### STATE OF CALIFORNIA

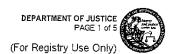
RRF-1 (Rev. 09/2017)

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

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

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

## CLIENT'S COPY



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

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

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

		Check if:							
LAKESIDE RIVER PARK CONSERVAN	ICY	Change of address							
Name of Organization		Amended r							
List all DBAs and names the organization uses or has used									
12108 INDUSTRY ROAD		State Charity Registration Number 122229							
Address (Number and Street)									
LAKESIDE, CA 92040 City or Town, State and ZIP Code		Corporation or Organization No. 2350133							
(619) 443-4770		<u> </u>	ID N 01 01 56161						
Telephone Number E-mail A			oyer ID No. <u>91-2156461</u>						
ANNUAL REGISTRATION	RENEWAL FEE SCHEDULE (11 Cal Make Check Payable to Depart								
Gross Annual Revenue Fee	Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue		Fee				
Less than \$25,000 0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	n s	\$150				
Between \$25,000 and \$100,000 \$25	Between \$250,001 and \$1 millio	n \$75	Between \$10,000,001 and \$50 million		\$225 \$300				
PART A - ACTIVITIES									
For your most recent full accounting per	iod (beginning 1/01/19	ending	12/31/19 ) list:						
Gross Annual Revenue \$ 348,17	Noncash Contributions S		0. Total Assets \$ 12,54	1 2	.				
				4, 2	33.				
Program Expenses \$	0.	Total Expenses	\$ 411,902.						
PART B - STATEMENTS REGARDIN	G ORGANIZATION DURING	THE PERIO	DD OF THIS REPORT						
Note: All questions must be answered, If you providing an explanation and details fo	answer "ves" to any of the questi	ons below, you	ı must attach a separate page						
During this reporting period, were there any officer, director or trustee thereof, either directly of the control of the	contracts, loans, leases or other financial	transactions betwe	een the organization and any	Yes	No X				
2 During this reporting period, was there any t	heft, embezzlement, diversion or	misuse of the o	rganization's charitable property or funds?		X				
3 During this reporting period, were any organ	ization funds used to pay any pen	alty, fine or jud	igment?		X				
4 During this reporting period, were the service coventurer used?	es of a commercial fundraiser, fundrais	ing counsel for	charitable purposes, or commercial		X				
5 During this reporting period, did the organiza	ition receive any governmental fur	nding?	SEE STATEMENT 1	X					
6 During this reporting period, did the organiza	ition hold a raffle for charitable pu	rposes?			X				
7 Does the organization conduct a vehicle don	ation program?		·		X				
B Did the organization conduct an independent generally accepted accounting principles for	audit and prepare audited financi this reporting period?	al statements i	n accordance with		X				
9 At the end of this reporting period, did the or	ganization hold restricted net assets, v	while reporting	negative unrestricted net assets?		X				
declare under penalty of perjury that I have eand belief, the content is true, correct and con			ocuments, and to the best of my kno	wied	ge				
ROB	IN RIERDAN I	EXECUTIVE	DIRECTOR						
Signature of Authorized Agent Printed		itte	Date		$\neg \neg$				

