earnings, endowment, accumulated			286,863.	31	331,401.
Net Assets or Fund Balances	32	Total net assets or fund balances			286,863.	32	331,401.
_	33	Total liabilities and net assets/fund balances			286,863.	33	334,058.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				Ш	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			10.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,0	$\frac{72.}{38.}$	
3	Revenue less expenses. Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28	6,8	63.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	33	1,4	01.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				Ш	
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2 b		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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	hedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2019)	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

RESTORE HETCH HETCHY 77-0551533 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.

See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in

lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated organization operated organization of the supervised organization org the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	ction A. Public Support		•	•					
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
	Gifts, grants, contributions, and	. ,	` '	. , ,	, ,	` ,	.,		
	membership fees received. (Do not								
	include any "unusual grants.")	231,475.	209,570.	296,228.	223,116.	242,734.	1203123.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	001 455	000 500	006 000	002 116	040 724	1000100		
	Total. Add lines 1 through 3	231,475.	209,570.	296,228.	223,116.	242,734.	1203123.		
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)						1000100		
	Public support. Subtract line 5 from line 4.						1203123.		
	etion B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2015 231, 475.	(b) 2016 209,570.	(c) 2017 296, 228.	(d) 2018 223,116.	(e) 2019 242,734.	(f) Total 1203123.		
_	Amounts from line 4	Z31,4/3.	209,370.	490,440.	223,110.	242,734.	1203123.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
_	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
40	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
44	assets (Explain in Part VI.)						1203123.		
12	Total support. Add lines 7 through 10 Gross receipts from related activities,	eta (see instructi	ono)			12	1203123.		
	First five years. If the Form 990 is for			d fourth or fifth to					
	organization, check this box and stop				•				
Sec	ction C. Computation of Publ						<u></u>		
14	Public support percentage for 2019 (I	line 6, column (f) d	ivided by line 11, c	olumn (f))			100.00 %		
	Public support percentage from 2018					15	100.00 %		
	33 1/3% support test - 2019. If the o					nore, check this bo	x and		
	stop here. The organization qualifies	as a publicly supp	orted organization				►X		
b	33 1/3% support test - 2018. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box		
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□		
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	iere. Explain in Pa	rt VI how the organ	ization		
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		▶□		
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explair	in Part VI how the			
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶Щ		
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								

Schedule A (Form 990 or 990-EZ) 2019

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

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

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6		, ,	, ,	, ,	, ,	()
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	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						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization	s first second this	rd fourth or fifth t	ax vear as a section	n 501(c)(3) organi:	zation
•		-			-		
Se	ction C. Computation of Publ						
	Public support percentage for 2019 (column (f))		15	%
	Public support percentage from 2018					16	/ 6
	ction D. Computation of Inves						70
	Investment income percentage for 20					17	%
	Investment income percentage from					18	
	a 33 1/3% support tests - 2019. If the					$\overline{}$	
.50	more than 33 1/3%, check this box a						
	o 33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
1			
2	2		
3			
	-		
31	b		
30	С		
4:	a		
41	b		
4	С		
5:	а		
3.	-		
51			
50	С		
6	i		
7	,		
8	3		
9:	а		
91	J		
90	С		
10	a		
n 000 o	b	00 E7	0040

Part IV Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations	Yes	No
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations	Yes	No
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations	Yes	No
below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations	Yes	No
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations	Yes	No
Section B. Type I Supporting Organizations	Yes	No
Section B. Type I Supporting Organizations	Yes	No
Did the divertors twinters or membership of one or more composited examinations have the negree to	Yes	No
1. Did the divertors twisters or membership of one or more supported examinations have the newer to		
1 Did the directors, trustees, or membership of one or more supported organizations have the power to		
regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		
controlled the organization's activities. If the organization had more than one supported organization,		
describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		
organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported		
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
supervised, or controlled the supporting organization.		
Section C. Type II Supporting Organizations		
	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
or management of the supporting organization was vested in the same persons that controlled or managed		
the supported organization(s).		
Section D. All Type III Supporting Organizations		
	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a		
significant voice in the organization's investment policies and in directing the use of the organization's		
income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
supported organizations played in this regard.		
Section E. Type III Functionally Integrated Supporting Organizations		
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
The organization satisfied the Activities Test. Complete line 2 below.		
b The organization is the parent of each of its supported organizations. Complete line 3 below.	,	
c Interpretation supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
those supported organizations and explain how these activities directly furthered their exempt purposes,		
how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
·		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		
reasons for the organization's position that its supported organization(s) would have engaged in these		
activities but for the organization's involvement. 2b 2archt of Supported Organizations, Answer (a) and (b) below		
Parent of Supported Organizations. Answer (a) and (b) below.a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
trustees of each of the supported organizations? <i>Provide details in</i> Part VI. 3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All					
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by .035.	6				
_7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2019

