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, 2022

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-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2023.

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,

FEDERAL INFORMATIONAL FORMS

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

		Data					W 11 12 12	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.		٥.	1,357.
3	PROJECTOR	05/01/07	SL	5.00		16	1,084.			P. Pres	1,084.	1,084.		0.	1,084.
4	FURNITURE * 990 PAGE 10 TOTAL PROGRAM	12/31/10	SL	5.00		16	783.				783.	783.		٥.	783.
	SERVICES						6,816.				6,816.	6,816.		٥.	6,816.
	* GRAND TOTAL 990 PAGE 10 DEPR						6,816.				6,816.	6,816.		0.	6,816.
				1151										1.50.03	
														3.175	
		123										10-10-10		1.837	
												5 (a). 1			

228111 04-01-22

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form	3879-TE			IRS e-fi	ile Signatu r a Tax Exe	re Authorization	n	-	OMB No. 1545-0047
Form		For calendar	vear 202	2, or fiscal year be		, 2022, and ending		20	0000
1		, or curomata	,00 202			Keep for your records.	· · · ·		2022
	nent of the Treasury Revenue Service					E for the latest information			
Name				00 10 11111	no.gowi ormoorer	L TOT the latest information		EIN or SSN	
	RESTOR	E HETC	нн	TCHY				77-05	51533
Name	and title of officer or pe	and the second se	and the second se	the second processing of the second se	S ROSEKRA	NIS .TR		11-05	77777
Hamo			, tax		IVE DIRECT				
Par	t I Type of	Return an	d Re	turn Inform	mation	.on			
Form or 10a which	5330 filers may ente below, and the amo	r dollars and ount on that I lank (do not e	cents. ine for	For all other the return be -). But, if you	forms, enter whole bing filed with this for entered -0- on the r	nter the applicable amount, i dollars only. If you check the irm was blank, then leave line return, then enter -0- on the a 990, Part VIII, column (A), lir	box on l e 1b, 2b, applicable	line 1a, 2a, 3 3b, 4b, 5b, 6 e line below.	a, 4a, 5a, 6a, 7a, 8a, 9 bb, 7b, 8b, 9b, or 10b, Do not complete more
2a	Form 990-EZ che	ck here		b Total re	venue, if any (Form	990-EZ, line 9)		4	2b
3a	Form 1120-POL			b Total ta	x (Form 1120-POL.	line 22)			3b
4a	Form 990-PF che	ck here		b Tax bas	ed on investment i	ncome (Form 990-PF, Part \	/. line 5)		lb
5a	Form 8868 check			b Balance	e due (Form 8868. li	ne 3c)	.,		5b
6a	Form 990-T check			b Total ta	x (Form 990-T. Part	III, line 4)			3b
7a	Form 4720 check			b Total ta	x (Form 4720, Part	II, line 1)	••••••		/b
8a	Form 5227 check		\Box			x year (Form 5227, Item D)			3b
9a	Form 5330 check				(Form 5330, Part II				9b
10a	Form 8038-CP ch					requested (Form 8038-CP,	Part III. li		10b
Part			ignat	ure Autho	rization of Offi	cer or Person Subject	t to Tax	X	
Under						ty or 🔲 I am a person sub			ct to (name
of enti						, (EIN)			2
payme persor	an 2 business days nt of taxes to receiv	prior to the p e confidentia	aymer	nt (settlement nation neces	t) date. I also author sarv to answer inqu	iust contract the U.S. Treasul ize the financial institutions i iries and resolve issues relate nd, if applicable, the consen	involved ed to the	in the proces	sing of the electronic
1	I authorize <u>GI</u>	RSON &	COM	DANV	TNC CPA		to	ontor my DIA	12520
			COM	FANI,			to	enter my PIN	
					ERO firm name				Enter five numbers, but do not enter all zeros
Signature	with a state ager on the return's di As an officer or p return. If I have ir	acy(ies) regula isclosure con person subject adicated with ogram, I will o	ating c sent s t to ta in this	harities as pa creen. x with respec return that a	art of the IRS Fed/St	ave indicated within this return ate program, I also authorize enter my PIN as my signaturn s being filed with a state age consent screen.	e the afor re on the	tax year 202	ERO to enter my PIN 2 electronically filed
Part	III Certificat	tion and A	uthe	ntication				- and	
ERO's	EFIN/PIN. Enter you	ur six-digit ele	ctroni	c filing identif	ication			_	
numbe	r (EFIN) followed by	your five-digi	t self-s	elected PIN.		6849261 Do not enter a			
submit	that the above num ing this return in acc ss Returns.	neric entry is cordance wit	my PIN h the r	l, which is my equirements	y signature on the 2 of Pub. 4163, Mode	022 electronically filed return mized e-File (MeF) Information	n indicate on for Au	ed above. I co ithorized IRS	onfirm that I am e-file Providers for
ERO's s	gnature					Date	_		
				PO Must	Dotain This East	m - See Instructions			
		Do M				S Unless Requested 1		ŝo	
	or Privacy Act and	255					0 00 3		orm 9970 TE (0000)
	or Frivacy Act and		reauc	ION ACT NOU	ice, see instruction	а,		ţ	orm 8879-TE (2022)
202521 1	2-16-22								

FILEABLE FORMS

Form	990
FOIIII	000

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2022
Open to Public

Dep	artment mal Rev	of the Treasury renue Service	Go to www.irs.gov/Form990 for instructions and			Open to Public Inspection
Α	For th	ne 2022 calenda	ar year, or tax year beginning and	d ending		
в	Check i applical	t C Name of	organization		D Employer identificat	tion number
	Addr	REST	ORE HETCH HETCHY			
	Nam	0	isiness as		77-0551533	3
	Initia	1	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final	2206	ADELINE STREET, SUITE 7		510-893-34	100
	termi	De l	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	282,791.
	Amer		ELEY, CA 94703		H(a) Is this a group retu	
Ē	Appl		ad address of principal officer: ADOLPH S. ROSEKRAN	IS JR.	for subordinates?	
	pend	line	AS C ABOVE		H(b) Are all subordinates inclu	Contraction of the second s
1	Tax-ex	empt status:		or 527		
	Webs		HETCHHETCHY.ORG		H(c) Group exemption n	
		of organization:		L Year	of formation: 2000 M S	
_	art I	Summary		in Total		ate of legar bornione, C21
6	1		e the organization's mission or most significant activities: SEE	SCHEDU	LE O	
nce						
Activities & Governance	2	Check this box	if the organization discontinued its operations or dispo	osed of more	than 25% of its net asse	rs.
ove	3	Number of voti			3	15
ğ	4		ependent voting members of the governing body (Part VI, line 1b)			15
S	5	Total number of	f individuals employed in calendar year 2022 (Part V, line 2a)		5	3
itie	6	Total number of	f volunteers (estimate if necessary)		6	0
ctiv	-	Total unrelated	business revenue from Part VIII, column (C), line 12		7a	0.
۲			ousiness taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
d)	8	Contributions a	and grants (Part VIII, line 1h)		196,606.	204,010.
Revenue	9		e revenue (Part VIII, line 2g)		0.	0.
eve	10		ome (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Ē	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		26,055.	42,798.
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		222,661.	246,808.
	13		ilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		o or for members (Part IX, column (A), line 4)	22922332335 C	0.	0.
ø	15	C.2	compensation, employee benefits (Part IX, column (A), lines 5-10)		137,420.	155,752.
use	16a		ndraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses			g expenses (Part IX, column (D), line 25)13,7	85.		
ŵ			s (Part IX, column (A), lines 11a-11d, 11f-24e)		162,702.	99,694.
			. Add lines 13-17 (must equal Part IX, column (A), line 25)		300,122.	255,446.
			xpenses. Subtract line 18 from line 12		-77,461.	-8,638.
US80					jinning of Current Year	End of Year
land	20	Total assets (Pa	art X, line 16)		387,022.	375,727.
Fund Balances	21	Total liabilities (2,657.	0.
Fund	22		and balances. Subtract line 21 from line 20		384,365.	375,727.
	art II	Signature			001/0001	515/12/1
21 8						

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

Sign Here	Signature of officer ADOLPH S. ROSEKRANS JR., Type or print name and title	EXECUTIVE DIRECTOR		Date		
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN	
Here Ai Freparer Fi Use Only Fi	Firm's name			Firm's EIN		
	Firm's address			Phone no.		
May the I	RS discuss this return with the preparer shown ab	ove? See instructions			Yes	No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Pa	n 990 (2022) RESTORE HETCH HETCHY rt III Statement of Program Service Accomplishments	77-0551533 Ра
1 4	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	
	CONTINUING TO MEET THE WATER AND POWER NEEDS OF	ALL COMMINITATES AUXA
	DEPEND ON THE TUOLUMNE RIVER.	ADD COMMONITIES THAT
2	Did the organization undertake any significant program services during the year which were not lis	sted on the
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any prog	ram services? Yes X
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program	m services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$121,006 . including grants of \$) (Revenue \$
	EDUCATED AND ACTIVATED PEOPLE IN THE BAY AREA, CA	A AND THE UNITED STAT
	ABOUT THE OPPORTUNITY TO RESTORE HETCH HETCHY VAL	LLEY. CONVENED STAKE
	HOLDER MEETINGS WITH ALL AFFECTED GROUPS AND IND:	
	GROUND.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
1c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
1		
1		
	Other program services (Describe on Schedule O.)	
d	Chier Program services (Describe on Schedule O.)	
	Evanoes \$	
((Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 121,006.)