2019

## **CALIFORNIA STATEMENTS**

PAGE 1

LAKESIDE RIVER PARK CONSERVANCY

91-2156461

STATEMENT 1 FORM RRF-1, PART B, LINE 5 GOVERNMENT AGENCY THAT PROVIDED FUNDING

CALIFORNIA DEPARTMENT OF WATER FLOOD CORRIDOR PROGRAM 3464 EL CAMINO AVENUE ROOM #200 SACRAMENTO, CA. 95821

DEPARTMENT OF TRANSPORTATION OFFICE OF LOCAL ASSISTANCE 1120 N. STREET, MS1 SACRAMENTO, CA 95814

## CLIENT'S COPY

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

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

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

in	ternal Rev	of the Treasury enue Service			enter social sec w.irs.gov/Form	curity numbers 1990 for instr	on this form	as it may be m	ade public.			Open to		
<u>A</u>			uar year, or ta	x year beg	inning		. 20	19, and endi	na	on	3	Inspe	cuon	
B		if applicable:	C					o, and endi	ng	D Empl		entification num		
	Ad	dress change	LAKESIDE	RIVER	PARK CON	SERVANCS	Y						ber	
	∐ Na	ame change	12108 INI	DUSTRY :	ROAD		<b>.</b>			E Telepi		56461		
	Init	itial return	LAKESIDE,	CA 92	040									
	Fina	al return/terminated								(6)	19)	443-4770	)	
	Arr	nended return								1_				
	Ap	plication pending	F Name and add	lress of princip	pal officer:		<del></del>		THE S. I. H.	G Gross			59,	805.
	_		SAME AS C									subordinates?	Yes	X
Ī	Tax-e	exempt status:	X 501(c)(3)	501(c) (	) 4 (	insert no.)	4047(-)(1)		If "No,	" attach a lis	s inclu t. (see	ided?	Yes	L_ No
J			KESIDERIV			maert no.)	4947(a)(1)	or 527						
K	Form		X Corporation	Trust	Association	l ou b				exemption r				
P		Summar		ilust	Association	Other -		Year of format	ion: 200	1 M	State	of legal domicile:	CA	
<u> </u>	1 1	Briefly describ	oe the organiza	ation's miss	sion or most	significant a	otiviti na cOT	7D 14=0 0=						
a	,	THE BIOLO	OGICAL IN	TEGRTTV	AND BET	SIGNICAN A	Title Carries	K WISSI	ON IS	TO PRE	SER	VE AND F	EST	ORE
2	]	RECREATION	ONAL, EDU	CATTONA	7. AND		TUE DAM		CTAEK A	##TFE"	INT:	EGRATING		
Ë	1				A - 1 A - C	OTTOWN	OPPORT	ONTITES"	FOR OF	JR_REG	TON	<del>-</del>		
Activities & Governance	2	Check this bo	x F if the	organizatio	on discontinu	ed its opera	tions or die			=== = = = = = = = = = = = = = = = = =				
0	3 1	Number of vot	ting members dependent voting	of the gove	rning body (	Part VI. line	la).	hosed of the	ne than 2	5% of its	net a	assets.		
S	4 1										3	<del> </del>		13
Jį.	5 7										5			13
₹	0										6	<del> </del>		11
⋖		· otal annotator	a basiliess levi	chae Roll	PARL VIII COL	uman // '\ lin	~ 37					<del> </del>		526
	0 1	vet urrelated	business taxat	ole income	from Form 9	90-T, line 39	9 <u></u>				7b	<u></u>		$\frac{0.}{0.}$
	1								D.	rior Year		Curren	t Year	
ē	8 C	contributions a	and grants (Pa	rt VIII, line	1h)					713,6	22			<u>25</u> 7.
E L	9	Togram Service	ce revenue (Pa	art VIII, line	€ 2a)				-			<del>                                     </del>	JU, Z	<u>.J/.</u>
Revenue	11 0	Thesinent inc	ome (Part VIII	, column (A	4), lines 3, 4	, and 7d)				15,2	17.	<del> </del>	-3 B	382.
_	12 T	otal revenue	(Part VIII, colu	ımn (A), lir	nes 5, 6d, 8c	, 9c, 10c, ar	าd 11e)		T	12,4			$\frac{3}{13}, \frac{7}{7}$	
	13 G	Prante and cin	- add lines 8	inrough 11	(must equal	Part VIII, co	olumn (A), i	ine 12)		741,3				70.
	14 B	enofite poid t	nilar amounts p	Jaid (Part I	X, column (A	4), lines 1-3)	) <i></i>		L					
	15 S	serients paiu t	o or for memb	ers (Part I)	K, column (A	), line 4)								
S	13 3	alaries, other	compensation	, employee	e benefits (Pa	art IX, colum	n (A), line	s 5-10)		309,5	59.	23	2 g n	52.
Expenses	16a P	rofessional fu	ındraising fees	(Part IX, c	olumn (A), li	ine 11e)					<del></del>		.,, 0	<u></u>
ď.	b To	otal fundraisir	ng expenses (F	art IX, col	umn (D), line	≥ 25) ►		<u>5</u> 8,031.				Complete Complete Comp	Jargiju.	Little of Econo
ш	17 0	ther expenses	s (Part IX, colu	ımn (A). lir	nes 11a-11d.	11f-24e)		30,031.	10.000				turio de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición de la composición dela composición de	Signal
	18 To	otai expenses	. Add lines 13	·17 (must e	eguai Part IX	column (A)	\ lino 35\		<del></del>	348,7			/1 <u>,2</u>	
	19 R	evenue less e	expenses. Subt	ract line 18	8 from line 1:	?	7, IIIIC 20)			658,3			0,2	
5 g								* * * * * * * * * * * * * * * * * * * *		82,9		-5	2,0	<u>97.</u>
a yet	<b>20</b> To	otal assets (P	art X, line 16).							of Current		End of		
A B	<b>21</b> To	otal liabilities	(Part X, line 2	5)					12,	581,5		12,54	4,2	53.
Fund			and balances.					• • • • • • • • • • • •		36,0	/6.		5	<u>88.</u>
Pa	a II	Signature	Block	ocotract in	e zi nom m	ie 20	· · · · · · · · · · · · · · · · · · ·		12,	545,49	94.	12,54	3,6	65.
					<del></del>			,, <u></u>						
comp	lete. Decla	aration of preparer	ere that I have exam (other than officer)	ined this return is based on a	n, including acco	mpanying sched which preparer h	lules and states	ments, and to the	e best of my l	knowledge a	nd beli	ief, it is true, corr	ect, and	t
	<del></del> -				<del></del>									
Sig	n	Signature of	of officer	AI II	* # <b>* * * *</b>	MAN	<del> </del>	·						
Her	e	ROBIN	RIERDAN		1175	CUPI			Date					
			nt name and title						EXECUT	IVE D	TRE	CTOR		
		Print/Type prep			Preparer's signa	tura								
Paid	4			1				Date		heck	if	PTIN		
	u parer	Firm's	<b>&gt;</b>		NON-PAID	PREPARI	£R	6/09/2	0 se	elf-employed				
Use	Only	Firm's name				<u> </u>								
	y	Firm's address							-Fi	rm's EIN 🟲				
N/a	the IDC	dia a contra							P	hone no.	0.00			Chests
way	me IRS	aiscuss this i	return with the	preparer s	hown above	? (see instru	ictions)		The same of the sa	- 92	alored Spirit	T Vec	TT	