Par	ιV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp			
	organi	zations, in excess of income from activity			
3	Admir	istrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h		ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	·			
а	Applie	d to underdistributions of prior years			
		d to 2019 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
	,	Subtract lines 3g and 4a from line 2. For result greater			
		ero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		s distributions carryover to 2020. Add lines 3j			
	and 4				
8		down of line 7:			
		s from 2015			
		s from 2016			
		s from 2017			
		s from 2018			
е	Exces	s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Dort VI	(in this doctor of the latest the
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	Conjunted 3, 0, and 6, and Fart V, Section E, lines 2, 3, and 6. Also complete this part for any additional information.
	(See instructions.)
_	
-	

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization Employer identification number

RESTORE HETCH HETCHY 77-0551533 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

RESTORE HETCH HETCHY

77-0551533

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

Name of organization **Employer identification number** 77-0551533 RESTORE HETCH HETCHY Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RESTORE HETCH HETCHY

Employer identification number 77-0551533

Pai	t I Organizations Maintaining Donor Advise		or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	, ,	(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose of	onferring	
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7	
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	historically	important land area
	Protection of natural habitat	Preservation of a	certified h	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form o	of a co <u>nserv</u>	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organizatio	n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation eas	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easeme	nts during the year
_	\$			
8	Does each conservation easement reported on line 2(d) above	•		
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati	•		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that de	scribes the
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections o	f Art Historical Treasures or Ot	har Simi	lar Accoto
Га	Complete if the organization answered "Yes" on Form	-	nei Siini	iai Assets.
10	If the organization elected, as permitted under FASB ASC 95		ad balanaa	ahaat warka
ıa	of art, historical treasures, or other similar assets held for pul	, ,		
	service, provide in Part XIII the text of the footnote to its final	, ,		public
h	If the organization elected, as permitted under FASB ASC 95			at works of
b	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	exhibition, education, or research in further	ciance of p	ublic service,
				¢
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	(ii) Assets included in Form 990, Part X			*
_	the following amounts required to be reported under FASB A	,	gani, provid	.
а	Revenue included on Form 990, Part VIII, line 1	_	.	\$
	Assets included in Form 990, Part X			

932051 10-02-19

Schedule D (Form 990) 2019

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

Pai	rt III Organizations Maintaining C	ollections of A	rt, Historica	Treasures,	or Other	Similar Ass	sets(continued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its							
	collection items (check all that apply):							
а	Public exhibition	d	I 🔲 Loan or	exchange progra	am			
b	Scholarly research	е	Other					
С	Preservation for future generations		_					
4	Provide a description of the organization's co	llections and explai	n how they furth	ner the organizati	on's exemp	t purpose in P	art 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 ma	aintained as part of t	the organization	's collection?			Yes No	
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the organiz	ation answered	"Yes" on Fo	rm 990, Part I	V, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for contribu	utions or other as	sets not inc	cluded		
	on Form 990, Part X?						Yes No	
b	If "Yes," explain the arrangement in Part XIII a							
							Amount	
С	Beginning balance					1c		
	Additions during the year					1d		
	5					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo					?	Yes No	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanation has b	een provided on	Part XIII			
Pai	rt V Endowment Funds. Complete if	the organization an	swered "Yes" o	n Form 990, Parl	t IV, line 10.			
•		(a) Current year	(b) Prior yea	r (c) Two year	rs back (d)	Three years bac	ck (e) Four years back	
1a	Beginning of year balance	•						
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, colur	nn (a)) held as:			•	
а	Board designated or quasi-endowment	·	%	,				
b	Permanent endowment	%	_					
С	Term endowment ▶ 9	/ 6						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
3a	Are there endowment funds not in the posses		ation that are he	eld and administe	ered for the	organization		
	by:						Yes No	
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations							
b								
4	Describe in Part XIII the intended uses of the	organization's endo	owment funds.					
Pai	rt VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" on Form 990	D, Part IV, line 1	1a. See Form 990), Part X, lin	e 10.		
	Description of property	(a) Cost or o	ther (b)	Cost or other	(c) Accu	ımulated	(d) Book value	
		basis (investr	ment) ba	asis (other)	depre	ciation		
1a	Land							
	Leasehold improvements							
	Equipment							
	Other			6,816.		6,816.	0.	
Tota	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, column (B), I	ne 10c.)			0.	