11531109 748144 173680

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Form	990	(2022)	
1 Onth	330	LOCE	

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)?			
2	If "Yes," complete Schedule A	1	X	+
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	•	
•	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		-	A
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		-	42
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			17
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		X
120	Schedule D, Parts XI and XII	10		37
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		X
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-1-12		-41
	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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. See instructions	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,"			
1222	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
232003	12-13-22	Form	39U (2	(122)

Form 990 (2022)

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2022.04030 RESTORE HETCH HETCHY

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Form 990 (2022)

 Form 990 (2022)
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 HETCH
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 Part IV
 Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to as far demostic individuals an		Yes	N
~	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	00		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22	-	+*
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	00		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	-	2
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		04-		
h	Schedule K. If "No," go to line 25a	24a		2
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	-	+
C	any tax-exempt bonds?	040		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d	-	+
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	-	+
	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	200		1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes, " complete			
	D-h-hhl D-hl	0.51		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		X
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		X
21				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	0201		
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			-
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	- 1	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		64
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			44
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		00	44	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9		100	140
b	Enter the number of Forms W-2G included on 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	x	
		the state of the s	10 ch	2022

2022.04030 RESTORE HETCH HETCHY

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	1 990 (2022) RESTORE HETCH HETCHY		77-0551	L533		Page
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued	0				
		1	Ľ.		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1				-
	filed for the calendar year ending with or within the year covered by this return			3		
b	The second s	urns?		2b	X	-
3a	g the second sec			3a	-	X
b	, in the second s			3b		-
4a	, so			-		
6	financial account in a foreign country (such as a bank account, securities account, or other financia	acco	unt)?	4a	-	X
D	If "Yes," enter the name of the foreign country	27				1
E.c.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial.					
5a				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action	۱۷	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50	-	
Va						
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 contribu	tiono	or olfo	6a		X
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b	-	-
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	nuinan	provided to the never			v
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a		X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v			7b		-
	to file Form 8282?			-		v
d		74	And the rest of the second	7c		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			-		v
f	Did the organization during the year, pay premiums, directly or indirectly, or pay premiums of a personal benefit cont			7e 7f		X X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			1	_	X
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g		A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7h	-	-
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.		•••••••••••••••••••••••	0		
а	Didate encoder and the set of the			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		-
10	Section 501(c)(7) organizations. Enter:	******		55		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1	- J.		
	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	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b			-	
С	Enter the amount of reserves on hand	13c				
	Did the examination reaches only normants for indeer termine services during the terms of			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
	12-13-22			Form	990	2

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2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		100	1
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	- 그 프로그램에서 가지 않았습니다. 이 것 것 같은			-
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b				
12a		12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		h
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	영화 방법 이 가지 않는 것 같은 것 같	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	statements available to the public during the tax year.			

RESTORE	HETCH	HETCHY	

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15

15

1a

1b

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.

Chook	if Schedule	0	containa			ato to	-	line is	a Alada	Deet	10	
Uneck	IT Schedule	9 U	contains	a response	orno	ρτο το	anv	line ir	1 This	Part	VI	

1a Enter the number of voting members of the governing body at the end of the tax year

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent

Section A. Governing Body and Management

Form 990 (2022)

X

Yes No

SPRECK ROSEKRANS - 510-893-3400 3286 ADELINE STREET, SUITE

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232006 12-13-22

6 2022.04030 RESTORE HETCH HETCHY

CA

94703

State the name, address, and telephone number of the person who possesses the organization's books and records

7, BERKELEY

1

172600
1/4681

Form 990 (77-0551533	Page 7	
Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest Compe	nsated		
	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, Ke	y Employees,	and Highest	t Compensated Empl	oyees			
te Comple	to this table for all narrans required	to be listed D		nexting for the colour.	an end of the second the second the second	141-1- 11		

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bo	th an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	(list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ROGER WILLIAMS	1.00									
BOARD CHAIR	1 00	X	-	X	-	-	-	0.	0.	0.
(2) PETER VAN KURAN	1.00	-						0		0
TREASURER	1.00	X		X	-	-	-	0.	0.	0.
(3) MARK PALLEY SECRETARY	1.00	x		x				0.	ο.	0.
(4) VIRGINIA JOHANNESSEN	1.00			44	-				0.	0.
VICE-CHAIR		x		x				0.	0.	0.
(5) MARK CEDERBORG	1.00									
DIRECTOR		x		_				0.	0.	0.
(6) REX HIME	1.00									
DIRECTOR		X						0.	0.	0.
(7) MELANIE WEBBER	1.00							55		
DIRECTOR	1	X						0.	0.	0.
(8) ANN HAYDEN	1.00									
DIRECTOR	1	X		_	-	_		0.	0.	0.
(9) LANCE OLSON	1.00									
DIRECTOR	1 00	X	_	_	-	_	_	0.	0.	0.
(10) RON SUNDERGILL DIRECTOR	1.00	x						0.	0.	0.
(11) KATHY BOWLER	1.00	**							0.	0.
DIRECTOR		x						0.	0.	0.
(12) JIM FOUSEKIS	1.00									
DIRECTOR		X				_		0.	0.	0.
(13) CRAIG REYNOLDS	1.00									
DIRECTOR		X						0.	0.	0.
(14) LUCHO RIVERA	1.00									
DIRECTOR		X		_			_	0.	0.	0.
(15) MECIA SERAFINO	1.00									
DIRECTOR		X						0.	0.	0.
		-	-	-			_			

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Form 990 (2022)

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	990 (2022) RESTORE									77-05	515	533	Page 8
Pa	rt VII Section A. Officers, Directors, Tru (A) Name and title	stees, Key Em (B) Average hours per	(do	not c	Posi heck	C) ition more	1 than	one	ompensated Employe (D) Reportable compensation	(E) Reportable		(F) Estima amour	ated
		veek (list any hours for related organizations below line)	week officer and a director/trustee) from relation from relation (list any io io </td <td>compensation from related organizations (W-2/1099-MIS(1099-NEC)</td> <td></td> <td colspan="2">other compensation from the organization and related organizations</td>							compensation from related organizations (W-2/1099-MIS(1099-NEC)		other compensation from the organization and related organizations	
			-										
			1								_		
					_						_		
								_					
C	Subtotal Total from continuation sheets to Part V	II, Section A							0. 0.	9	0.		0.
 2	Total (add lines 1b and 1c)								eived more than \$100,		0.		0.
	compensation from the organization											Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3	x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reportabl	e co	mpe	nsat	tion	and	othe	r compensation from the	ne organization		4	x
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com											5	x
Sect	tion B. Independent Contractors Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	's tha	at received more than \$	100.000 of comp	ensat	ion from	
	the organization. Report compensation for (A)											(C)	
	Name and business	address	NO	NE	k.			-	Description of se	rvices	Cor	npensatio	on
											_		
-			_			_	_	+				_	
				-	_		-	+					
2	Total number of independent contractors (ii	ncluding but no	ot lim	nited	to ti	hos	e list	ed a	bove) who received mo	re than	-		
	\$100,000 of compensation from the organiz	ation	_		_	0		_			Er	orm 990 ((2022)

