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

RESTORE HETCH HETCHY 3286 Adeline Street, Suite 7 Berkeley, CA 94703 Attention: Adolph S Rosekrans Jr

RE: FORMS 990 & 199 DUE November 15, 2021

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 November 15, 2021.

#### 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.

No payment is required.

#### CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed as soon as possible 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.

# IRS e-file Signature Authorization for an Exempt Organization

2020.	or fiscal year beginning	. 2020, and ending	. 20
LULU,	or noodi your bogiining	, 2020, and chang	, 20

OMB No. 1545-0047

For calendar year ▶ 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 or person subject to tax Taxpayer identification number RESTORE HETCH HETCHY 77-0551533 Name and title of officer or person subject to tax ADOLPH S ROSEKRANS JR EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) | Part I 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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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 \_\_\_\_\_ 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_ 2b **b** Total tax (Form 1120-POL, line 22) \_\_\_\_\_\_ 3b 3a Form 1120-POL check here 4a Form 990-PF check here ► **b** Tax based on investment income (Form 990-PF, Part VI, line 5) 4b b Balance due (Form 8868, line 3c) 5b 5a Form 8868 check here 6a Form 990-T check here ► b Total tax (Form 990-T, Part III, line 4) \_\_\_\_\_\_6b b Total tax (Form 4720, Part III, line 1) 7a Form 4720 check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 💹 I am an officer of the above organization or 🔃 I am a person subject to tax with respect to (name of organization) and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I múst contact the U.S. Treasury Financial Agent át 1-888-353-4537 no later than 2 business dáys 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 electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize GIBSON & COMPANY, INC. CPA to enter my PIN Enter five numbers but ERO firm name do not enter all zeros as my signature on the tax year 2020 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.  $\perp$  As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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. Signature of officer or person subject to tax 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 2020 electronically filed return 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 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** (2020)

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ERO's signature

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FILEABLE FORMS

### EXTENSION GRANTED TO NOVEMBER 15, 2021

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2020
Open to Public Inspection

Α	For the	2020 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change	Doing business as		77-05515	33
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 3286 ADELINE STREET, SUITE 7	Room/suite	E Telephone number 510-893-	
	Final return/ termin-	-			357,032.
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	
F	return Applica	DERREDEI, CA 94/05	C TD	H(a) Is this a group re	
	tion pendin	F Name and address of principal officer: ADOLETT 5. ROSERRANG	S JR.	for subordinates	
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	
		mpt status: X 501(c)(3) 501(c) ( )	or 527	- ····································	list. See instructions
		e: ► WWW.HETCHHETCHY.ORG	1	H(c) Group exemption	·
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2000 N	State of legal domicile: CA
P		Summary	COLLEDI		
9	1 1	Briefly describe the organization's mission or most significant activities: ${f SEE}$	SCHEDU	TE O	
ă					
/err	1	Check this box  if the organization discontinued its operations or dispos		1 1	
<u>်</u>	1			3	13 13
જ		Number of independent voting members of the governing body (Part VI, line 1b)			$\frac{13}{2}$
ties		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			13
Activities & Governance		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b i	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		
		2		Prior Year	Current Year
ne	8 (	Contributions and grants (Part VIII, line 1h)		242,734.	318,937.
Revenue	9 1	Program service revenue (Part VIII, line 2g)		2,252.	11,717.
Re	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		36,624.	25,751.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		281,610.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		201,010.	356,405.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	<u> </u>
		Benefits paid to or for members (Part IX, column (A), line 4)		129,375.	146,140.
Expenses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		129,373.	
eü	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
Ä	b	Total fundraising expenses (Part IX, column (D), line 25)		107 607	117 022
_	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		107,697. 237,072.	117,023.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			263,163.
<u> </u>		Revenue less expenses. Subtract line 18 from line 12		44,538.	93,242.
t Assets or lad Balances			Be	ginning of Current Year	End of Year
SSe	20	Fotal assets (Part X, line 16)		334,058. 2,657.	427,300.
Net A	21	Total liabilities (Part X, line 26)		331,401.	424,643.
		Net assets or fund balances. Subtract line 21 from line 20		331,401.	424,043.
		ties of perjury, I declare that I have examined this return, including accompanying schedules	o and atatam	vente, and to the heat of m	uknowledge and heliaf it is
		, and complete. Declaration of preparer (other than officer) is based on all information of wh			y Kilowieuge allu bellel, il is
uuc	, сопес	, and complete. Declaration of preparer (other than officer) is based on an information of wil	iicii pi chai ci	lias any knowledge.	
C:-		Signature of officer		I Date	
Sig		ADOLPH S. ROSEKRANS JR., EXECUTIVE DI	R ECTOE		
He	re	Type or print name and title	KLICTOI	<u>.</u>	
		Print/Type preparer's name Preparer's signature		Date Check	II PTIN
Pai					
		MICHAEL V. GIBSON Firm's name GIBSON & COMPANY, INC. CPA		self-employe Firm's EIN ▶	94-2743702
		Firm's address 4600 NORTHGATE BLVD, SUITE 115		I IIIII 5 LIIV	, <u> </u>
550	· · · · · · ·	SACRAMENTO, CA 95834		Phone no ( 9	16)484-1252
N4c	\			Filolie IIo. ( )	
ivia	y me in	S discuss this return with the preparer shown above? See instructions			X Yes No

Form	990 (2020) RESTORE HETCH HETCHY 77-0551533 Page
	III Statement of Program Service Accomplishments
	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
	orior Form 990 or 990-EZ?
	f "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 🗓 No
	f "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.  Code:) (Expenses \$184 , 392 • including grants of \$) (Revenue \$)
4a	Code:)(Expenses \$184,392. 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:
4c	Code:         ) (Expenses \$

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Form **990** (2020)

including grants of \$ 184,392.