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 RESTORE HETC	н нетсну	77	'-0551533 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990 Part IV line	a 11d. See Form 990. Part X. line 15	
	escription	3 114. 333 1 3111 333, 1 4117, 1116 13.	(b) Book value
(1)			<u> </u>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	10.)		<u> </u>
Complete if the organization answered "Yes" o	n Form 990 Part IV line	a 11e or 11f See Form 990 Part X line 25	5
(a) Description of lightlife.	111 0111 000,1 art 14, 1111	or the or this occitoring soo, that it, line ac	(b) Book value
			(b) Book value
(1) Federal income taxes			
(2)			+
(3)			
<u>(4)</u>			-
(5)			
(6)			-
(7)			

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

Schedule D (Form 990) 2019

(8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

	Complete if the organization answered "Yes" on Form 990, Part	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemen	ts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	. , , , , , , , , , , , , , , , , , , ,			
d	Other (Describe in Part XIII.)	2d		
е	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	, , , ,			
b	/	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
Ра	rt XII Reconciliation of Expenses per Audited Financia	-	ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Part		1.1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a				
b				
C	***************************************			
d	7	•		
e	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
а				
	, , , ,			
b	Other (Describe in Part XIII.)	4b	40	
b c	Other (Describe in Part XIII.) Add lines 4a and 4b	4b		
b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I</i> ,	4b		
b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information.	4b	5	t XI.
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information.	line 18.) a and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; I	5	t XI,

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

						Employer identification number		
RESTORE HETCH HETCHY Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 1							77-0551533	
Part I Fundraising Activities required to complete this par		ered "Y	'es" oı	n Form 990, Part IV, I	line 1	7. Form 990-E2	I filers are not	
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluence)	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes		
(i) Name and address of individual or entity (fundraiser) (ii) Activity		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
Total	<u>I</u>		_					
List all states in which the organization or licensing.	on is registered or licensed to solicit o		outions	s or has been notified	d it is	exempt from re	egistration	

Schedule G (Form 990 or 990-EZ) 2019

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

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and groups and groups.				
			(a) Event #1 HETCH HETCHY DINNER (event type)	(b) Event #2	(c) Other events NONE 0 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	45,172.		(2000)	45,172.
ш	2	Less: Contributions	9,535.			9,535
	3	Gross income (line 1 minus line 2)	35,637.			35,637.
	4	Cash prizes				
es	5	Noncash prizes				
xpens	6	Rent/facility costs	4,888.			4,888.
Direct Expenses	7	Food and beverages	16,491.			16,491.
	8	Entertainment Other direct expenses				8,858.
	10	Direct expense summary. Add lines 4 through			>	30,237.
		Net income summary. Subtract line 10 from li				5,400.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(A) Takal manainan (a dal
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
 Be	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
а	ls t	ter the state(s) in which the organization conduine organization licensed to conduct gaming and No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:	•	_	year?	Yes No

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Sch	nedule G (Form 990 or 990-EZ) 2019 RESTORE HETCH HETCHY 77-0	55153	3 Page 3
	Does the organization conduct gaming activities with nonmembers?	Ye	$\overline{}$
	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?	Ye:	s 🔲 No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye:	s No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\sum_{\text{s}} = \frac{1}{2} \text{ for the party } \sum_{\text{s}} = \frac{1}{2} \text{ for the 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?	Ye:	s 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 ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lines	9, 9b, 10b,
-			

Schedule G	G (Form 990 or 990-EZ)	RESTORE HETCH	H HETCHY	77-0551533 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)		<u> </u>

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

RESTORE HETCH HETCHY

Employer identification number 77-0551533

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MISSION OF RESTORE HETCH HETCHY IS TO RETURN THE HETCH HETCHY VALLEY IN YOSEMITE NATIONAL PARK TO ITS NATURAL SPLENDOR WHILE CONTINUING TO MEET THE WATER AND POWER NEEDS OF ALL COMMUNITIES THAT DEPEND ON THE TUOLUMNE RIVER.