					CH HETCH	2		77-0551	533 Page 9
Pa	art V								
		Check if Schedule O	contai	ns a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under
(A) (I		Forderstand services (see							sections 512 - 514
ant		a Federated campaigns							
S S		b Membership dues c Fundraising events						19 19 19	
ifts		 Fundraising events Related organizations 				- 60. 80.85.75			1.1.1
D'in		Government grants (cont				- 10.0 2222			1. 1. 1. 1. 1. 1.
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts,		-			A STATISTICS		1.1.1.1
puti		similar amounts not include			204,010		1.000	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	6 1 2 2 1
Ē		Noncash contributions included in		A 10 1 1 1 1 1 1 1 1		•	A CALENCE		2111
Sol	ŀ	Total. Add lines 1a-1f		the second second second second		. 204,010.			
					Business Coo				
8	2 8	I							
Program Service Revenue	t								
enu e	c								
ran Sev	c								
8°	e	·		_					
6		All other program service							
_	g	Total. Add lines 2a-2f							
	3	Investment income (inclu-							
		other similar amounts)							
	4	Income from investment							
	5	Royalties		(i) Real					
		0		(I) Heal	(ii) Personal				
	6 8	Gross rents				-			
		Less: rental expenses	6b			-			
		Rental income or (loss)	6c						
		Net rental income or (loss Gross amount from sales of	9 <u></u>	(i) Securiti	es (ii) Other				
	/ a	assets other than inventory		(i) Occurrin		-			
		Less: cost or other basis	7a						
e	b	and sales expenses	7b			1. 2. 10. 10. 10			
evenue		Gain or (loss)							
Sev		Net gain or (loss)							
Other Re		Gross income from fundraisi				and the second second			
5 5		including \$	- C						
		contributions reported on							
		Part IV, line 18		o – – – – – – – – – – – – – – – – – – –	8a 54,000				
	b	Less: direct expenses			8b 35,983				
		Net income or (loss) from				18,017.			18,017.
		Gross income from gamin							
		Part IV, line 19			9a				
	b	Less: direct expenses			9b	1. 1. 1. 1. 1. A.			
		Net income or (loss) from	-						
	10 a	Gross sales of inventory, l							
		and allowances			10a				
		Less: cost of goods sold			IOb				-
_	C	Net income or (loss) from :	sales o	f inventory	the second s				
s		WTOODT T NURGERS			Business Code		00 500		
neo		MISCELLANEOUS			900099	23,788.	23,788.		
Ven		MISCELLANEOUS	6		900099	993.	993.		
Revenue	c d	All other revenue		_	-				
N.		All other revenue				24 701			
_	12	Total revenue, See instruction				24,781.	24,781.	0.	18,017.

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11531109 748144 173680

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173680_1

Form 990 (2022)

RESTORE HETCH HETCHY Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				(MS-1)
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	organizations, foreign governments, and foreign			and the second second	
	individuals. See Part IV, lines 15 and 16			and the second second	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	74,775.		65,000.	9,775
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	52,515.		52,515.	
7	Other salaries and wages			52/515:	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	18,073.	18,073.		
10		10,389.	10,389.		
11	Payroll taxes Fees for services (nonemployees):	10,309.	10,309.		
a		3,140.		2 140	
b		5,140.		3,140.	
	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)	2,914.	2,914.		
12	Advertising and promotion				
13	Office expenses	3,322.	3,322.		
14	Information technology	6,783.	6,783.		
15	Royalties				
16	Occupancy	20,928.	20,928.		
17	Travel	135.	135.		
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	1,316.	1,316.		
4	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.)	and the second second	1		
а	OUTREACH	39,804.	35,794.		4,010
b	COMMUNICATIONS	6,816.	6,816.		
c	RESEARCH & ANALYSIS	5,901.	5,901.		
d	BANK FEES	3,475.	3,475.		
	All other expenses	5,160.	5,160.		
5	Total functional expenses. Add lines 1 through 24e	255,446.	121,006.	120,655.	13,785
<u>5</u> 6	Joint costs. Complete this line only if the organization	200, 440.	141,000.	120,000.	T3, /05
0					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2022) Part X Balance Sheet

RESTORE HETCH HETCHY

Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year Cash - non-interest-bearing 219,601. 184,525. 1 1 Savings and temporary cash investments 164,661. 188,442. 2 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 5 Loans and other receivables from 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 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 7 Assets Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other 6,816. basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 6,816. 0. 10c 0. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 2,760. 2,760. 15 15 Total assets. Add lines 1 through 15 (must equal line 33) 16 387,022. 375,727. 16 2,657. 17 Accounts payable and accrued expenses 17 Ο. 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 2,657. 26 Total liabilities. Add lines 17 through 25 0. 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 28 X Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 0 0. 29 Paid-in or capital surplus, or land, building, or equipment fund 0. 30 30 0. Retained earnings, endowment, accumulated income, or other funds 384,365. 375,727. 31 31 Total net assets or fund balances 384,365. 32 375,727. 32 Total liabilities and net assets/fund balances 387.022. 375,727. 33 33

Form 990 (2022)

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-	n 990 (2022) RESTORE HETCH HETCHY	77-05	51533	Pa	ge 12
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)//// eatume (A) (inc. 10)	0.025		_	
2	Total revenue (must equal Part VIII, column (A), line 12)	1			08.
3	Total expenses (must equal Part IX, column (A), line 25)	2			46.
4	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	3			38.
5	Net uprealized gains (losses) on investments	4	384	1,3	65.
6	Net unrealized gains (losses) on investments	5			
7	Donated services and use of facilities	6			
8	Investment expenses	7			
9	Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	8		-	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	9			0.
10	column (B))		275		07
Pa	column (B)) rt XII Financial Statements and Reporting	10	3/5	, /	27.
	Check if Schedule O contains a response or note to any line in this Part XII				
-	encertal concerns a response of note to any line in this Part All				hla
1	Accounting method used to prepare the Form 990: 🔀 Cash 🔲 Accrual 🗌 Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	<i>a</i> 0.			v
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		. 2a	-	X
	separate basis, consolidated basis, or both:	ona			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?				v
1077	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	 o booio	2b	-	<u>X</u>
	consolidated basis, or both:	e Dasis,			
	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	o oudit			
0.74	review, or compilation of its financial statements and selection of an independent accountant?	e auun,	0.		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	odulo O	. <u>2c</u>		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	equie O.			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		0		v
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	. <u>3a</u>	-	X
1070	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	ieu audit	0		
			3b	00 /	

Form 990 (2022)

232012 12-13-22

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Department of the Treasury Internal Revenue Service

(Form	990)
1.0	0001

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

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.

2022
Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Name of the organization

	RES	TORE HETCH	HETCHY					77-0551533
Part I	Reason for Public	Charity Status.	(All organizations must	complete t	his part.)	See instructions	3.	
The orga	nization is not a private foun	dation because it is:	(For lines 1 through 12,	check only	one box.	.)		
1	A church, convention of c	hurches, or associat	ion of churches describe	ed in section	on 170(b)	(1)(A)(i).		
2	A school described in sec							
3	A hospital or a cooperative				0(b)(1)(A)	iii).		
4	A medical research organi						iii). Ente	r the hospital's name,
	city, and state:							
5	An organization operated	for the benefit of a c	ollege or university owne	ed or opera	ted by a g	governmental ur	nit descri	ibed in
	section 170(b)(1)(A)(iv). (
6	A federal, state, or local go	overnment or govern	mental unit described in	section 1	70(b)(1)(A	.)(v).		
7 X							e genera	Il public described in
	section 170(b)(1)(A)(vi). (0						U	
8	A community trust describ	ed in section 170(b	(1)(A)(vi). (Complete Pa	rt II.)				
9	An agricultural research or				ed in conj	unction with a la	and-gran	t college
	or university or a non-land-							
	university:					•		•
10	An organization that norma	ally receives (1) more	than 33 1/3% of its sur	port from	contributi	ons, membershi	p fees, a	and gross receipts from
	activities related to its exer							
	income and unrelated bus		그 것 같아요. 요즘 집에서 집에 귀엽했어요. 가 가장 방법을 얻어야 하는 것이 같아.					
	See section 509(a)(2). (Co				1979-1990 N. O. S. S. S.	, ,		
11 🗌	An organization organized	and operated exclusion	sively to test for public s	afety. See	section 5	09(a)(4).		
12	An organization organized						ry out th	e purposes of one or
	more publicly supported o							
	lines 12a through 12d that							
a	Type I. A supporting org							y giving
	the supported organizati							
	organization. You must							
b	Type II. A supporting org			tion with it	s support	ed organization	(s), by ha	aving
	control or management of							
	organization(s). You mus	st complete Part IV,	Sections A and C.				8 - 6 N 4 6 - 6 6 7 8 8 8	
c 🗌	Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functionally	integrat	ed with,
	its supported organizatio							
d	Type III non-functionall	y integrated. A supp	orting organization ope	rated in co	nnection	with its supporte	ed organ	ization(s)
	that is not functionally in	tegrated. The organi	zation generally must sa	tisfy a dist	ribution re	quirement and	an attent	liveness
	requirement (see instruct							
e	Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type II	Type III	
	functionally integrated, o	r Type III non-functio	nally integrated support	ing organiz	ation.		2.020002-0-2020	
f Ente	er the number of supported	organizations	5050 1007 - CAN					
	vide the following information		d organization(s).		5.5.1799051990619			
(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) is the organized in your governit	nization listed ig document?	(v) Amount of m	그의 이상 감독이 가지요	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see inst	ructions)	support (see instructions)
Total								