4d Other program services (Describe on Schedule O.)

Total program service expenses

#### RESTORE HETCH HETCHY Part IV Checklist of Required Schedules

			Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?						
	If "Yes," complete Schedule A	1	X	<u> </u>			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,			
	public office? If "Yes," complete Schedule C, Part I	3		X			
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	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						
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_					
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II						
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>						
	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		X			
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, 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,		Х				
	Part VI	11a	Λ	<u> </u>			
р	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		122			
C	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	110					
-	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		X			
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses						
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						
	Schedule D, Parts XI and XII	12a		X			
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X			
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a					
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	טדו					
	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		Х			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,						
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines						
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			.,,			
	complete Schedule G, Part III	19		X			
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X			
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			X			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ 41			

032003 12-23-20

#### Part IV Checklist of Required Schedules (continued)

	<del></del>		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		X		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			İ		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete					
0.4	Schedule J	23		X		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			İ		
	Schedule K. If "No," go to line 25a	24a		x		
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>		
	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		İ		
d	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		Х		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		x		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<del></del>		
_,	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled					
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х		
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):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If					
	"Yes," complete Schedule L, Part IV	28a		X		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV					
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			x		
00	"Yes," complete Schedule L, Part IV	28c		X		
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		<u> </u>		
00	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			l		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			7.7		
05	Part V, line 1	34		X		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a				
ü	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000				
	If "Yes," complete Schedule R, Part V, line 2	36		Х		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			İ		
	Note: All Form 990 filers are required to complete Schedule O	38	X			
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V			No		
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9		Yes	INO		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0					
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?	1c	Х			

#### 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			
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			
	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		Α.
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		X
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	- Oa		
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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? $\dots$	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.  Did the sponsoring organization make any taxable distributions under section 4966?  N/A			
a	37/3	9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A  Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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  Did the expanization receive any payments for indeed tapping convices during the tay year?	44-		Х
14a	· · · · · · · · · · · · · · · · · · ·	14a 14b		<u> </u>
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
IJ	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	"		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
	· · · · · · · · · · · · · · · · · · ·	Form	990	/2020

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.

		·····				Λ							
Sec	tion A. Governing Body and Management												
		1 1	4 2 [		Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13										
	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	13										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with any other											
	officer, director, trustee, or key employee?			2		X							
3	Did the organization delegate control over management duties customarily performed by or under the												
	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		Г	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's as		г	5		Х							
6	Did the organization have members or stockholders?		г	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,		·····										
-	persons other than the governing body?			7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		·····										
а	The governing body?			8a	Х								
b	Each committee with authority to act on behalf of the governing body?		- 1	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		·····										
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R			<u> </u>									
-	tion B. Follows (This occion Brequests information about policies not required by the internal ri	evenue oode.)			Yes	No							
100	Did the organization have local chapters, branches, or affiliates?		Г	10a	163	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such c		····· ├	IUa									
b	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b									
110			Г	11a	Х								
b	Has the organization provided a complete copy of this Form 990 to all members of its governing boo Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ly before filling the fort	''' <b> </b>	1 Ia									
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		Х							
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		г	12b		- 21							
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")		·····	120									
·				12c									
13			·····	13		X							
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?			14	Х								
	Did the process for determining compensation of the following persons include a review and approv			14	-21								
15													
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			150	Х								
	The organization's CEO, Executive Director, or top management official			15a	42	Х							
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			15b		-22							
16-	,	mont with a											
IUa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			160		Х							
L	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization to evaluate the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organiz		·····	16a									
D													
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization with respect to such arrangements?			166									
S00	exempt status with respect to such arrangements? tion C. Disclosure			16b									
	List the states with which a copy of this Form 990 is required to be filed ▶CA												
17 12	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 000 T (Section 501	(0)(3)	c only	) 21/2:1	abla							
18		10 11011390-1 (OECI101130)	(0)(3)	o or ny	, avail	auie							
	for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  X Upon request Other (explain	on Schodula Ol											
10	·	on Schedule O)	.,	d fina-	oicl								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	ornilot of interest polic	y, and	ıınar	icial								
20	statements available to the public during the tax year.	oke and records											
20	State the name, address, and telephone number of the person who possesses the organization's be ${\tt SPRECK\ ROSEKRANS\ -\ 510-893-3400}$	ouks and records											
	3286 ADELINE STREET, SUITE 7, BERKELEY, CA 94703												
	5200 ADDITING DIRECT, DOTTE /, DERREDGI, CA 54/05												