FORM 990, PART VI, SECTION B, LINE 11B:

DRAFT OF THE 990 IS REVIEWED BY BOTH THE EXECUTIVE DIRECTOR AND TREASURER PRIOR TO THE RETURN BEING FINALIZED, SIGNED AND MAILED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 15A:

REVIEW OF COMPENSATION BY INDEPENDENT BOARD MEMBERS AND REVIEW OF COMPARABLE SALARIES OF SIMILIAR NONPROFITS IN BAY AREA.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES IT'S GOVERNING DOCUMENTS, IRS APPLICATIONS FOR TAX EXEMPT STATUS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES IT'S GOVERNING DOCUMENTS, IRS APPLICATIONS FOR TAX EXEMPT STATUS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

DATABASE SUBSCRIPTION FEE:

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization RESTORE HETCH HETCHY	Employer identification number 77-0551533
PROGRAM SERVICE EXPENSES	4,658.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,658.
BANK FEES:	
PROGRAM SERVICE EXPENSES	4,390.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,390.
PAYROLL PROCESSING:	
PROGRAM SERVICE EXPENSES	2,871.
MANAGEMENT AND GENERAL EXPENSES	283.
FUNDRAISING EXPENSES	889.
TOTAL EXPENSES	4,043.
OTHER COSTS:	
PROGRAM SERVICE EXPENSES	4,022.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,022.
TELEPHONE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,515.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES 932212 09-06-19	2 , 515 . Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page 2 Employer identification number
RESTORE HETCH HETCHY	77-0551533
SMALL EQUIPMENT:	
PROGRAM SERVICE EXPENSES	2,477.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,477.
POSTAGE MAILING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,182.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,182.
SUPPLIES:	
PROGRAM SERVICE EXPENSES	2,048.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,048.
BOOKS/SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	1,131.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,131.
BOARD EXPENSES:	
PROGRAM SERVICE EXPENSES	610.
MANAGEMENT AND GENERAL EXPENSES	0.
932212 09-06-19	Schedule O (Form 990 or 990-EZ) (2019

Name of the organization RESTORE HETCH HETCHY	Employer identification number 77-0551533
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	610.
OPERATIONS:	
PROGRAM SERVICE EXPENSES	247.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	247.
LITIGATION FUND:	
PROGRAM SERVICE EXPENSES	198.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	198.
TAXES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	85.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	85.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E,	COL A 28,606.