Schedule A (Form 990) 2022 **RESTORE HETCH HETCHY** Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.) A 15 1.1"

1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.) 223,116.242,734.318,937.196,606.204,010.1185403 2 Tax revenues levide for the organ- ization's benefit and either paid to or expended on its behaling 223,116.242,734.318,937.196,606.204,010.1185403 3 The value of services or facilities furnished by a governmental unit to the organization without charge 223,116.242,734.318,937.196,606.204,010.1185403 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) 1185403. 6 Public support. (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 23,116.242,734.318,937.196,606.204,010.1185403. 1185403. 6 Public support. (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 23,116.242,734.318,937.196,606.204,010.1185403. 223,116.242,734.318,937.196,606.204,010.1185403. 1185403. 6 rous line of mom interest, dividends, payments received on securities loans, rents, royatles, activities, whethere or not the business is regularly carried on or loss from the sale of capital and income from unrelated business activities, whethere activities, etc. (see instructions) 12 11 Total support. Add lines 7 through 10 1185403. 12 12 dross receipts from related acti		ction A. Public Support	1	I		1		
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Schedule A (Form 990) 2022

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Schedule A (Form 990) 202	Schedule	A	(Form	990)	202
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RESTORE HETCH HETCHY

(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						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					·	
C	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	tion C. Computation of Public						
	Public support percentage for 2022 (lin					15	%
	Public support percentage from 2021					16	%
	tion D. Computation of Invest	advantaged and standard and a second standard and	and the second				
	Investment income percentage for 202					17	%
	Investment income percentage from 2					18	%
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	more than 33 1/3%, check this box and		+		• • • • • •		
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	Private foundation. If the organization	did not check a t	oox on line 14, 19a	a, or 19b, check th	is box and see ins		and the second
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RESTORE HETCH HETCHY

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.)

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	Schedule A (Form 990)	2022	RESTORE	HETCH	HETCHY
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Supporting Organizations (continued)

Part IV

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

			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	14.10	1	
	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

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the y	ea(see instructions)
---	--	----------------------

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- b ____ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- 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.

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2a

2b

3a

Yes No

Sect	tion A - Adjusted Net Income	st complete	(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			1
	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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	10		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	14		
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
	on 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		

RESTORE HETCH HETCHY

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

Section D - Distributions

1

2

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Schedule A (Form 990) 2022

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	able cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
а	From 2017		
b	From 2018		
C	From 2019		
d	From 2020		
е	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
1	Carryover from 2017 not applied (see instructions)		
1	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D,		
	line 7: \$		The states
а	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
С	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if		
	any. Subtract lines 3g and 4a from line 2. For result greater		
124	than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
146	Part VI. See instructions.	and the second	
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
а	Excess from 2018		
b	Excess from 2019		
с	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

(i)

Excess Distributions

Schedule A (Form 990) 2022 **RESTORE HETCH HETCHY** Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2022 from Section C, line 6

Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason-

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Line 8 amount divided by line 9 amount

Section E - Distribution Allocations (see instructions)

Amounts paid to perform activity that directly furthers exempt purposes of supported

Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

1

2

3

4

5

6

7

8

9

10

(ii)

Underdistributions

Pre-2022

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Current Year

(iii)

Distributable

Amount for 2022

	20			Schedul	e A (Form 990)
		20	20	20	Schedul 20 2022.04030 RESTORE HETCH HETCHY

Schedule B

(Form 990)

Schedule of Contributors

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

Employer identification number

Department of the Treasury	
Internal Revenue Service	

Name of the organization

	RESTORE HETCH HETCHY	77-0551533
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	

	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

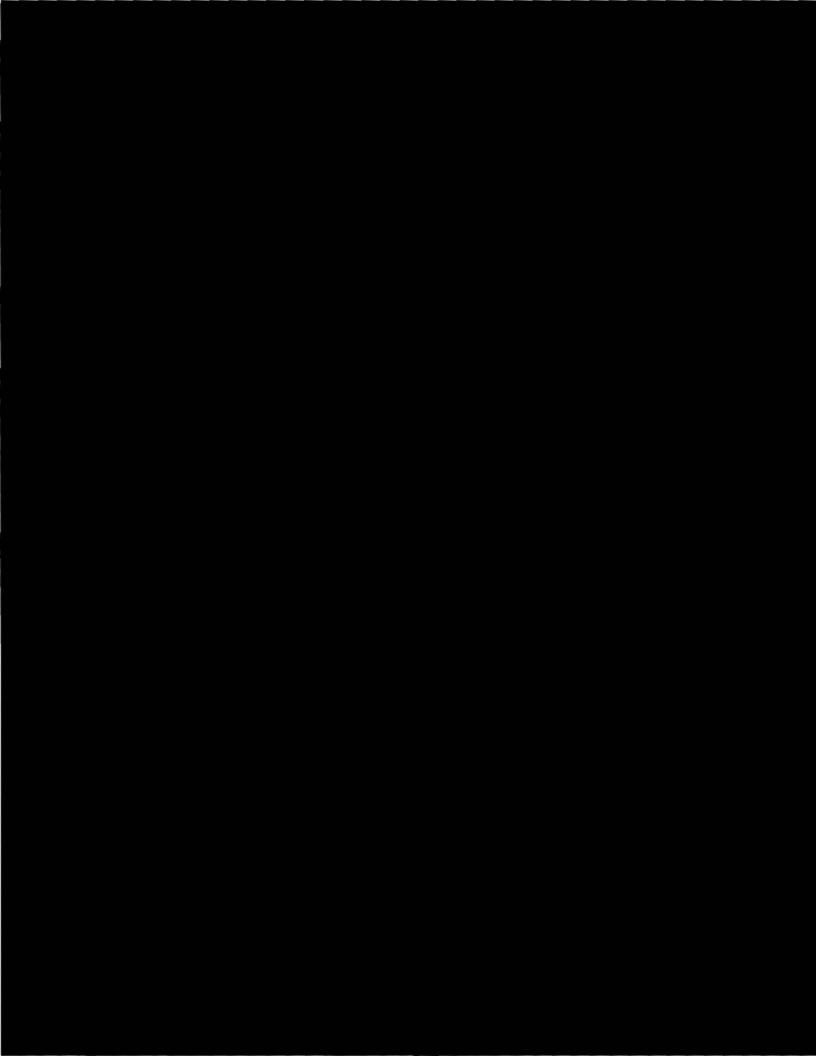
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
	sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
	contributor, during the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

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

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

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

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



Schedule B (Form 990) (2022)	Page 3
Name of organization	Employer identification number
RESTORE HETCH HETCHY	77-0551533

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RESTORE HETCH HETCHY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ 223453 11-15-22 Schedule B (Form 990) (2022)

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	(Form 990) (2022)			Page 4		
Name of org	ganization		1	Employer identification number		
RESTOR	RE HETCH HETCHY			77-0551533		
Part III	Exclusively religious, charitable, etc., contributi	ions to organizations described in s	ection 501(c)(7), (8), or (10) the	at total more than \$1,000 for the year		
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, a) through (e) and the following line er	try. For organizations	. \$		
	Use duplicate copies of Part III if additional	space is needed.	less for the year. (Enter this into, one	28.) Ψ		
(a) No.						
from Part I	(b) Purpose of gift (c) Use of gift		(d) Descri	ption of how gift is held		
		(e) Transfer of gi	ft			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of trans	feror to transferee		
2) (] (=				
2		()				
(a) No.	New Address of the re-					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held		
3						
	(e) Transfer of gift					
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of trans	feror to transferee		
35						
3						
(a) No.	100011 NO. 100					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	ption of how gift is held		
-						
-		winners The Overlag				
		(e) Transfer of gif	t			
	Transferee's name, address, an		Belationship of terms	6		
	Transferee 3 name, address, an		Relationship of trans	leror to transferee		
())						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held		
Part I	(0) 1 10000 01 311		(d) bescrip	and of now girt is here		
-						
-						
		(e) Transfer of gift				
		(e) manaler of gin	•			
	Transferee's name, address, an	d ZIP + 4	Relationship of transf	eror to transferee		
1.5						
_						

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Schedule B (Form 990) (2022)

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SCHEDULE D

(Form 990)

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.