## 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.

(A) Name and title	(B) Average hours per week	box	not c	ss pe	itior more rson	than is bot or/trus	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ROGER WILLIAMS	1.00									•
BOARD CHAIR	1 00	Х		Х				0.	0.	0 .
(2) PETER VAN KURAN	1.00	١,,		,,						0
TREASURER	1.00	Х		Х				0.	0.	0 .
(3) MARK PALLEY	1.00	x		x				0.	0.	0.
SECRETARY (4) VIRGINIA JOHANNESSEN	1.00	^		^				0.	0.	0 .
VICE-CHAIR	1.00	X		x				0.	0.	0.
(5) MARK CEDERBORG	1.00	12		<u> </u>				0.	0.	0 .
DIRECTOR	1.00	x						0.	0.	0 .
(6) REX HIME	1.00	┢								
DIRECTOR		x						0.	0.	0.
(7) MELANIE WEBBER	1.00							-		
DIRECTOR		X						0.	0.	0.
(8) ANN HAYDEN	1.00									
DIRECTOR		X						0.	0.	0 .
(9) LANCE OLSON	1.00									
DIRECTOR		Х						0.	0.	0 .
(10) RON SUNDERGILL	1.00									
DIRECTOR		Х						0.	0.	0 .
(11) KATHY BOWLER	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0
(12) JIM FOUSEKIS	1.00	١								•
DIRECTOR	1 00	Х						0.	0.	0 .
(13) CRAIG REYNOLDS	1.00	Į.,							_	0
DIRECTOR		Х						0.	0.	0

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per week	(do box	not c , unle	Pos heck ss pe	ition more rson		one h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun othe	t of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	MISC) o		sation he ation ated tions
			_										
	Subtotal							<b></b>	0.	0			0.
c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)							<b>▶</b>	0.	0			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportable			(
3	Did the organization list any <b>former</b> officer,											Yes	
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d otl		the organization	3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr/						
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Scheaui	е Ј т	or si	ucn	pers	son .				.   5	<u> </u>	<u>  X</u>
1	Complete this table for your five highest co the organization. Report compensation for										nsatio	n from	
	(A) (B)										Com	(C) pensati	on
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received n	nore than			
	\$100,000 of compensation from the organi	•					0		•				

Pa	rt V	<b>7111</b>	Statement of Re	venue	9						
			Check if Schedule O	contain	s a respon	se or note to	any lir	ne in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue		( <b>D)</b> Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
ts, ( Am		С	Fundraising events								
iai ia			Related organizations								
ons, Sim			Government grants (contr								
utio			All other contributions, gifts,			210 0	27				
흕			similar amounts not included			318,9	57.				
Son			Noncash contributions included in <b>Total.</b> Add lines 1a-1f					318,937.			
<u> </u>		<u>'''</u>	Total: Add illies 1a-11			Business	Code	320,337			
ø	2	а									
Program Service Revenue		b				_					
Se		С									
eve		d				_					
о Е		е									
₫		f.	All other program service	revenue	е						
			Total. Add lines 2a-2f				<b></b>				
	3		Investment income (includ	-				2 521	2 521		
			other similar amounts)					2,531.	2,531.		<del>                                     </del>
	4		Income from investment o			-					
	5		Royalties		(i) Real	(ii) Perso	nol .				
		_	Overe wente	<u>_</u>	(i) neai	(II) Perso	ла				
			Gross rents	6a 6b							
			Less: rental expenses Rental income or (loss)	6c							
			Net rental income or (loss)	-			<b>—</b>				
			Gross amount from sales of		i) Securitie	es (ii) Oth	er				
	•		assets other than inventory	7a -	9,81						
			Less: cost or other basis								
ne			and sales expenses	7b	62'						
Revenue			Gain or (loss)	7c	9,18	6.					
		d	Net gain or (loss)					9,186.	9,186.		
Other	8	а	Gross income from fundraisir	ng event	s (not						
ō			including \$								
			contributions reported on	-							
			Part IV, line 18			8a					
			Less: direct expenses		L	8b					
			Net income or (loss) from		· .	S					
	9		Gross income from gamin Part IV, line 19	-		9a					
			Less: direct expenses			9b					
			Net income or (loss) from		Г		•				
			Gross sales of inventory, I		Г						
			and allowances			10a					
			Less: cost of goods sold			10b					
			Net income or (loss) from		_	<i>'</i>	<b></b>				
S						Business					
Miscellaneous Revenue	11	а	MISCELLANEOUS	5		9000	99	25,751.	25,751.		
lan en		b									
Sel Rev		С				_					<b></b>
Σ			All other revenue					05 751			
			Total. Add lines 11a-11d					25,751.	37,468.	0.	0.
	12		Total revenue. See instruction	IIIS				ı JJU,4UJ•	ı J/,400•	ı U.	ı U•

#### 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 respon	<del></del>	this Part IX(B)	(C)	/= \
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> 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				
	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,	65 000	65 000		
	trustees, and key employees	65,288.	65,288.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4.4.4.6.0			
7	Other salaries and wages	44,638.		44,638.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	27,296.	16,105.	11,191.	
10	Payroll taxes	8,918.	5,262.	3,656.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	330.		330.	
С	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.)	7,807.	7,807.		
12	Advertising and promotion				
13	Office expenses	5,132.		5,132.	
14	Information technology	6,217.	6,217.		
15	Royalties				
16	Occupancy	19,646.	19,646.		
17	Travel	436.		436.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,858.	484.	1,374.	
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	OUTREACH	45,236.	45,236.		
b	COMMUNICATIONS	6,524.	6,524.		
c	RESEARCH & ANALYSIS	6,153.	6,153.		
d	OTHER COSTS	4,975.	.,=	1,361.	3,614
	All other expenses	12,709.	5,670.	7,039.	-,
25	Total functional expenses. Add lines 1 through 24e	263,163.	184,392.	75,157.	3,614
26	Joint costs. Complete this line only if the organization	,	,	,	- /
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	n 12-23-20			I	Form <b>990</b> (2020