173680_1

TAXABLE YEAR **2019**

California Exempt Organization Annual Information Return

928941 12-04-19 FORM

199

Cal	Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy) .						
		ganization name		Calif	fornia corpo	ration r	number
RI	ESTOR	E HETCH HETCHY			2078	153	
Ad	ditional infor	rmation. See instructions.		FE	IN		
					77-0	551	.533
Str	eet address	(suite or room)			PMB no.		
32	286 A	DELINE STREET, SUITE 7					
Cit	y			State	ZIP code		
В	ERKEL	EY		CA	9470	3	
Fo	reign country	y name Foreign province/state/county			Foreign po	ostal co	nde
A	First Retu	ırn Yes X No J If e	xempt under R&TC S	Section 2370	01d, has t	he org	yanization
В	Amended		gaged in political activ	/ities? See i	nstruction	1S.	• Yes X No
C	IRC Secti	on 4947(a)(1) trust Yes X No K Is t					701g? • Yes X No
D			es," enter the gross				
	•	Dissolved Surrendered (Withdrawn) Merged/Reorganized L If 0	rganization is a publi	c charity ex	empt und	er R&	TC
	Enter date:		ction 23701d and me	ets the filing	fee exce	ption,	check
Ε	Check ac	counting method: (1) X Cash (2) Accrual (3) Other box	k. No filing fee is requ	iired			•
F			he organization a Lim				
			the organization file				
G	Is this a g	group filing? See instructions $ullet$ Yes $oxed{X}$ No rep	ort taxable income?				● Yes X No
Н	Is this or	ganization in a group exemption Yes 🗶 No 🚺 Is t	he organization unde				
			audited in a prior ye	ar?			• Yes X No
			ederal Form 1023/10				
I	Did the o		e filed with IRS				
	not repor	ted to the FTB? See instructions					
P	art I	complete Part I unless not required to file this form. See General Information	on B and C.				
		1 Gross sales or receipts from other sources. From Side 2, Part II, line 8				1	69,113 00
		Gross dues and assessments from members and affiliates			•	2	00
) o o o i nto	Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information		STMT	1• [3	242,734 00
-	Receipts	This line must be completed. If the result is less than \$50,000, see General Information and t	tion B			4	311,847 00
D	and	5 Cost of goods sold	. • 5		00		
n	evenues	5 Cost of goods sold6 Cost or other basis, and sales expenses of assets sold	. • 6		00		
		7 Total costs. Add line 5 and line 6				7	00
		8 Total gross income. Subtract line 7 from line 4			●	8	311,847 00
_	vnancac	9 Total expenses and disbursements. From Side 2, Part II, line 18				9	267,309 ₀₀
	xpenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 fr	rom line 8		●	10	44,538 00
		11 Total payments			•	11	00
		12 Use tax. See General Information K			•	12	00
		13 Payments balance. If line 11 is more than line 12, subtract line 12 from				13	00
F	iling Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line				14	00
		15 Filing fee \$10 or \$25. See General Information F				15	10 00
		16 Penalties and Interest. See General Information J				16	00
		17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 fronder penalties of perjury, I declare that I have examined this return, including accompany it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on a	om the result	mente and to	• Indicate of	17	10 ₀₀
Sig	n	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on a	all information of which p	reparer has ar	y knowled	ge.	Swiddge and benef,
Here		Title Signature	~	Date			Telephone
		Signature of officer ► EXE	CUTIVE DI	RE			415-956-0401
		Prenarer's	Date	Check			
		Preparer's signature		self-em	ployed		P00174078 ● Firm's FEIN
Pai		Firm's name					
	parer's	(or yours, if self-	1 -				94-2743702 ● Telephone
Use	Only	employed) 4600 NORTHGATE BLVD, SUITE 1	12				l '
		SACRAMENTO, CA 95834			T ==	1	(916)484-1252
		May the FTB discuss this return with the preparer shown above? See instruc	tions	<u></u>	● <u>L X</u>	Yes	L No