	m 990 (2019) rt III   Sta		RIVER PARK CONSE	RVANCY		91-	<u>215646</u>	1_	Page 2
11.009		ck if Schedule O c	contains a response or no	nplisnments	Down III				
1	willing aco	cine the organizat	lion's mission:		· · · · · · · · · · · · · · · · · · ·				X
	OUR MIS	SSION IS TO	PRESERVE AND RE	מדחפד שור פור	TOCTONI TARREST				
	DIEGO F	RIVER WHILE	INTEGRATING REC	SEATIONAL ED	TOGTCAT INTEGE	TIX AND B	EAUTY (	OF_THE	_SAN_
	FOR OUR	REGION.			CATIONAL, AND	CULTURAL	_OPPOR'	<u> </u>	<u>ES</u>
2	Did the orga	anization undertake a	any significant program ser	rvices during the year	which were not listed on	the prior			
	1 01/11 220 0	J J J J J J J J J J J J J J J J J J J					🗇 🤈	Yes X	No
3	Did the ora	scribe triese flew ser	vices on Schedule ().					<u> </u>	
_	11 100, 000	onese unanges	nducting, or make signifi s on Schedule O.					Yes X	No
4	Describe the Section 501 and revenue	e organization's pr I(c)(3) and 501(c)(4 e, if any, for each p	ogram service accomplis 4) organizations are requ program service reported	hments for each of i lired to report the an I.	ts three largest program nount of grants and allo	n services, as ecations to oth	measured ers, the to	l by expe tal exper	nses. Ises,
4 a	(Code:	) (Expense	s \$ 293,061.	including grants of	\$	) (Revenue	Ś		
	SEE SCHE	EDULE_O		- 			~ <u></u>		<del></del> '
					<del>-</del>		- <b></b> -		
		<b>-</b>						<del>-</del>	
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						- <i></i>			
									. – – –
4 b	(Code:	) (Expenses	. \$	in the state of th					
	` —		,	including grants of	\$	_) (Revenue	\$		)
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70 (		) (Expenses	ý	including grants of	\$	) (Revenue	\$		
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1 d O	ther program	n services (Describe	o on Cab-dili O						
		\$			- <del> </del>				<del>-</del>
		service expenses	including grants		) (Revenue	\$		)	
A	- Program	-3.1100 expenses			<u> </u>				
				TEEA0102L 07/31/19			For	m <b>990</b> (2	019)