га	IL A	Charle if Schodula Coontains a response or	noto to co	/ line in this Dort V			
		Check if Schedule O contains a response or	note to an	y iine in this Part X	(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash - non-interest-bearing			221,432.	1	297,404.
	2	Savings and temporary cash investments	109,866.	2	127,136.		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of				5	
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
	1	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		6,816.			
	Ь	Less: accumulated depreciation		6,816.	0.	10c	0.
	11	Investments - publicly traded securities		-		11	
	12	Investments - other securities. See Part IV, li				12	
	13	Investments - program-related. See Part IV, I		_		13	
	14	Intangible assets		_		14	
	15	Other assets. See Part IV, line 11	2,760.	15	2,760.		
	16	<b>Total assets.</b> Add lines 1 through 15 (must e	334,058.	16	427,300.		
	17	Accounts payable and accrued expenses	2,657.	17	2,657.		
	18	Grants payable			·	18	-
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ģ	22	Loans and other payables to any current or t					
Liabilities		trustee, key employee, creator or founder, su					
api		controlled entity or family member of any of				22	
Ξ	23	Secured mortgages and notes payable to ur				23	
	24	Unsecured notes and loans payable to unrel		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax		_			
		parties, and other liabilities not included on li					
		of Schedule D	•			25	
	26	Total liabilities. Add lines 17 through 25			2,657.	26	2,657.
		Organizations that follow FASB ASC 958,					
ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions				27	
Ва	28	Net assets with donor restrictions				28	
pur		Organizations that do not follow FASB AS					
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur	nds		0.	29	0.
set	30	Paid-in or capital surplus, or land, building, o			0.	30	0.
As	31	Retained earnings, endowment, accumulate			331,401.	31	424,643.
Net	32	Total net assets or fund balances		<b>_</b>	331,401.	32	424,643.
	33	Total liabilities and net assets/fund balances			334,058.	33	427,300.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			105.
2	Total expenses (must equal Part IX, column (A), line 25)	2			63.
3	Revenue less expenses. Subtract line 2 from line 1	3			242.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	31,4	101.
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	4	24,6	543.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2t	)	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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 th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	;	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule C	).		
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 Auc	dit		
	Act and OMB Circular A-133?		3	ı	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3t		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ 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

Pa	rt I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>						
4		A medical research organiz					•	the hospital's name
•		city, and state:	anon operated in col	njanotion with a moopital	GOOGIIDO			the hoopital o haine,
5		An organization operated for	or the benefit of a co	llogo or university ewner	d or operat	tod by a d	overnmental unit describ	ood in
3				nege of utiliversity owner	u or opera	led by a g	overnmentar unit descrit	Ded III
_		section 170(b)(1)(A)(iv). (C					( )	
6	v	A federal, state, or local gov						
7	X	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	Ш	A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	je or
		university:						
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from (	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a		ively to test for public sa	fety. See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section !	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in
		lines 12a through 12d that	•					
а		Type I. A supporting orga				•	, ,	, aivina
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	•		
		organization. You must o						, a p p a g
b		Type II. A supporting org			tion with it	e sunnorti	ed organization(s), by ha	avina
~		control or management o	•					-
		organization(s). You mus			arrie perse	nis triat co	ontrol of manage the sup	ported
_		Type III functionally inte	-		in connoc	tion with	and functionally intograt	od with
·		its supported organization					•	ea with,
d		Type III non-functionally		•				ization(a)
u								• •
		that is not functionally int	-	-	•		-	iveriess
		requirement (see instruct	•	-				
е		Check this box if the orga					ı Type I, Type II, Type III	
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.		
f		er the number of supported o		-1 - · · · · · · · · · · · · · · · · · ·				
g		vide the following information  i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	•	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)
		-		above (see instructions))	103	140		
Fota								
ULC	41							

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

#### 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) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	209,570.	296,228.	223,116.	242,734.	318,937.	1290585.
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						
4	Total. Add lines 1 through 3	209,570.	296,228.	223,116.	242,734.	318,937.	1290585.
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)						
_6	Public support. Subtract line 5 from line 4.						1290585.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019 242,734.	(e) 2020 318, 937.	(f) Total 1290585.
7	Amounts from line 4	209,570.	296,228.	223,116.	242,734.	318,937.	1290585.
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						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						1290585.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stor						<u></u> ▶∟⊥
	ction C. Computation of Publ						100 00
14	Public support percentage for 2020 (						$\frac{100.00}{100.00}$
15	Public support percentage from 2019						
16a	33 1/3% support test - 2020. If the c	· ·		,		,	
	stop here. The organization qualifies						
D	33 1/3% support test - 2019. If the c						
17.	and <b>stop here.</b> The organization qual						
17 a	10% -facts-and-circumstances tes	_					
	and if the organization meets the fact		•	•		· ·	
h	meets the facts-and-circumstances to	_			-	172 and line 15 is	
ū	10% -facts-and-circumstances tes more, and if the organization meets the	_					1070 UI
	organization meets the facts-and-circ				-		
10	Private foundation. If the organization						
10	i invate iounidation. Il the organizatio	n did flot Crieck a	DON OH III E 10, 10	a, 100, 17a, 01 17k	o, oriect tills bux a	110 300 113110011011	·

Schedule A (Form 990 or 990-EZ) 2020

#### 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	siow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and		` ,	` ,	<u> </u>	1	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					1	
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	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					+	
	Total. Add lines 1 through 5			-	-		
/ 6	a 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.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2020 (I					15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves		<u>-</u>				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2020. If the						17 is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2019. If the						▶Ш and
•	line 18 is not more than 33 1/3%, che	•			•	·	
20	Private foundation. If the organizatio						