22 **Open to Public** Inspection

C

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

	RESTORE HETCH HETCH	Y	77-0551533
Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
_		(a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(a) sonor as noos ranas	(b) i undo und offici doodanto
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3			
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr		
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o	lonor advisor, or for any other purpose confi	erring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organ	ization answered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreatio	· · · · · · · · · · · · · · · · · · ·	torically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a	conservation easement on the last
-	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic struct		
c			2c
a	Number of conservation easements included in (c) acquired after		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by the orga	anization during the tax
12.647	year		
4	Number of states where property subject to conservation easer		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it he		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conserva-	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conservation e	easements during the year
8	Does each conservation easement reported on line 2(d) above s	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 state	ement and
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial statements t	hat describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public		
	service, provide in Part XIII the text of the footnote to its financia		
b	If the organization elected, as permitted under FASB ASC 958, 1		ce sheet works of
	art, historical treasures, or other similar assets held for public ex		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasu		
2			, provide
	the following amounts required to be reported under FASB ASC		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions for	r Form 990.	Schedule D (Form 990) 2022
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		(A. 1997)	

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	edule D (Form 990) 2022 RESTORE rt III Organizations Maintaining (<u>E HETCH HET</u> Collections of A		Treasures. or C	77- Other Similar As	0551533	B Page 2
3	Using the organization's acquisition, access						ucuj
	collection items (check all that apply):		AA				
а	Public exhibition		d Loan or	exchange program			
b	Scholarly research						
c	Preservation for future generations						
4	Provide a description of the organization's of					Part XIII.	
5	During the year, did the organization solicit						
	to be sold to raise funds rather than to be m	naintained as part of	the organization'	s collection?		Yes	No
Pa	rt IV Escrow and Custodial Arrar	ngements. Compl	ete if the organiz	ation answered "Yes	" on Form 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa			12-10-10-10-10-10-10-10-10-10-10-10-10-10-			
1a	Is the organization an agent, trustee, custoo						
	on Form 990, Part X?				•••••••••••••••••••••••••••	Yes	No No
a	If "Yes," explain the arrangement in Part XIII	and complete the to	blowing table:			A	
	Paginaing balance					Amount	
d	Additions during the year				<u>1c</u>		
ů	Additions during the year			•••••••••••••••••••••••••••••••••••••••	<u>1d</u>		
f	Distributions during the year			***************************************	1e		
	Ending balance Did the organization include an amount on F	orm 990 Part X line	21 for escrow o	r custodial account l	iability2	Yes	No
	If "Yes," explain the arrangement in Part XIII					res	
	t V Endowment Funds. Complete						
		(a) Current year	(b) Prior year	(c) Two years bad		ck (e) Four v	ears back
1a	Beginning of year balance		., ,			(0) / 00.)	
b	Contributions						
c	Net investment earnings, gains, and losses					-	
d	Grants or scholarships						
	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
	End of year balance						
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, columi	n (a)) held as:			
а	Board designated or quasi-endowment	242	%				
b	Permanent endowment	%					
С	Term endowment	%					
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.					
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held	d and administered f	or the	<u>~</u>	
	organization by:						es No
	(i) Unrelated organizations					3a(i)	_
	(ii) Related organizations					3a(ii)	_
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule I	3?		3b	
4	Describe in Part XIII the intended uses of the		wment funds.				
Par	t VI Land, Buildings, and Equipm Complete if the organization answered		Ded IV Cas da	0 F 000 F	N 11- 10		
				and the second se			
	Description of property	(a) Cost or of basis (investm) Accumulated depreciation	(d) Book	/alue
10	Land		Das		depreciation		
	Buildings						
	Leasehold improvements						
	Equipment						
	Other			6,816.	6,816.		0.
	Add lines 1a through 1e. (Column (d) must ed		X. column (R) line		0,010.		0.
		- arr entroy rates			C-h-di	lo D /Form 0	

Schedule D (Form 990) 2022

232052 09-01-22

Schedule D (Form 990) 2022 RESTORE HETCH HETCHY

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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 11d. See Form 990, Part X, line 15.

(b) Book value

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal	(Column (b) must equal Form 990 Part Y col (P) line 25)	

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

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) 2022

232053 09-01-22

11531109 748144 173680

Chedule D (Form 990) 2022 RESTORE HETCH HE'		77-0551533 Pag
Part XI Reconciliation of Revenue per Audited Fin Complete if the organization answered "Yes" on Form 99		iue per Return.
1 Total revenue, gains, and other support per audited financial st		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line		
a Net unrealized gains (losses) on investments	E I	
b Donated services and use of facilities		1.1
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		1221
e Add lines 2a through 2d	1. 2 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2	2e
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part VIII, line 12, but not on line		
a Investment expenses not included on Form 990, Part VIII, line 7		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		40
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, F	Part I line 12)	5
Part XII Reconciliation of Expenses per Audited Fin Complete if the organization answered "Yes" on Form 99		nses per Return.
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
	5:	
a Donated services and use of facilities	5: 2a	
a Donated services and use of facilitiesb Prior year adjustments	5: 2a 2b	
 a Donated services and use of facilities b Prior year adjustments c Other losses 	5: 2a 2b 2c	
 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) 	5: 2a 2b 2c 2d	
 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 	5: 2a 2b 2c 2d	2e
 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 	5: 2a 2b 2c 2d	2e
 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 	5: 2a 2b 2c 2d 1:	2e
 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line a Investment expenses not included on Form 990, Part VIII, line 7 	5: 2a 2b 2c 2d 1: b	2e
 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line a Investment expenses not included on Form 990, Part VIII, line 7 b Other (Describe in Part XIII.) 	5: 2a 2b 2c 2d 1: b 4a 4b	2e 3
 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line a Investment expenses not included on Form 990, Part VIII, line 7 	5: 2a 2b 2c 2d 1: b 4a 4b	2e 3 4c

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

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(Form 990)	Complete if the	ntal Information Regardin organization answered "Yes" of	n Form	1 9 90,	Part IV, line 17, 18,	or 19		2022
Department of the Treasury	c	rganization entered more than \$ Attach to Form 990					1	Open to Public
nternal Revenue Service		o www.irs.gov/Form990 for instr				on.		Inspection
Name of the organization							1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	entification number
Part I Fundrais		HETCH HETCHY	unual II				77-0551	
required to	complete this par	Complete if the organization answ	vered	res o	n Form 990, Part IV,	line	17. Form 990-E	Z filers are not
		ed funds through any of the follow	ing act	ivities.	Check all that apply			
a Mail solicitat					jovernment grants			
b long Internet and c Phone solicit	email solicitations				mment grants			
d In-person so		g 🛄 Specia	al tunor	aising	events			
		r oral agreement with any individu	al (inclu	ding o	fficers, directors, tru	stees	s, or	
key employees list	ed in Form 990, Pa	art VII) or entity in connection with	profess	sional	fundraising services?	?	Yes	
		iduals or entities (fundraisers) purs	suant to	agree	ements under which	the fu	undraiser is to b	pe
compensated at le	ast \$5,000 by the	organization.						
(i) Name and address	s of individual		(iii) Did raiser	(iv) Gross receipts	(v)	Amount paid	(vi) Amount paid
or entity (fund	같은 10월 20일 전망 20일 전 2	(ii) Activity	have or con	ustody ntrol of	from activity	124	or retained by) fundraiser	to (or retained by organization
				utions?		lis	ted in col. (i)	organization
			Yes	No				
	1							
			-					
			-					
			-					
			-	-				
						_		
 List all states in whic or licensing. 	h the organization	is registered or licensed to solicit	contrib	utions	or has been notified	it is	exempt from re	gistration
of noorlong.								
			_					
			-					