RESTORE HETCH HETCHY

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

928951	12-04-1	1

from 5 Gross royalties	35,637 ₀₀
Receipts 4 Gross rents	$2,252_{00}$
Receipts 4 Gross rents 5 6 6 6 6 6 6 6 6 6	
Total gross royalties See Instructions SEE STATEMENT 2	00
Other Sources 6 Gross amount received from sale of assets (See Instructions) • 6 Gross amount received from sale of assets (See Instructions) • 6 Gross amount received from sale of assets (See Instructions) • 7 June 1 J	00
Sources 7 Other income SEE STATEMENT 2 • 7 8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 8 9 9 9 9 9 9 9 9 9	00
8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 9 Contributions, gifts, grants, and similar amounts paid 10 Disbursements to or for members	21 224
9 Contributions, gifts, grants, and similar amounts paid 10 Disbursements to or for members 11 Compensation of officers, directors, and trustees 12 Other salaries and wages 13 Interest 14 Taxes 15 Rents 16 Depreciation and depletion (See instructions) 17 Other Expenses and Disbursements 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 Schedule L Balance Sheet 19 Disburse- 19 Disburse- 10 Disburse- 11 Disburse- 12 Disburse- 15 Rents 16 Depreciation and depletion (See instructions) 17 Other Expenses and Disbursements 18 SEE STATEMENT 4 • 17 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 Schedule L Balance Sheet 18 Beginning of taxable year 19 Disburse- 10 Disburse- 11 Disburse- 12 Disburse- 14 Disburse- 15 Rents 16 Depreciation and depletion (See instructions) 17 Depreciation and depletio	31,224 00
10 Disbursements to or for members	69,113 ₀₀
11 Compensation of officers, directors, and trustees SEE STATEMENT 3 12	00
12 Other salaries and wages 12 Expenses 13 Interest 13	40 000
Table Tabl	40,000 00
and 14 Taxes	42,341 00
Disburse- ments 15 Rents	7 01 2
ments 16 Depreciation and depletion (See instructions) 17 Other Expenses and Disbursements 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 Schedule L Balance Sheet Beginning of taxable year End of taxable year Assets (a) (b) (c) 1 Cash 2 Net accounts receivable 3 Net notes receivable 4 Inventories 5 Federal and state government obligations 6 Investments in other bonds	7,013 00
17 Other Expenses and Disbursements SEE STATEMENT 4 17 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18	19,716 00
18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	00
Schedule L Balance Sheet Beginning of taxable year End of taxable year Assets (a) (b) (c) 1 Cash 284,103 • 2 Net accounts receivable • 3 Net notes receivable • 4 Inventories • 5 Federal and state government obligations 6 Investments in other bonds	158,239 00
Assets (a) (b) (c) 1 Cash 284,103 ● 2 Net accounts receivable ● ● 3 Net notes receivable ● ● 4 Inventories ● ● 5 Federal and state government obligations ● ● 6 Investments in other bonds ● ●	267,309 00
1 Cash 284,103 • 2 Net accounts receivable • 3 Net notes receivable • 4 Inventories • 5 Federal and state government obligations 6 Investments in other bonds •	year
2 Net accounts receivable 3 Net notes receivable 4 Inventories 5 Federal and state government obligations 6 Investments in other bonds • • • • • • • • • • • • • • • • • • •	(d)
3 Net notes receivable 4 Inventories 5 Federal and state government obligations 6 Investments in other bonds	331,298
4 Inventories	
5 Federal and state government obligations 6 Investments in other bonds	
5 Federal and state government obligations 6 Investments in other bonds	
7 Investments in steel	
/ investments in stock	
8 Mortgage loans	
9 Other investments	
10 a Depreciable assets 6 , 816 6 , 816	
b Less accumulated depreciation (6,816)	
11 Land	2,760
13 Total assets	334,058
Liabilities and net worth	
14 Accounts payable	2,657
15 Contributions, gifts, or grants payable	
16 Bonds and notes payable	
17 Mortgages payable	
18 Other liabilities	
19 Capital stock or principal fund	
20 Paid-in or capital surplus. Attach reconciliation	
21 Retained earnings or income fund 286,863	331,401
22 Total liabilities and net worth	334,058
Schedule M-1 Reconciliation of income per books with income per return	
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.	
1 Net income per books • 44,538 7 Income recorded on books this year	
2 Federal income tax • not included in this return •	
3 Excess of capital losses over capital gains 8 Deductions in this return not charged	
4 Income not recorded on books this year against book income this year	
5 Expenses recorded on books this year not 9 Total. Add line 7 and line 8	
deducted in this return • 10 Net income per return.	
6 Total. Add line 1 through line 5 44,538 Subtract line 9 from line 6	44,538
1 1	

CA 199	OTHER EXPENSE	S	STATEMENT	4
DESCRIPTION			AMOUNT	
RESEARCH & ANALYSIS			20,7	77.
OUTREACH			19,94	
PRINTING			7,69	
COMMUNICATIONS			5,80	
DATABASE SUBSCRIPTION F	'EE		4,65	
BANK FEES			4,39	
PAYROLL PROCESSING			4,04	
OTHER COSTS TELEPHONE			4,02	
SMALL EQUIPMENT			2,51 2,41	
POSTAGE MAILING			2,18	
SUPPLIES			2,04	
BOOKS/SUBSCRIPTIONS			1,13	
BOARD EXPENSES				10.
OPERATIONS			24	17.
LITIGATION FUND				98.
TAXES			8	35.
OTHER				0.
DIRECT EXPENSES OF FUND			30,23	
OTHER EMPLOYEE BENEFITS	;		40,02	
LEGAL FEES INFORMATION TECHNOLOGY			2,56	22.
TRAVEL				29.
INSURANCE			1,44	_
111001111101				
TOTAL TO FORM 199, PART	'II, LINE 17		158,23	39.
CA 199	OTHER ASSETS		STATEMENT	5
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
DEPOSIT		2,760.	2,76	50.
TOTAL TO FORM 199, SCHE	DULE L, LINE 12	2,760.	2,76	50.
				