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 line 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		
3a		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
46:		
10b		

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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		100	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	·		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
Ū	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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	) <u> </u>		
a	The organization satisfied the Activities Test. Complete line 2 below.	r <del>-</del>		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.	1	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.	2a		
b				
_	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	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? If "Yes" or "No" provide details in <b>Part VI.</b>	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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	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 mus	t complet	te Sections 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	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 <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ılly integra	ated Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2020

_	t V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Orga	anizations (continue	ed)	· · · · · · · · · · · · · · · · · · ·
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exempt p	ourposes		1	
2	Amounts paid to perform activity that directly furthers exempt pur	poses of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of	supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	ganization is responsive	,		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) ccess Distributions	(ii) Underdistributions Pre-2020	•	(iii) Distributable Amount for 2020

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
<u>e</u>	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

#### Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

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

OMB No. 1545-0047

**2020** 

Name of the organization Employer identification number

RESTORE HETCH HETCHY 77-0551533

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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
	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a) any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (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 utor, 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; EZ, line 1. Complete Parts I and II.
contributor, dur literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering to (b) instead of the contributor name and address), II, and III.
year, contribution is checked, ento purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box er here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively able, etc., contributions totaling \$5,000 or more during the year \bigsim \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim} \frac{\bigsim}{\big
but it <b>must</b> answer "No"	on 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), 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 get the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA 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) (2020)

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

Name of organization **Employer identification number** 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

	amalata it tha
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.Co	ompiete ir trie
organization answered "Yes" on Form 990, Part IV, line 6.  (a) Donor advised funds (b) Funds and c	other accounts
	other accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds	¬., ¬
are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education)  Preservation of a historically important processing and the preservation of the public use (for example, recreation or education)	ant land area
Protection of natural habitat Preservation of a certified historic str	tructure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation eas	sement on the last
day of the tax year.	the End of the Tax Year
a Total number of conservation easements 2a	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included in (a) 2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
listed in the National Register 2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during	the tax
year <b>&gt;</b>	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements	during the year
•	0 ,
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements durin	ng the year
<b>▶</b> \$	3
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	the
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Ass	sets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet wo	orks
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works	of
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public serv	
provide the following amounts relating to these items:	,
(i) Revenue included on Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X	

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

Schedule D (Form 990) 2020

Pai	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, c	or Othe	r Similaı	r Asse	t <b>s</b> (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following tha	t make si	gnificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е			0 1 0						
C	Preservation for future generations	_									
4	Provide a description of the organization's co	ollections and explain	n how th	nev further t	he organizatio	on's exer	nnt nurnos	e in Par	t XIII		
5	During the year, did the organization solicit of	•		•	-			o iii i ai	t Am.		
J	to be sold to raise funds rather than to be ma				•				Yes		No
Pai	t IV Escrow and Custodial Arran										110
	reported an amount on Form 990, Pa	-	) to 11 ti 10	organizatio	ir anowered	100 011	1 01111 000,	r artiv,			
	Is the organization an agent, trustee, custod		diary for	contribution	ns or other as	sets not	included				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII										. 110
D	Tes, explain the arrangement in rate xiii	and complete the ro	ilowing i	abic.					Amoun	+	
_	Paginning balance						10		Amoun		
	Beginning balance										
	Additions during the year										
_	Distributions during the year										
Ť	Ending balance								٦,,		T
	Did the organization include an amount on F								Yes		│ No
_	If "Yes," explain the arrangement in Part XIII.				_						
Pai	t V Endowment Funds. Complete i				1						
		(a) Current year	(b) P	rior year	(c) Two year	s back (	<b>d)</b> Three yea	ars back	(e) Four	years	раск
	Beginning of year balance										
b	Contributions										
	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 cur	rent year end balanc	e (line 1	g, column (	a)) held as:						
а	Board designated or quasi-endowment	•	%								
	Permanent endowment	%	_								
		<del></del> %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	•	ation tha	at are held a	and administe	red for th	e organiza	tion			
-	by:	oolon or the organiza	41.011 1.10	at and mora t	ara darriirioto	100 101 11	io organiza		Ī	Yes	No
	(i) Unrelated organizations								3a(i)		-110
	(ii) Related organizations									1	
h	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the								. 50		
Ė	t VI Land, Buildings, and Equipm		willelit	iuius.							
	Complete if the organization answere		) Part I\	/ line 11a 9	See Form 990	Part X	line 10				
	Description of property	(a) Cost or o			or other	· · ·	cumulated		(d) Boo	k volu	
	Description of property	basis (investr		, ,	(other)	. ,	reciation		( <b>u</b> ) 500	n value	5
	Land	,		المام	(501101)	чер	· SOIGEOIT				
	Land										
	Buildings							-			
	Leasehold improvements										
	Equipment				6 016		6 01	_			
	Other			(5) "	6,816.		6,81	·			0.
ıota	. Add lines 1a through 1e. (Column (d) must e	guai Form 990, Part	x. colur	nn (B). line '	IUC.)			▶			<b>U</b> •

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 RESTORE HETO	CH HETCHY	77	-0551533 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(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.			
	5 000 D 1 N 1	44 O E 000 B 1 V II 40	
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	(b) Book value	(c) Wethod of Valuation. Cost of en	u-or-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"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	: 15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			1