232081 10-27-22

31 2022.04030 RESTORE HETCH HETCHY Schedule G (Form 990) 2022 RESTORE HETCH HETCHY

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts				54,000
2	Less: Contributions				
3	Gross income (line 1 minus line 2)				54,000
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	5,030.			5,030
6 7	Food and beverages	9,708.			9,708
8	Entertainment				01.015
10	Other direct expenses				21,245
1.0.00	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro	m line 2 column (d)			35,983
art I	Gaming. Complete if the organizati	on answered "Yes" on Form	990 Part IV line 19 or	reported more than	18,017
	\$15,000 on Form 990-EZ, line 6a.			roportou more man	
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (a
1	Gross revenue				
1	Gross revenue				
1 2 3					
3	Cash prizes				
3 4	Cash prizes Noncash prizes Rent/facility costs				
3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses		□ Yes%	Yes%	
3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor		No	No	
3 4 5 6 7	Cash prizes		□ No	□ No	
3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor		□ No	□ No	
3 4 5 6 7 8	Cash prizes		□ No	□ No	
3 4 5 6 7 8 Enter	Cash prizes		□ No	No	
3 4 5 6 7 8 Ente	Cash prizes		No No	No	Yes No
3 4 5 6 7 8 Enter 15 th 15 th 16 "N Wer	Cash prizes		No No	No	
3 4 5 6 7 8 Enter 15 th 15 th 16 "N Wer	Cash prizes		No	Vear?	

	edule G (Form 990) 2022	RESTORE HETCH HETCHY	
11	Does the organization conduct ga	ning activities with nonmembers?	Yes
12	Is the organization a grantor, ben	ficiary or trustee of a trust, or a member of a partnership	or other entity formed
	to administer charitable gaming?		
	Indicate the percentage of gamin		Lev. 1
a	An outside facility		
14	Enter the name and address of th	person who prepares the organization's gaming/specia	levents books and records:
	Enter the name and address of a	person who prepares the organization s garning/specia	events books and records.
	Name		
	Address		
15a	Does the organization have a con	act with a third party from whom the organization receiv	es gaming revenue? Yes
b		ng revenue received by the organization \$	and the amount
	of gaming revenue retained by the	third party \$	 Low Association Conversion (2000)
C	If "Yes," enter name and address	f the third party:	
	Name		
40	17		
16	Gaming manager information:		
	Name		
	Gaming manager compensation	\$	
	Description of services provided		
a b	retain the state gaming license? Enter the amount of distributions r organization's own exempt activiti		g proceeds to
Par		nation. Provide the explanations required by Part I, line pplicable. Also provide any additional information. See in	
	102, 100, 10, and 172, ao	produce, neo pronde day additional mormation, dee i	
-			
_			
_			
2083	10-27-22		Schedule G (Form 990)
21.	109 748144 173680	33	
	109 /48144 173680	2022.04030 RESTORE HE	TCH HETCHY 173680

	Schedule G (Fo
34	
	34 2022.04030 RESTORE HETC

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 77-0551533

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

RESTORE HETCH HETCHY

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.
232211 10-28-22
35

Schedule O (Form 990) 2022

2022.04030 RESTORE HETCH HETCHY

TAXABLE YEARCalifornia Exempt Organization2022Annual Information Return

_	202	22 Annual Information Return						199
		r 2022 or fiscal year beginning (mm/dd/yyyy)		, and ending				
Corpo	ration/Or	ganization name			Cal	lifornia corp	oration	n number
1.000	1. 28 C	RE HETCH HETCHY mation. See instructions.			FE	2078		
Street	address	(suite or room)				77-0 PMB no.	55.	1533
		DELINE STREET, SUITE 7			State	ZIP code		
	RKEL	EY.			CA	9470		
	n country		/county		- Cri	Foreign p		code
C II D F E C F F G Is H Is	RC Sect inal info nter date check ac ederal r 4) X s this a g s this or	ormation return? Dissolved Surrendered (Withdrawn) Merged/Reorganized : (mm/dd/yyyy)	In the second se	pt under R&TC d in political act rganization exer enter the gross rganization a lin organization file axable income? rganization und	P See instru Section 237 ivities? See mpt under R receipts fro nited liability Form 100 of er audit by t ear? 024 pending	inctions 101d, has instructio & TC Sector or nonmer company or Form 1 the IRS or 17	the or ns. tion 23 ember /? 09 to has ti	Yes X No Sources Yes X No Yes X No Yes X No Yes X No Yes X No
Par		 Complete Part I unless not required to file this form. See General Info Gross sales or receipts from other sources. From Side 2, Part II, Gross dues and assessments from members and affiliates Gross contributions, gifts, grants, and similar amounts received Telesconder due to the file of the sources. 	, line 8			•	1 2 3	78,781 oc oc 204,010 oc
Rec	eipts	4 Total gross receipts for filing requirement test. Add line 1 throug This line must be completed. If the result is less than \$50,000,		I Information B			4	282,791 00
	nd	5 Cost of goods sold		5		00	-	202,751,00
Reve	enues	6 Cost or other basis, and sales expenses of assets sold		6		00		
		7 Total costs. Add line 5 and line 6	*********	*******			7	00
		8 Total gross income. Subtract line 7 from line 4				•	8	282,791 00
Expe	enses	9 Total expenses and disbursements. From Side 2, Part II, line 18					9	291,429 00
- copy	01000	10 Excess of receipts over expenses and disbursements. Subtract I					10	-8,638 00
		11 Total payments					11	00
		12 Use tax. See General Information K					12	00
		13 Payments balance. If line 11 is more than line 12, subtract line 1					13	00
rian	g Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 f					14	00
		15 Penalties and interest. See General Information J	n the recult				15	00
-		16 Balance due. Add line 12 and line 15. Then subtract line 11 from Under penalties of perjury, I declare that Thave examined this return, including acci it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based.	ompanying s	chedules and state	ments, and to	the best of	10 my kn	iowledge and belief,
Sign Here			Title	TIVE DI	Date	iy knowled	ge.	• Telephone 415-956-0401
		Preparer's signature		ate	Check	if ployed		PTIN
Paid		Firm's name (or yours,			-		<u></u>	Firm's FEIN
Prepai Use Or		if self. employed) and address						Telephone
-		May the FTB discuss this return with the preparer shown above? See i	instructions			•	Yes	

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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.

228951 01-10-23

2	1	Gross sales or receipts from al	I business activities. See instr	uctions		1	54,000 00
	2					2	00
	3				•	3	00
Receip	~~	Gross rents				4	00
from	5	Gross royalties				5	00
Other	6		ale of assets (See instructions			6	00
Source	-	Other income		SEE STA	TEMENT 2 .	7	24,781 00
ovurce	8	Total gross sales or receipts fr	om other courses. Add line 1	through line 7. Enter here and	n Side 1 Dort Lline 1	8	78,781 00
	9	Contributions, gifts, grants, and				9	Contraction of the second s
	10	Dichurcements to or for memb	are			10	00
	11	Disbursements to or for memb Compensation of officers, direc		CEE CON	TENENT 2		74 775 00
	12					11	74,775 00
Expens		······				12	52,515 00
		Interest				13	10 200
and	14					14	10,389 00
Disburs		Rents			•	15	20,928 00
ments	16	Depreciation and depletion (Se	e instructions)	A	•	16	00
	17	Other expenses and disbursem	ients	SEE STA	TEMENT 4 •	17	132,822 00
Cale	18					18	291,429 00
	dule L	Balance Sheet		f taxable year	End	of taxable	year
Assets			(a)	(b)	(c)		(d)
1 Cas				384,262		•	372,967
		s receivable				•	
		ceivable				•	
						•	
		state government obligations				•	
		in other bonds			1	•	
7 Inv	estments	in stock				•	
	rtgage loa					•	
9 Oth	er investr	ments					
10 a [epreciab)	le assets	6,816		6,83	16	
bL	ess accu	mulated depreciation	(6,816)		(6,810	5)	
11 Lan					the second second	•	
12 Oth	er assets	STMT 5		2,760		•	2,760
13 Tot	al assets			387,022			375,727
	es and ne						
		yable		2,657		•	
		s, gifts, or grants payable				•	
16 Bor	ds and n	otes payable				•	
17 Moi	tgages pa	ayable				•	
18 Oth	er liabilitie	98					
19 Cap	ital stock	or principal fund					
20 Paid	-in or capit	al surplus. Attach reconciliation				•	
21 Reta	ained earr	nings or income fund		384,365		•	375,727
22 Tota	al liabiliti	ies and net worth		387,022			375,727
Schee	dule M	-1 Reconciliation of income	per books with income per re	eturn			
		Do not complete this sche	dule if the amount on Schedu	le L, line 13, column (d), is less	than \$50,000.		
1 Net	income p	er books	• -8,	638 7 Income recorded	on books this year		
		ne tax			s return. Attach schedule		
3 Exce	ess of car	oital losses over capital gains	•	8 Deductions in this			
		ecorded on books this year.		against book incor	C 1 4 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	ch sched		•			•	
		orded on books this year not		9 Total, Add line 7 au	nd line 8		
		his return. Attach schedule	•	10 Net income per ret			
		e 1 through line 5			m line 6		-8,638
							0,000

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RESTORE HETCH HETCHY

77-0551533

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CA 199	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
MISCELLANEOUS MISCELLANEOUS		993. 23,788.
TOTAL TO FORM 199, PART II, LINE 7		24,781.