	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete		Y	es	No
		-	1	Х	
	3 Did the organization engage in direct as indirect as	[	2		Х
	for public office? If 'Yes,' complete Schedule C, Part I.  Section 501(c)(3) organizations. Did the organization engage in libbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	_ 3	3	4	X
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.		-	+	<u>X</u>
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right Part I	- 5		+	Х
,	7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.	6	-	+	X
;	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,'	-   7	+	-	X
5	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.	8		+	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.	9	1	十	X
11	or X as applicable.	. 10		i en	X
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule				
	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.	11.		$\dagger$	
	c Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total	111	†		<u>X</u>
	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.		-	$\top$	<u>X</u>
	e Did the organization report an amount for other liabilities in Part X, line 252, If 'Voc.' complete Cabarly B, B, J, J,	110			<u>X</u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If Yes a complete Separate or consolidated financial statements for the tax year include a footnote that addresses	116	1	†	<u>X</u>
	Schedule D, Parts XI and XIIstandard financial statements for the tax year? If 'Yes,' complete		1	$\top$	<u>X</u>
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optimal.	12a		✝	<u>х</u> _ х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	+-	+	<u>^</u> _
14	a Did the organization maintain an office, employees, or agents outside of the United States?		<del> </del>	╅─	
	business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule 5, De the United States, or aggregate foreign investments valued	14a	-		<u>X</u> _
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 Did the organization? If 'Yes,' complete Schedule F, Parts II and IV.	14b	<u> </u>	7	<u>X</u>
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.	15		2	<u>&lt;</u>
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).	16	_	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.	17		X	
19	Did the organization report more than \$15,000 of annual to	18	X		_
	complete Schedule G, Part III.  Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.	19		Х	
		20a		Х	<u>.</u>
21	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A) line 12 If 'Yes' domestic domestic organization or	20b			
BAA	, solution (vi), and 1: If Test, complete Schedule I, Parts I and II.	21	_	Х	
	TEEA0103L 07/31/19	Form	990	2019	<u>~</u>

Form 990 (2019) LAKESIDE RIVER PARK CONSERVANCY

Part IV Checklist of Required Schedules (continued)

2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, complete Schedule I, Parts I and III.		Ye	
2	23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	. 22		X
2		. 23		_  x
	24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and b Did the organization invest any executor of the	24		X
	and the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	241		+ A
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease  d Did the organization act as an local behalf of	. 240		
_	a state organization act as all on behalf of issuer for bonds outstanding at any time during the year?	240	-	+-
2	5a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L. Part I	_		x
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete	. 25b		X
20	6 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L. Part II	26		Х
27	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a	SIIIAPEG	X
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b	_	X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV		-	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		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	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
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1			<del> </del>
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
١	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		_ <del></del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	Х	<u> </u>
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.			<del></del>
		$\neg$	Yes	No
∃ a ₁	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		404	110
c	2 Enter the number of Forms w-2G included in fine 1a. Enter -0- if not applicable			
BAA	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  TEEA0104L 07/31/19	1 c	X	men <u>iliyin</u> i
	IEEA0104L 0//31/19	Form	99n /	2010

Form 990 (2019) LAKESIDE RIVER PARK CONSERVANCY

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

	O. Tata II				Yes	No
	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State ments, filed for the calendar year ending with or within the year covered by this return	-				
	b If at least one is reported on line 2a, did the organization file all required federal employments of the sum of line 2a, did the organization file all required federal employments.	. <u>2a</u>	1			
	Note: If the sum of lines it and 2a is greater than 250, you may be required to e-file (coo.	inatorial	H===X	- 2b		
	sa Did the organization have unrelated business gross income of \$1,000 or more during the v	oar?	·			
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	cai:,		. 3a		X
	43 At 20V time during the calendar year did the average visit				<u> </u>	<del> </del>
	The state of the s	financ	ial account)?	. 4a		X
	to res, enter the name of the foreign country ►			. 74	i de librario	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	al Accou	ints (FBAR).			
	5 a Was the organization a party to a prohibited tax shelter transaction at any time during the t	ax yea	r?	. 5a	4,0.0,0,0,0,0,0	X
	below any taxable party noting the organization that it was or is a party to a prohibited tax she	lter tra	neaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			5 c		$\overline{}$
(	Sa Does the organization have annual gross receipts that are normally greater than \$100,000, solicit any contributions that were not tax deductible as charitable contributions?			6 a		Х
	b if 'Yes,' did the organization include with every solicitation an express statement that such contributor tax deductible?	itions o	r gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			60		Glasser (
	a Did the organization receive a payment in excess of \$75 made and	narth. 4	for goods ===			
	the same party of the same par			7 a	THENERE	X
	bit res, and the organization notify the donor of the value of the goods or services provided	?		7 b		
	Form 8282?	was red		T		Х
	an res, indicate the number of Forms 8282 filed during the year	7 4		7 c		
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	l henef	it contract?	7 e		X
	Tible the organization, during the year, pay premiums, directly or indirectly, on a personal be	nefit co	ntract?	7 f	$\rightarrow$	X
	g If the organization received a contribution of qualified intellectual property, did the organization file as required?			7 g	$\overline{}$	
	h If the organization received a contribution of care, boats, airplance, or other unlisted in the			79		
8				7 h		
_	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained organization have excess business holdings at any time during the year?	d by the	sponsoring	ELEAS.		ir Si Militari
9	Sponsoring organizations maintaining donor advised funds.			8		
	a Did the sponsoring organization make any taxable distributions under section 4966?					
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related per			9 a	_	
10	Section 501(c)(7) organizations. Enter:	rson (	* * * * * * * * * * * * * * * * * * * *	9 b		
	a Initiation fees and capital contributions included on Part VIII, line 12	امدا				
	<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
11	Section 501(c)(12) organizations. Enter:	100				
	a Gross income from members or shareholders.	11 a				
	Gross income from other sources (Do not net amounts due or noid to other accuse)	114				
	against directiffs due of received from them.)	11 b				
12:	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o	f Form	1041?	12a	anne SP	ATTENDED.
	of three, enter the amount of tax-exempt interest received or accrued during the year.	12b			Ober 5	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
•	a Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedul	e 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				
14	Enter the amount of reserves on hand	13 c				
148	Did the organization receive any payments for indoor tanning services during the tax year?			14a	2	X
. t	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on	Schedu	ıle O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in excess parachute payment(s) during the year?	rom	Samatian	15		X
	If 'Yes,' see instructions and file Form 4720, Schedule N.		****************			
16	Is the organization an educational institution subject to the section 4968 excise tax on net inv	estmer/	at income?			X
	if 'Yes,' complete Form 4720, Schedule O.		it intoffie;	16	Helengijasi, si	A Solvenia
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					12	- 1 - 1