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) 2020

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

	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	<b>5</b>			
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 <b>4a</b> and <b>4b</b>			
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	<u>-</u>	nses 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 <b>4a</b> and <b>4b</b>	4b		
b c 5	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I</i> ,	4b		
b c 5	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, rt XIII Supplemental Information.	4b	5	t XI.
b c 5 <b>Pa</b> 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 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (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 <b>Pa</b> 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 <b>Pa</b> 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 <b>Pa</b> 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 <b>Pa</b> 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 <b>Pa</b> 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 <b>Pa</b> 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 <b>Pa</b> 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 <b>Pa</b> 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 <b>Pa</b> 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 <b>Pa</b> 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 <b>Pa</b> 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 <b>Pa</b> 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 <b>Pa</b> 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 <b>Pa</b> 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 <b>Pa</b> 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 <b>Pa</b> 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 <b>Pa</b> 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 <b>Pa</b> 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 <b>Pa</b> 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 <b>Pa</b> 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 <b>Pa</b> 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 <b>Pa</b> 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 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

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:
A 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.

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

Schedule O (Form 990 or 990-EZ) 2020

TAXABLE YEAR

# California Exempt Organization Annual Information Return

028941 12-22-20 FORM

	202	O Annual Information	Return					199
Calen	dar Year	r 2020 or fiscal year beginning (mm/dd/yyyy)		, and endir	ng (mm/dd/yyy	уу)		
RE	STOR	E HETCH HETCHY			Cali	2078		
Additi	onai intorn	mation. See instructions.			"	77-0	551	.533
		suite or room)				PMB no.		
328 City	36 A	DELINE STREET, SUITE 7			State	ZIP code		
•	RKEL	EY				9470	3	
	n country		eign province/state/county			Foreign p		ode
B // C   I   C   C   C   C   C   C   C   C	inal info inter date: Check ac dederal re 4) X s this a c s this or	d return  ion 4947(a)(1) trust  rmation return?  Dissolved Surrendered (Withdrawn) Merged/ counting method: (1) X Cash (2) Accrual (3 eturn filed? (1) 990T(2) 990PF (3) Cother 990 series group filing? See instructions	Yes X No J If exemple Reorganized K Is the lift "Y L Is the Sch H (990) Yes X No Yes X No O Is the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lift of the lif	reported to the FT empt under R&To aged in political and e organization ex es," enter the grose e organization all the organization fort taxable income	rB? See instru C Section 237 ctivities? See insempt under R ss receipts fro limited liability file Form 100 ct s? Inder audit by the year? /1024 pending	ctions	the orgons.  fon 23 mber s  7  29 to  has th	
Pa	rtl <sup>0</sup>	Complete Part I unless not required to file this form. S  1 Gross sales or receipts from other sources. From 2 Gross dues and assessments from members an 3 Gross contributions, gifts, grants, and similar an 4 Total gross receipts for filing requirement test. A	n Side 2, Part II, line 8 d affiliates nounts received			•	1 2 3	38,095 <sub>00</sub> 00 318,937 <sub>00</sub>
	ceipts and renues	This line must be completed. If the result is les  5 Cost of goods sold  6 Cost or other basis, and sales expenses of asset	s than \$50,000, see Gel	eral Information  5  6	6	27 <sub>00</sub>	7 8	357,032 <sub>00</sub> 627 <sub>00</sub> 356,405 <sub>00</sub>
Ext	enses	9 Total expenses and disbursements. From Side 2					9	263,163 00
						•	10 11 12	93,242 00 00 00
Fili	ng Fee	<ul> <li>13 Payments balance. If line 11 is more than line 12</li> <li>14 Use tax balance. If line 12 is more than line 11, s</li> <li>15 Penalties and Interest. See General Information</li> <li>16 Balance due. Add line 12 and line 15. Then sub</li> </ul>	subtract line 11 from line J	e 12		•   	13 14 15 16	00 00 00 00
Sign Here		Under penalties of perjury, I declare that I have examined this re it is true, correct, and complete. Declaration of preparer (other the signature of officer	eturn, including accompanyi nan taxpayer) is based on al Title	na schedules and st	h preparer has a	o the best o	r my kn	owledge and belief,  ■ Telephone  415 – 956 – 0401  ■ PTIN
Paid		Preparer's signature  Firm's name			Check self-en	if mployed		P00174078  • Firm's FEIN
	arer's Only	$ \underset{\text{if self-employed)}}{\text{(or yours,}} \blacktriangleright \frac{\text{GIBSON & COMPANY,}}{4600 \text{ NORTHGATE BLV}} $	D, SUITE 1	15				94-2743702  • Telephone
		May the FTB discuss this return with the preparer sho		ions		• X	Yes	(916)484-1252 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.