CA 199	COMPENSATION C	OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 3
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 94703	7	SECRETARY 1.00	0.
VIRGINIA JOH 3286 ADELINE BERKELEY, CA	STREET, SUITE	7	VICE-CHAIR 1.00	0.
MARK CEDERBON 3286 ADELINE BERKELEY, CA	STREET, SUITE	7	DIRECTOR 1.00	0.
REX HIME 3286 ADELINE BERKELEY, CA	STREET, SUITE 94703	7	DIRECTOR 1.00	0.
MELANIE WEBBE 3286 ADELINE BERKELEY, CA	STREET, SUITE	7	DIRECTOR 1.00	0.

RESTORE HETCH HETCHY		77-0551533
ANN HAYDEN 3286 ADELINE STREET, SUITE 7 BERKELEY, CA 94703	DIRECTOR 1.00	0.
LANCE OLSON 3286 ADELINE STREET, SUITE 7 BERKELEY, CA 94703	DIRECTOR 1.00	0.
RON SUNDERGILL 3286 ADELINE STREET, SUITE 7 BERKELEY, CA 94703	DIRECTOR 1.00	0.
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.
LUCHO RIVERA 3286 ADELINE STREET, SUITE 7 BERKELEY, CA 94703	DIRECTOR 1.00	0.
MECIA SERAFINO 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

DESCRIPTION	AMOUNT
OUTREACH	39,804.
COMMUNICATIONS	6,816.
RESEARCH & ANALYSIS	5,901.
BANK FEES	3,475.
DIRECT EXPENSES OF FUNDRAISING EVENTS	35,983.
OTHER EMPLOYEE BENEFITS	18,073.
LEGAL FEES	3,140.
OTHER PROFESSIONAL FEES	2,914.
OFFICE EXPENSES	3,322.
INFORMATION TECHNOLOGY	6,783.
TRAVEL	135.
INSURANCE	1,316.

RESTORE	HETCH	HETCHY
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ALL OTHER EXPENSES

TOTAL TO FORM 199, PART II, LINE 17

77-0551533

5,160.

132,822.

CA 199 OTHER ASSET	S	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEPOSIT	2,760.	2,760.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	2,760.	2,760.

TAXABLE YEAR 2022	Corporation Depreciand Amortization	ation		
Attach to Form 100	or Form 100W.	FORM	199	

CALIFORNIA FORM

Corporation name California corporation number RESTORE HETCH HETCHY 2078153 Part Lection To Expesse Certain Property Under IRC Section 179 1 \$255,000 2 Total cost of IRC Section 179 property placed in service 1 \$255,000 3 Threshold cost of IRC Section 179 property before reduction in limitation 3 \$200,000 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 5 6 1 \$2050,000 4 7 Listed property (elected IRC Section 179 property and the atomatis in column (c), line 6 and line 7 8 9 9 Total identified cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 8 9 10 Carryover of disallowed deduction from prior taxable years 10 11 11 Business income limitation. Add line 9 and line 10, loss ine 12 13 12 21 Carryover of disallowed deduction to 2023. Add line 9 and line 10, loss ine 12 13 11 12 Exercise of disallowed deduction to 2023. Add line 9 and line 10, loss ine 12 13 14 14 10 Deprecision adverse of inform in tractable years 10 11 11 12 13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, loss ine 12	Attach to Form 100 or Form	100W.		hille	FORM	199					FEIN	ſ	77-0	551533
Part I. Exclose 1 C Sequese Cantale Property Macci IRC Section 179 for California 1 \$\$25,000 1 Maximum diduction under IRC Section 179 for California 2 2 2 That cost of IRC Section 179 for party blaced in service 3 \$\$200,000 3 Threshold cost of IRC Section 179 for california 2 2 4 Reduction in imitation. Subtract line 4 from line 1, If zero or less, enter -0	Corporation name										1			
Part I. Exclose 1 C Sequese Cantale Property Macci IRC Section 179 for California 1 \$\$25,000 1 Maximum diduction under IRC Section 179 for California 2 2 2 That cost of IRC Section 179 for party blaced in service 3 \$\$200,000 3 Threshold cost of IRC Section 179 for california 2 2 4 Reduction in imitation. Subtract line 4 from line 1, If zero or less, enter -0														
1 Maximum deduction under HIC Section 173 property black a service 1 \$\$25,000 2 Total cost of HIC Section 173 property black a service 2 4 4 Reduction in limitation. Subtrat line 3 tom line 2, it zaro or less, enter -0- 4 5 5 Obtra' millation for backley service state line 4 form line 1, it zaro or less, enter -0- 5 5 6 1 1 \$\$25,000 7 Listed property (elected IRC Section 179 cost) 7 1 8 Total less of IRC Maximum deduction in the smaller of line 5 or line 8 9 1 9 Total less of IRC Maximum deduction in the smaller of line 5 or line 8 10 1 11 Diard millation deduction in prior to xable years 10 1 1 12 Diarrow of diablowed deduction to 2023. Add line 9 and line 10, but do not enter more than line 1 12 1 1 12 Diarrow of diablowed deduction to 2023. Add line 9 and line 10, but do not enter more than line 1 13 1 1 12 Diarrow of diablowed deduction to 2023. Add line 9 and line 10, but do not enter than array or line 5 11 1 1 13 Diarrow of diablowed deducti				0	_		_	_	_		_	2	0781	53
2 Total cost of IRC Section 719 property placed in service 2 3 Threshold cost of IRC Section 719 property balance in service 3 4 Beduction in limitation. 3 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 4 6 (a) Description of property (b) Cost (Dustiness use only) (c) Elected oost 7 Listed property (elected IRC Section 179 cost). I I 7 Listed property (elected IRC Section 179 property. Ada amounts in column (c), line 6 and line 7 8 9 9 Total stated cost of IRC Section 179 property. Ada amounts in column (c), line 6 and line 7 8 9 10 Carryover of disallowed deduction. Add line 3 and line 10, but to not enter more than line 11 12 12 12 ROS section 179 expense deduction. Add line 3 and line 10, but to not enter more than line 11 12 12 12 ROS section 2423. Add line 3 and line 10, but to not enter more than line 11 12 12 13 12 ROS section 24355 (c)														605.00
3 Threshold cost of IRC Section 179 property before reduction in limitation 3 \$\$0000,000 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0	2 Total cost of IBC Section	179 property pl	red in servic									-		\$25,00
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 4 5. Dollar limitation for taxable vace. Subtract line 4 from line 1. If zero or less, enter -0. 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property (elected IRC Section 179 cost) 7 7 7 Listed property. Add amounts in column (c), line 6 and line 7 7 8 9 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 7 8 10 Carryover of disclowed deduction from prior taxable years. 10 11 12 11 Business income limitation. Enter the smaller of line 3 and line 10, busin and nine 10. busin and line 10, busin and line 10. busin and					tion									\$200.000
Solar initiation for tracked year. Subtract line 4 from line 1. If zero or less, enter -0	4 Reduction in limitation. Si	ubtract line 3 fro	m line 2. If ze	ero or less, ent	er -0-	•••••	••••••							φ200,000
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13 Carryover of disallowed deduction to 2023. Add line 3 and line 10, less line 12 13 Part II. Depreciation and Election of Additional First Year Depreciation Deduction Under RATC Section 2436 (a) (b) (b) (c)	11 Business income limitatio	n. Enter the sma	lier of busine	ss income (no	t less than zero	o) or line 5								
Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 Description of property Date acquired (mm/dd/yyyy) Cost or other basis Depreciation allowed or allowable in earlier years (f) (g) (g) (h) Additional method (h) Additional for this year 14 Image: Cost of other basis Cost or other basis Depreciation allowable in earlier years Depreciation method Life or rate Depreciation for this year 14 Image: Cost of other basis Cost or other basis Depreciation allowable in earlier years Depreciation method Life or rate Depreciation for this year Additional Additional repreciation 14 Image: Cost of other basis Depreciation allowable in earlier years 15 Set instructions for line 14, column (h). The total of column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation for federal purposes from federal Form 4562, line 22 17 16 Other basis Cost or other basis Cost or allowable in earlier years Cost or other basis Cost or other basis <td></td> <td> 12</td> <td>2</td> <td></td> <td></td>											12	2		
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14	Description of property	on of property Date acquired Cost or Depreciation allowed or Life or					Depreciation			Additional first year				
SEE STATEMENT 6 6,816.	14						-							depreciation
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 15 See instructions for line 14, column (h) 16 Part III Summary 16 16 Total: If the corporation is electing: 16 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 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.) 18 Part IV Amortization 18 Part IV Amortization 18 19 0 0 ther basis 19 0 19 19 0 10 19 0 10 19 0 10 19 0 10 19 0 10 10 0 10 10 0 10 10					-		-							
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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 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.) 18 Part IV Amortization (a) (b) (c) (d) R&TC Section Period or period or period or allowable in earlier years (f) (g) 19 (a) Date acquired (mm/dd/yyyy) Cost or other basis (d) Amortization allowable in earlier years (g) Amortization for this year 19 (a) (b) (c) (d) Amortization allowable in earlier years (g) Amortization for this year 19 (a) (b) (c) (d) (d) (f) (g) 19 (a) (b) (c) (d) (f) (g) (f) 19 (a) (b) (c) (c) (d) (f) (f) (f) (f) 19 (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) </td <td>IRC Section 179 expense, Additional first year depred</td> <td>add the amount</td> <td>TC Section 2</td> <td>4356 add the</td> <td>amounts on lir</td> <td>ne 15, columns</td> <td>(g) an</td> <td>d (h) or</td> <td></td> <td></td> <td>10</td> <td></td> <td></td> <td></td>	IRC Section 179 expense, Additional first year depred	add the amount	TC Section 2	4356 add the	amounts on lir	ne 15, columns	(g) an	d (h) or			10			
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100 W, 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.) 18 Part IV Amortization (a) Description of property (b) Date acquired (mm/dd/yyyy) (c) Cost or other basis (d) Amortization allowed or allowable in earlier years (e) R&TC Section (see instructions) (f) Period or percentage Amortization for this year 19	17 Total depreciation claimed	for federal nurn	uses from fer	ieral Form 456	2 line 22			••••••	******	•••••	10	-		
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.) 18 Part IV Amortization (a) (b) (c) (d) (e) (f) (g) Date acquired (mm/dd/yyyy) (cost or other basis) (see instructions) (see ins	18 Depreciation adjustment.	f line 17 is great	er than line 10	6, enter the dif	ference here ar	nd on Form 10() or Fo	rm 100M	/ Side 1	line 6		+		
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Image: Constraint of the second sec										-		+		
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21 Total amortization claimed for federal purposes from federal Form 4562, line 44