2019

Corporation Depreciation and Amortization

CALIFORNIA FORM

FORM 199 FEIN 77-0551533 Attach to Form 100 or Form 100W. Corporation name California corporation number 2078153 RESTORE HETCH HETCHY Part I Election To Expense Certain Property Under IRC Section 179 1 Maximum deduction under IRC Section 179 for California \$25,000 2 Total cost of IRC Section 179 property placed in service 2 3 Threshold cost of IRC Section 179 property before reduction in limitation 3 \$200,000 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-5 (a) Description of property (b) Cost (business use only) 6 7 Listed property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from prior taxable years 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 (f) Life or (b) (c) (d) (g) Depreciation (e) (h) Description of property Date acquired Depreciation allowed or Cost or Additional Depreciation for this year (mm/dd/yyyy) other basis rate first year depreciation allowable in earlier years method 6,816. SEE STATEMENT 6 6,816. 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) 15 Part III Summary 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) 16 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) Part IV Amortization (g) Amortization (e) R&TC (a) Description of property (b) (d) (c) Date acquired Cost or Amortization allowed or Period or Section (mm/dd/yyyy) other basis allowable in earlier years percentage for this year see instructions 20 Total. Add the amounts in column (g) 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12

CA 3885		DEPRECIATION				STATEMENT 6	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 LAPTOP COMP	UTER & PROJ	JECTOR					
0	04/01/05	3,592.	3,592.	SL	5.00	0.	
2 COMPUTER	02/01/06	1,357.	1,357.	ST.	5.00	0.	
3 PROJECTOR	02/01/00	1,337.	1,337.		3.00	•	
	05/01/07	1,084.	1,084.	SL	5.00	0.	
4 FURNITURE	12/31/10	783.	783.	SL	5.00	0.	
TOTAL TO FORM 388	5	6,816.	6,816.			0.	

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531**

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

WHEN TO FILE:

Corporations - File and Pay by the 15th day of the 4th month

following the close of the taxable year.

S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.

Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.

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

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay

for more information.

939035 11-12-19

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

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

TAXABLE YEAR Payment Voucher for Corporations and Exempt Organizations e-filed Returns 2019

CALIFORNIA FORM

3586 (e-file)

000000 77-0551533 00000000000 19 FORM 3 REST

01-01-2019 12-31-2019 TYB TYE

RESTORE HETCH HETCHY

3286 ADELINE STREET SUITE 7 94703 BERKELEY CA

(510) 893-3400

Amount of Payment

10.

6181196

FTB 3586 2019

2019

Date Accepted	
TAXABLE YEAR	California a-file

nia e-file Return Authorization for **Exempt Organizations**

FORM

	-						
Exempt Organization	n name					Identifying number	er
RESTORE	HETCH HETCHY					77-055	1533
Part I Elect	tronic Return Information	(whole dollars only)					
1 Total gros	s receipts (Form 199, line 4)				1	311,847
2 Total gros	s income (Form 199, line 8)					2	311,847
3 Total expe	enses and disbursements (F					· · · · · · · · · · · · · · · · · · ·	267,309
Part II Settl	e Your Account Electroni	cally for Taxable Year	r 2019				
4 Elect	ronic funds withdrawal	4a Amount		4b Withdrawa	l date (mm/dd/y	ууу)	
Part III Bank	k ing Information (Have you	verified the exempt o	organization's bankir	g information?)			
5 Routing nu	mber						
6 Account nu	ımber		7	Type of account:	Checking	Savir	ngs
Part IV Decl	aration of Officer						
I authorize the ex on line 4a.	empt organization's account to	be settled as designated	I in Part II. If I check Pa	ırt II, Box 4, I authoriz	ze an electronic fu	nds withdrawal	for the amount listed
transmitter, or in California electro a balance due ret organization will statements be tra	of perjury, I declare that I am ar termediate service provider and nic return. To the best of my kr urn, I understand that if the Fra remain liable for the fee liability insmitted to the FTB by the ER(rize the FTB to disclose to the	d the amounts in Part I ab nowledge and belief, the e anchise Tax Board (FTB) o and all applicable interes D, transmitter, or interme	pove agree with the am exempt organization's does not receive full ar st and penalties. I autho diate service provider.	ounts on the corresponderurn is true, correct, d timely payment of the correct the exempt organs of the processing of th	onding lines of the , and complete. If the exempt organi nization return and	e exempt organi the exempt orga zation's fee liab d accompanying	zation's 2019 anization is filing ility, the exempt g schedules and