028951	12-22-2

		1	Gross sales or receipts from all	business activitie	es. See instruc	tions			•	1			00
		2	Interest						•	2		2,531	00
		3	Dividends						•	3			00
Recei	pts	4	Gross rents							4			00
from		5							•	5			00
Other	I	6	Gross amount received from sa	le of assets (See	Instructions)			STA	TEMENT 2 •	6		9,813	00
Sourc	es	7	Other income				SEE	STA	TEMENT 3 •	7	1	25,751	
		8	Total gross sales or receipts fro			-				8		38,095	-
		9	Contributions, gifts, grants, and							9			00
		10	Disbursements to or for member	ers and trustee			CPP	стл	Λ	10		65,288	00
			'							12		44,638	
Expen			•							13		44,050	00
and	1363		Interest Taxes							14		8,918	
Disbu	rse-		Rents							15		19,646	
ments		16		instructions)					•	16			00
11101110	<b>'</b>	17		ents			SEE	STA	TEMENT 5 •	17		124,673	
			Total expenses and disburseme	ents. Add line 9 th	rough line 17	. Enter h	ere and on Sid	de 1. Pa	art I. line 9	18		263,163	
Sch	edu				Beginning of			,.			xable y		100
Asset	s			(a)			(b)		(c)			(d)	
1 C	ash						331,	298			•	424,5	540
<b>2</b> N	et acc	ounts	s receivable								•		
3 N	et not	es re	ceivable								•		
<b>4</b> In	rvento	ries <sub>.</sub>									•		
			state government obligations								•		
			in other bonds								•		
			in stock								•		
	1ortga	-									•		
			ments		6 016				6 0	1 6	•		
10 a	Depr	eciab	ole assets	1	6,816 6,816				6,8	2 0			
			ımulated depreciation	(	0,010				( 0,01	. 6 /			
11 La	allu Hara		STMT 6				2	760			•	2,7	760
12 U	intel a	eeate	3				334,	058				427,3	300
			et worth				3317	000				12,,3	
			ıyable				2,	657			•	2,6	557
			is, gifts, or grants payable				<u> </u>				•		
			notes payable								•		
			payable								•		
<b>18</b> 0													
<b>19</b> C	apital	stock	c or principal fund								•		
<b>20</b> Pa	aid-in c	or capi	ital surplus. Attach reconciliation								•		
<b>21</b> R	etaine	d ear	rnings or income fund				331,	401			•	424,6	
			ties and net worth				334,	058				427,3	300
Sch	edul	le M					10. aalumm (1	\ := !-	a than #FO 000				
			Do not complete this sche				•	, -					
			per books		93,	444			on books this year				
			me tax				not include				•		
			ipital losses over capital gains						s return not charged				
			recorded on books this year				against bo		ome this year		•		
	-		corded on books this year not this return	•			9 Total, Add 10 Net incom						
			tnis return ne 1 through line 5		93,		Subtract li					93,2	242
	J.an F	111			7		Cabaaca	0 110					

CA 199 GROSS A	AMOU	NT FF	ROM SAL	E OF	ASSETS		S'	TATEMENT	2
DESCRIPTION			DA ACQU		DAT SOL			THOD UIRED	
44 SH AMGEN			11/0	3/02	12/28	/20	PUR	CHASED	
	O'	COST	OR BASIS	DEP	REC.		PENSE SALE	GROS SALES P	
·			627.		0.		0.	9,	813.
TOTAL TO FORM 199, PAGE 2, LN 6	6 =		627.		0.		0.	9,	813.
CA 199		OTHEF	RINCOM	E				TATEMENT	3
DESCRIPTION								AMOUNT	
MISCELLANEOUS								25,	751.
TOTAL TO FORM 199, PART II, LII	NE 7							25,	751.

CA 199	COMPENSATION OF	OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 4
NAME AND ADD	RESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
SPRECK ROSEK 3286 ADELINE BERKELEY, CA	STREET, SUITE 7	,	EXECUTIVE DIRECTOR 40.00	0.
ROGER WILLIA 3286 ADELINE BERKELEY, CA	STREET, SUITE 7	,	BOARD CHAIR 1.00	0.
PETER VAN KU 3286 ADELINE BERKELEY, CA	STREET, SUITE 7	,	TREASURER 1.00	0.
MARK PALLEY 3286 ADELINE BERKELEY, CA	STREET, SUITE 7	,	SECRETARY 1.00	0.
VIRGINIA JOH 3286 ADELINE BERKELEY, CA	STREET, SUITE 7	,	VICE-CHAIR 1.00	0.
MARK CEDERBO 3286 ADELINE BERKELEY, CA	STREET, SUITE 7	,	DIRECTOR 1.00	0.
REX HIME 3286 ADELINE BERKELEY, CA	STREET, SUITE 7	,	DIRECTOR 1.00	0.
MELANIE WEBB 3286 ADELINE BERKELEY, CA	STREET, SUITE 7	,	DIRECTOR 1.00	0.
ANN HAYDEN 3286 ADELINE BERKELEY, CA	STREET, SUITE 7	,	DIRECTOR 1.00	0.
LANCE OLSON 3286 ADELINE BERKELEY, CA	STREET, SUITE 7	,	DIRECTOR 1.00	0.
RON SUNDERGI 3286 ADELINE BERKELEY, CA	STREET, SUITE 7	,	DIRECTOR 1.00	0.

RESTORE HETCH HETCHY					77-0551	533
KATHY BOWLER 3286 ADELINE STREET, SUITE 7 BERKELEY, CA 94703		DIRECTOR 1.	00			0.
JIM FOUSEKIS 3286 ADELINE STREET, SUITE 7 BERKELEY, CA 94703		DIRECTOR 1.	00			0.
CRAIG REYNOLDS 3286 ADELINE STREET, SUITE 7 BERKELEY, CA 94703		DIRECTOR 1.	00			0.
TOTAL TO FORM 199, PART II, LINE	11					0.
CA 199	OTHER	EXPENSES			STATEMENT	5
DESCRIPTION					AMOUNT	
OUTREACH COMMUNICATIONS RESEARCH & ANALYSIS OTHER COSTS OTHER EMPLOYEE BENEFITS LEGAL FEES OTHER PROFESSIONAL FEES OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL INSURANCE ALL OTHER EXPENSES TOTAL TO FORM 199, PART II, LINE	17				7,8 5,1 6,2	24. 53. 75. 96. 30. 07. 32. 17. 36. 58.
CA 199	OTHER	R ASSETS			STATEMENT	6
DESCRIPTION			BEG. (	OF YEAR	END OF YE	AR
DEPOSIT		-		2,760.	2,7	60.
TOTAL TO FORM 199, SCHEDULE L, L	INE 12	-		2,760.	2,7	60.