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

21

CA 3885			DEPRE	CIATION			STATEM	ient (
ASSET NO DESCRIPT	and the second	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 LA	PTOP COMP	UTER & PRO	JECTOR					
		04/01/05	3,592.	3,592.	SL	5.00	0.	
2 CO	MPUTER							
12-10 - 10-10-10-10-10-10-10-10-10-10-10-10-10-1		02/01/06	1,357.	1,357.	SL	5.00	0.	
3 PR(DJECTOR							
		05/01/07	1,084.	1,084.	SL	5.00	0.	
4 FU	RNITURE			100000				
		12/31/10	783.	783.	SL	5.00	0.	
TOTAL TO	FORM 388	5	6,816.	6,816.		2	0.	

			a e-file Ret Organizatio		orization	n for					FORM 8453-EC
Exempt Organ	nization name								Ide	ntifying numb	er
RESTO	RE HETCH	I HETCHY							7'	7-055:	1533
Part I I	Electronic Ret	urn Informatio	n (whole dollars or	ıly)						0000.	2000
1 Total	gross receipts	(Form 199, line	4)							1	282,791
	gross income (8)							2	282,791
3 Total	expenses and	disbursements	(Form 199, line 9)				•••••			3	291,429
			nically for Taxable	Year 2022							
	Electronic funds	and the second se	4a Amount		4b	Withdrawal	date (n	nm/dd/	уууу)	
		nation (Have yo	ou verified the exer	npt organization	's banking inform	mation?)	_				
Call second second	g number										
the second second	nt number				7 Type o	of account:		hecking	g	Savir	igs
	Declaration of			N 110 20 100 100					_		
authorize th on line 4a.	he exempt organi	zation's account	to be settled as desig	nated in Part II. If	I check Part II, box	x 4, I authoriz	e an elec	tronic fu	Inds	withdrawal 1	for the amount listed
statements b	be transmitted to	the FTB by the EF	ranchise Tax Board (ty and all applicable in RO, transmitter, or int e ERO or intermedia	nterest and penaltie	es. I authorize the	exempt organ	ization r	oturn or	nd and	omnanving	coboduloc and
Sign	Signature of office				EXECU.	TIVE D	IREC	TOR			
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345, 2022 F	andbook for Aut rganization return have examined	ter with a copy of horized e-file Pro is filed, whichev the above exempt	f all forms and inform widers. I will keep for ver is later, and I will r ot organization's retur tion based on all info	ation that I will file m FTB 8453-EO or make a copy availa rn and accompany	with the FTB, and file for four year ble to the FTB upo ing schedules and	I have follow s from the du	ed all oth e date of am also	the retu	ireme Irn or d orei	nts describe four years	ed in FTB Pub. from the date
declare that											
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MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities	Failure to s	NUAL REGISTRATION RENEW TO ATTORNEY GENERAL OF Sections 12586 and 12587, California 11 Cal. Code Regs. sections 301-306, submit this report annually no later than four months on's accounting period may result in the loss of tax of x of \$800, plus interest, and/or fines or filing penaltie 23703; Government Code section 12586, 1, IRS extr	Governme , 309, 311, and fifteen da exemption and es. Revenue &	ORNIA ent Code and 312 ays after the end of the d the assessment of a Taxation Code section	DEPARTMEN (For Registry Use Only	PA	USTI AGE 1 o
RESTORE HETCH H	ЕТСНУ			: nange of address nended report			
List all DBAs and names the organization	uses or has used	1					
3286 ADELINE ST	REET, S	UITE 7	State Ch	arity Registration Num	ber CT <u>11600</u>		
BERKELEY, CA 9 City or Town, State, and ZIP Code	4703		Corporat	tion or Organization No	.2078153		
510-893-3400 Telephone Number	E-mail Addre	K@HETCHHETCHY.ORG	Federal E	Employer ID No. 77-	-0551533		
		RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departm	Code Reg	s. sections 301-307,	311, and 312)		_
<u>Total Revenue</u> Less than \$50,000 Between \$50,000 and \$100,00 Between \$100,001 and \$250,0		Total Revenue Between \$250,001 and \$1 million Between \$1,000,001 and \$5 million Between \$5,000,001 and \$20 million	Fee \$100 \$200	Total Revenue		n \$1	e 00 ,000 ,200
Program Expens PART B - STATEMENTS REG. Note: All questions must be	ses \$	GANIZATION DURING THE PERIOD O	Total Exp	enses \$	<u>255,446</u>	5,7	41
Droviding an explanat		you answer "yes" to any of the ques	tions belo	w, you must attach a	separate page		
 During this reporting perio and any officer, director or 	ion and detai	f you answer "yes" to any of the ques ils for each "yes" response. Please re any contracts, loans, leases or other fir oof, either directly or with an entity in wh	view RRF	-1 instructions for inf	ormation required.	Yes	
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