Form 990 (2019) LAKESIDE RIVER PARK CONSERVANCY 91-2156461 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . Yes No If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad 13 authority to an executive committee or similar committee, explain on Schedule O.  ${f b}$  Enter the number of voting members included on line 1a, above, who are independent. . . . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 13 officer, director, trustee, or key employee? 2 X 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 Did the organization make any significant changes to its governing documents X since the prior Form 990 was filed?.... 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets?..... X 6 Did the organization have members or stockholders?.... X 5 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 6 X members of the governing body? 7 a Χ  ${f b}$  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... **b** Each committee with authority to act on behalf of the governing body?.... X 8a Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates?.... Yes No 10 a 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?.... 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 10 b **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 11 a X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12 a to conflicts? X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... SEE SCHEDULE Q 12b 13 Did the organization have a written whistleblower policy?.... Х 12 c 14 Did the organization have a written document retention and destruction policy?..... 13 Х Did the process for determining compensation of the following persons include a review and approval by independent 14 X persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official..... **b** Other officers or key employees of the organization.... 15a If 'Yes' to line 15a or 15b, describe the process in 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 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? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records ▶

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Form 990 (2019)	LAKESTDE	RIVER	DADE	CONSERVANCY
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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

Check if Schedule O contains a response or note to any line in this Part VII..... Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

		T	_	(C	`		,,	Tronk officer, direct	or, or trustee.	I
(A) Name and title	(B) Average hours per  Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D)  Reportable compensation from	(E)  Reportable compensation from	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest componsated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ROBIN RIERDAN EXECUTIVE DIRECTOR	$-\frac{60}{0}$ -				Х	_		F7.000		
_(2)_ JAMES DODSON	2	<del> </del>	-		Δ.	<del>   </del>		57,000.	0.	0.
BOARD MEMBER	2	Х	Ιí					_ [		
(3) NATASHA BOWMAN	4	<u> </u>		-			-	0.	0.	0.
BOARD MEMBER	<del>-</del>	X		ı	1					
(4) BETTY MCMILLEN	4	Δ						0.	0.	0.
BOARD MEMBER	<del>-</del>	x		ĺ		- 1				
(5) MARILYN TURNER	2	Λ					{	0.	0.	0.
TREASURER	2	$ _{X} $	ı	$_{\rm X}$		ĺ				
(6) KEVIN HALE	2	-	$\dashv$	<del>^</del> +	$\dashv$	$\dashv$	$\dashv$	0.	0.	0.
BOARD MEMBER		X		1				_		
(7) MARYANNE VANCIO	4		-	-	$\dashv$	-+	-	0.	0.	0.
PRESIDENT		x		$_{\rm X}$		-	ı			
(8) SCOTT ANDERS	2		-+	~	$\dashv$		-	0.	0.	0.
BOARD MEMBER		X						0.		
(9) PATRICIA DINTRONE	$\frac{1}{4}$		$\dashv$	$\dashv$	-+	-	+		0.	0.
BOARD MEMBER		Х		-				0.		
(10) DAVID TUPPER	2		$\top$	十	+	$\dashv$	+		0.	0.
BOARD MEMBER		Х		ĺ		}		0.		
(11) KRISTEN COLE-MITTEN	2		$\top$	$\dashv$	+	-+	+		0.	0.
BOARD MEMBER	0 -	Х	İ			İ		0.		_
(12) JANICE SHACKELFORD	2		_	十	$\dashv$	$\neg +$	+		0.	0.
SECRETARY		Х	1	r l			-	0.		_
(13) GARY RUYLE	2	Ť	╁	+	+	$\neg +$	$\top$		0.	0.
BOARD MEMBER		Х						0.	0.	
(14) CAROL LEIGHTY	2	$\top$	十	$\top$	_	$\neg +$	+	<u> </u>	<u> </u>	0.
BOARD MEMBER		х						0.	0.	0
BAA	TEEA010	_	7/31/1	9				<u></u>		0.
										Form <b>990</b> (2019)