TAXABLE YEAR 2020

## **Corporation Depreciation and Amortization**

CALIFORNIA FORM

FORM 199 Attach to Form 100 or Form 100W. FEIN 77-0551533 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 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from prior taxable years 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 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 2021. 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 6,816. 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 7			
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 LAPTOP COMPUTER & PROJECTOR							
2 COMPLIED	04/01/05	3,592.	3,592.	SL	5.00	0.	
2 COMPUTER	02/01/06	1,357.	1,357.	SL	5.00	0.	
3 PROJECTOR	0=, 0=, 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	- 35	6,816.	6,816.			0.	

Sign Here

Date Accepted

TAXABLE YEAR California o

## California e-file Return Authorization for Exempt Organizations

FORM **8453-EO** 

Exempt Organization name	Identifying numb	per
RESTORE HETCH HETCHY	77-055	1533
Part I Electronic Return Information (whole dollars only)		
1 Total gross receipts (Form 199, line 4)	1	357,032
2 Total gross income (Form 199, line 8)	2	356,405
3 Total expenses and disbursements (Form 199, line 9)	3	263,163
Part II Settle Your Account Electronically for Taxable Year 2020		
4 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mr	n/dd/yyyy)	
Part III Banking Information (Have you verified the exempt organization's banking information?)		
5 Routing number		
6 Account number 7 Type of account: Che	ecking L Sav	ings
Part IV Declaration of Officer		
I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electr on line 4a.	onic funds withdrawa	I for the amount listed
Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding line California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and comp a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization ret statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.	es of the exempt organ elete. If the exempt organization's fee lial turn and accompanyir	nization's 2020 ganization is filing bility, the exempt ng schedules and

#### 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 flile with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 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

EXECUTIVE DIRECTOR

I Check if

I Check

I FRO's PTIN

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- employe	d	Paid preparer's PTIN
Must	Firm's name (or yours	Firm's name (or yours if self-employed)				Firm's FEIN	
Sign	and address						
							ZIP code
	•	<u> </u>	•		•	,	<u> </u>

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2020

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 | Street Sacramento, CA 95814 (916)210-6400

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

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

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 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.

(For Registry Use Only)

	Check if:					
RESTORE HETCH HETCHY		ange of address				
Name of Organization		ended report				
List all DBAs and names the organization uses or has used						
3286 ADELINE STREET, SUITE 7 Address (Number and Street)	State Cha	arity Registration Number CT 11600				
BERKELEY, CA 94703		2079153				
City or Town, State, and ZIP Code	Corporati	on or Organization No. 2078153				
510-893-3400 SPRECK@HETCHHETCHY.ORG	Federal E	mployer ID No. 77-0551533				
Telephone Number E-mail Address						
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal Make Check Payable to Depart						
Gross Annual Revenue Fee Gross Annual Revenue	Fee	Gross Annual Revenue	Fee			
Less than \$25,000 0 Between \$100,001 and \$250,000		Between \$1,000,001 and \$10 million	\$150			
Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 millio	n \$75	Between \$10,000,001 and \$50 million Greater than \$50 million	\$225 \$300			
PART A - ACTIVITIES		<u> </u>				
For your most recent full accounting period (beginning 01/01/20	20 end	ing 12/31/2020 ) list:				
356 405 November 256		0 7 4 4.2.	7 200			
Gross Annual Revenue\$ 356,405 Noncash Contributions\$ Program Expenses \$ 184,392	Total Expe		7,300			
<u> </u>						
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD	OF THIS RE	PORT				
Note: All questions must be answered. If you answer "yes" to any of the que providing an explanation and details for each "yes" response. Please		- · · · · · · · · · · · · · · · · · · ·	Yes No			
During this reporting period, were there any contracts, loans, leases or other		-	Yes No			
and any officer, director or trustee thereof, either directly or with an entity in v						
any financial interest?			X			
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?						
			X			
3. During this reporting period, were any organization funds used to pay any pe	nalty, fine or	judgment?	Х			
4. During this reporting period, were the services of a commercial fundraiser, full	ndraising co	unsel for charitable purposes, or				
commercial coventurer used?			X			
5. During this reporting period, did the organization receive any governmental fu	ınding?		x			
6. During this reporting paying did the organization hold a raffle for shoritable p						
6. During this reporting period, did the organization hold a raffle for charitable p	urposes?		X			
7. Does the organization conduct a vehicle donation program?			х			
8. Did the organization conduct an independent audit and prepare audited finar	ncial stateme	ents in accordance with				
generally accepted accounting principles for this reporting period?			X			
9. At the end of this reporting period, did the organization hold restricted net as	sets, while r	eporting negative unrestricted net assets?	х			
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.						
ADOLPH S. ROSEKRANS J	R. E	XECUTIVE DIRECTOR				
Signature of Authorized Agent Printed Name	Ti	tle Date				