Sign Here

Signature of officer	

EXECUTIVE DIRECTOR

I Check if

I Check

I ERO's PTIN

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

I Date

ERO	signature			also paid preparer	37	if self- employe		
Must	Firm's name (or yours if self-employed) GIBSON & COMPANY, INC.		CPA				Firm's FEIN 94-2743702	
Sign	and address	4600 NORTHGATE BLVD, SU	ITE 115					
		SACRAMENTO, CA					ZIP code 95834	
	Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.							
Paid Prepai	Paid preparer's signature		Date		Check if self- employed		Paid preparer's PTIN	
Must Sign	Firm's name (or yours if self-employed) and address	if self-employed)				Firm's FEIN		
•							ZIP code	

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2019

DEPARTMENT OF JUSTICE PAGE 1 of 5

STATE OF CALIFORNIA RRF-1

(Rev. 09/2017)

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447

Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916)210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

PAGE (For Registry Use Only)

	Check if:						
RESTORE HETCH HETCHY		nge of address ended report					
Name of Organization			ended report				
List all DBAs and names the organization uses or has used		11.000					
3286 ADELINE STREET, SU Address (Number and Street)	State Charity Registration Number CT 11600						
BERKELEY, CA 94703	Corporation or Organization No. 2078153						
City or Town, State, and ZIP Code	Оогрогам	517 61 619a1112ation 116.		_			
510-893-3400 SPRECK	Federal Employer ID No. 77-0551533						
Telephone Number E-mail Address							
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice							
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee			
Less than \$25,000 0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$15	0		
Between \$25,000 and \$100,000 \$25	Between \$250,001 and \$1 million	n \$75	Between \$10,000,001 and \$50 million Greater than \$50 million	\$22 \$30			
			Greater than \$50 million				
PART A - ACTIVITIES For your most recent full accounting p	period (beginning 01/01/20	19 end	ng 12/31/2019) list:				
i or your moorroom run doodming p	oriou (bogilling		, iou				
Gross Annual Revenue\$ 281,6	10 Noncash Contributions\$			4,05	,058		
Program Expenses \$	161,694	Total Expe	enses \$ 237,072				
PART B - STATEMENTS REGARDING ORGA	NIZATION DURING THE PERIOD	OF THIS RE	PORT				
Note: All questions must be answered. If y	ou answer "ves" to any of the que	stions belov	v. vou must attach a separate page	,			
				Yes	No		
1. During this reporting period, were there a							
and any officer, director or trustee thereo any financial interest?	f, either directly or with an entity in w	hich any su	ch officer, director or trustee had		х		
During this reporting period, was there an	v theft embezzlement diversion or u	misuse of th	e organization's charitable property	-+			
or funds?	y thort, ombozziomont, arvoroion or t	Thousand or the	o organization o oriantable property		X		
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?							
			. 0		X		
4. During this reporting period, were the ser commercial coventurer used?	vices of a commercial fundraiser, fun	idraising coi	unsel for charitable purposes, or		х		
5. During this reporting period, did the organization receive any governmental funding?							
6. During this reporting period, did the organization hold a raffle for charitable purposes?					77		
o. Burning this reporting period, and the organization mold a fame for orianitable purposes:					Х		
7. Does the organization conduct a vehicle donation program?							
Did the organization conduct an independent audit and prepare audited financial statements in accordance with							
generally accepted accounting principles for this reporting period?							
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?							
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge							
and belief, the content is true, correct and complete, and I am authorized to sign.							
ADO	LPH S. ROSEKRANS J	R. E	XECUTIVE DIRECTOR				
Signature of Authorized Agent Printe	ed Name	Tit					
929291							