Page 8

, 500013) 11	(B)	Tey	<u>.</u>		C)	<del>:e</del> 5,	an	Tignest Con	pensated Em	ployees (continued)
(A) Name and title	Average hours per	l box	c. unk	Po check	sition k mor	than to than tor/tru	ith an	Reportable	<b>(E)</b> Reportable	(F)
	week (list any hours for related organiza tions below dotted	Individual trustee or director				employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(15)	line)		88			acco				
(16)		† 			_		<u> </u>			
(17)			_						<del></del>	
(18)			-			_	-			
(19)			-		_					
(20)			$\dashv$					-		<u> </u>
(21)			+							
(22)			$\dashv$			-				
(23)			+							
(24)			1	+		-				
(25)									· · · · · · · · · · · · · · · · · · ·	
1 b Subtotal	n A		,				<u> </u>	57,000.	0.	0.
d Total (add lines 1b and 1c)	to those lis	ted a	bove	e) wi	ho r	eceiv	ed n	57,000. more than \$100,000		
									<u> </u>	Yes No
on line 1a? If 'Yes,' complete Schedule J for such	individua	7	· · · ·		<i>.</i>					. 3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual	u a i i a i a		) ( 11 	. re	· · · · ·	comp	) lete	Scheaule J for		4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes, Section B. Independent Contractors	compens <i>complete</i>	ation Sch	fror edu	m ai le J	ny u <i>for</i>	nrela such	ated pe	organization or ir rson	idividual	5 X
Complete this table for your five highest compensation from the organization. Report compensation.	ated indep ation for th	ende	ent d	cont	ract ear e	ors t	hat g wit	received more tha th or within the orga	n \$100,000 of	
( <b>A)</b> Name and business addre	ss							(B) Description of	. 1	(C) Compensation
					_		$^{+}$			
							+			
2 Total number of independent contractors (including bur \$100,000 of compensation from the organization ▶	t not limite	d to t	hose	e list	ted a	bove	) wh	no received more th	an illian	
ВАА	<u> </u>	EA010	8L 0	7/31/	19	_				Form <b>990</b> (2019)

		Check if Sched	lule (	O contains	a resp	onse or note to a	iny line in this Part	VIII	***********	г
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from to
Contributions, Gifts, Grants and Other Similar Amounts	2 1	l a Federated campa	igns		1 a		-complement	in Pacific States	gi i di emili olumnin, leter pro-ces	512-514
Gra	2	<b>b</b> Membership dues	5		1 b	14,750				
8	₹	c Fundraising event	ts		1 c		A STATE OF THE PROPERTY OF THE PARTY OF THE	er oblig seekillelissee 1995 er ook proess obtoleges i		
E S	Ē	d Related organizat			1 d		renterantina ( majirgadan) Jigabili renterang	9 - popular propinski propinski politika. Dio popular popular politika		stalik byr safeydyssy bal Detalog gallageyn byr
8		e Government grants (co	ntribu •••	itions)	1 e	273,636.				
E E	5	f All other contributions, similar amounts not in	, gifts, cluder	, grants, and	7 f					
ᅙ	3	a Noncash contributions	includ	ded in É	-11	49,871.	. Com a Ballet de Maria de Como La Como de La Como de Como			
Ti S	2	lines 1a-1f			1 g		el me d'ani el d'illesiè		en en eren er er er er er er er er er er er er er	ros (Coral VIII Brazos Deri e U Baran (2004) Brazos (Brazo
<u> </u>	3	h Total. Add lines 1	a-1t		<u></u>		338,257	and the Children of the Childr		
ğ	1,	:a			-	Business Code				
₹	-	b		- <b>-</b>	- <b>-</b>  -	<del></del> _				
용	İ	ĭ			- <b>-</b>  -					
e <u>r</u>		ď	- <b>-</b> -	<b>-</b>			<u> </u>	<del> </del>		
Program Service Revenue					-		<del></del>	<u> </u>		
e e		f All other program	serv	ice revenue	<u></u>	-	<u> </u>			
5		g Total. Add lines 2a						CONTROL CONTROL OF THE SECOND	al la la compresión de la compresión de la compresión de la compresión de la compresión de la compresión de la	LATED ANY DESCRIPTION OF THE STREET
	3							funarion constanting		and the supplemental
		otner similar amol	ınts)					_		_2 002
	4	Income from inves								-3,882
	5	Royalties	. <u></u>							<u> </u>
				(i) Re	al	(ii) Personal	enterigrist, Percyonder over brigget sambliger			i i ji ki kara watanin kina k
	1	a Gross rents		<del></del>			tillerinin diversi let Berini berina 52 janu			
		b Less: rental expenses	6b							
		c Rental income or (loss)				<u> </u>	The Delice of Tenner.	Production of the second		. Chiefeldinete Difte Birti Callette della Si
	'	d Net rental income	or (k	.,						
	7	a Gross amount from sales of assets		(i) Securi	ties -	(ii) Other		d ig derver (i) iligib bil bib i i i i i i i i i i i i i i i	r et stadt – de soltigees studiet Liepto Lotte distribit	
		other than inventory	7a							
		<ul> <li>Less: cost or other basis and sales expenses</li> </ul>	7b							
	]	c Gain or (loss)	7 c	-			encomposa, a considere l'aires L'arres de leur discours de la composite	Centinal Bases (445) Contains de la completation		
		d Net gain or (loss).								
•		a Gross income from fund						j ukali vizmosem medo kumanya ya m	E depend of the Commission of	STATE OF THE PROPERTY OF THE P
Revenue	"	not including \$	raisin	ig events						
ě		of contributions reported	d on li	ine 1c).	-			Last (Sustantinos Esta et alia Chargo (Company) de la company		Angere de la composition della
œ,		See Part IV, line 18	<i>.</i>		8a	25,430.				
Other		b Less: direct expens			8ь	11,635.	etriores de la completa del completa de la completa de la completa del completa de la completa del la completa del la completa de la completa del la completa del la completa del la completa del la completa del la completa del la completa del la completa del la completa del la completa del la completa del la completa del la completa del la completa del la completa del la completa del la completa del la completa del la compl		en Graeco (per incluenta Tanto de locar de Sectional	Color Augrenation Colors Color Color Color Color
ŏ	(	Net income or (loss	s) fro	om fundrais	ing ev	ents	13,795.	a mangariyening geni	// (	13,795.
ĺ	9 a	Gross income from gami See Part IV, line 19	ing ac	tivities.					Turres Comments Chine Declinario Composition	13,793.
					9a		- Daugud Dependi 1950g ir Subrija 1969a 1986 sae	l Chiro www.ciff.com/wic.edu. Karlin Garling, waring C. a. 1 El		era de Probatodo em Otropo Greco Anglio
		Less: direct expens			9b					
		: Net income or (loss			activit	ies	Indiple discount of the last			
	10 a	<ul> <li>Gross sales of inventory, returns and allowances</li> </ul>	less .		10-		iristri del 1992 di Cin Personali dell'Opposition			
	ŀ	Less: cost of goods	; solo	-1	10a 10b		inggrunder and der state der der der der der der der der der de	Decemberation		restudes automobiles (na Colorary 200 Corrections)
		: Net income or (loss				tory >				
νn	_		,	50103 01		Business Code				
2 0	11 a	l			_		<u>I KINAT YA PARENIZAN</u> I KINATA MAT	terationida terrapida (Submission)		<u>Ungriber er prairitélis és él</u>
Revenue	b	, <del>-</del>			-		·	<del> </del>		
Revenue	С			<b>-</b> -				<del></del>		<del></del>
Z &		All other revenue			<del></del>					
Ε	е	Total. Add lines 11a			<u></u>			za in China V., un acido de servição		
	12	Total revenue. See	instr	ructions			348,170.	0.	0.	9,913.
BAA						TEEA	0109L 07/31/19		<u> </u>	Form <b>990</b> (2019)

Form 990 (2019)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX..... (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. (D) Program service Management and Fundráising expenses general expenses Grants and other assistance to domestic expenses organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members . . . . . . . . . . Compensation of current officers, directors, trustees, and key employees ...... 57,000. 28,500 14,250 14,250. Compensation not included above to disqualified persons (as defined under section 4958(h(1)) and persons described in section 4958(c)(3)(B) 0 0 7 Other salaries and wages ..... 132,208. 96,608. 13,820 21,780. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 23,322 15,626. 3,498 4,198. 10 Payroll taxes ..... <u> 16,522.</u> 11,070. 2,478 2,974. 11 Fees for services (nonemployees): a Management...... c Accounting..... **d** Lobbying..... e Professional fundraising services. See Part IV, line 17... g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.).... 12 Advertising and promotion..... 3,619 3,619 14 Information technology..... 15 Royalties..... **16** Occupancy..... 13,644. 9,551 2,047. 2,046. 17 Travel..... Payments of travel or entertainment 18 expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 20 Interest ..... 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization ... 23 Insurance..... 13,757 11.874. 1,883. 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 O.)..... a PROJECT EXPENSES 78,192 78,192 b WORKERS COMPENSATION 17,327 11,609 2,599 3,119. c UTILITIES 16,626 12,469 2,494. 1,663 d VEHICLE EXPENSES 7,472 7,472 e All other expenses..... 20,578. <u>10</u>,090. 6,106. 4,382. 25 Total functional expenses. Add lines 1 through 24e. . . 400,267. 293,061. 49,175. 58,031. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)..... BAA TEEA0110L 07/31/19

Part X Balance Sheet

_		Check if Schedule O contains a response or note t	o any	line in this Part X	· <u>·····</u>		
_	T 1				(A) . Beginning of year		(B) End of year
	2	Cash — non-interest-bearing.	· • • • • •		105,084	. 1	335,031
	3	s and temperary cash investillents,			686,040		516,294
	4	and grants receivable, riet	· - · · · ·			3	010/254
	"	Accounts receivable, net			249,368	. 4	108,530
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	ner off I conti	icer, director, ributor, or 35%			
	6	Loans and other receivables from other disqualified p	0.000	- /	DEPTH CONTRACTOR OF THE PROPERTY OF THE	5	×//
		section 4958(f)(1)), and persons described in section	AGEOU	s (as defined under	THE PROPERTY OF PROPERTY OF STREET		
	7	Notes and loans receivable, net	7000	(c)(3)(B)		6	
ţ	8	Inventories for sale or use.				7	
Assets	9	Prepaid expenses and deferred charges.				8	
Ă	10	- f and healthing	· · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	2,546.	9	2,546.
	10	a Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	10-1	<b>1 1 1 1 1 1 1 1 1 1</b>			
	l	b Less: accumulated depreciation	10a		5-0170 in 316 in 44 on a capage in	i kalin	
	11	Investments — publicly traded securities.			<u>11,058,279.</u>	10 c	<u> </u>
	12	Investments — other securities. See Part IV, line 11			480,253.	11	523,573.
	13	Investments — program-related. See Part IV, line 11.		*********		12	
	14	Intangible assets.			<del></del>	13	
	15	Other assets. See Part IV, line 17.				14	
	16	Total assets Add lines 1 through 15 (must asset line)				15	
		Total assets. Add lines 1 through 15 (must equal line :			12,581,570.	16	12,544,253.
	17 18	Accounts payable and accrued expenses			36,076.	17	588.
ĺ	19	Grants payable				18	
- 1	20	Tax-exempt hond liabilities	• • • • •	••••••		19	
Ø	21	Tax-exempt bond liabilities				20	
율	22	I have and other navables to any owner the form of		<del>[-</del>		21	
Liabilities		Loans and other payables to any current or former offickey employee, creator or founder, substantial contribut controlled entity or family member of any of these persons.	ior, or sons	35%		22	
- 1	23	Secured mortgages and notes payable to unrelated this	rd par	ties		23	
- (	24	Unsecured notes and loans payable to unrelated third in	oarties	s F		24	<del></del>
ļ	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp	to re lete P	lated third parties,		25	<del></del>
-	26	Total liabilities. Add lines 17 through 25.	· · · · · ·		36,076.	26	588.
alances		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	-	X			
ᇛ	27	Net assets without donor restrictions			1,005,000.	27	F00 F13
מ	28	Net assets with donor restrictions		, ,	11,540,494	28	592,517.
or runc		Organizations that do not follow FASB ASC 958, checl and complete lines 29 through 33.	k here	B33 B33 D14 P14 P17	driver, productive control of the co	20	11,951,148.
Ō	29	Capital stock or trust principal, or current funds				20	
Assets	30	Paid-in or capital surplus, or land, building, or equipme	nt fun	d 🗀		29	
2	31	Retained earnings, endowment, accumulated income, of	r othe	er funds		30	<del></del>
:	32	Total net assets or fund balances				31	40 10 1
-	33_	Total liabilities and net assets/fund balances.		-		32	12,543,665.
					12,581,570.	33	12,544,253.

	m 990 (2019) LAKESIDE RIVER PARK CONSERVANCY	91-21564	61	P:	age 12
Se ini a	The concination of Net Assets				
1	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			П
2				348,	
3	Total expenses (must equal Part IX, column (A), line 25).  Revenue less expenses. Subtract line 3 from line 15.	2		100,2	
4	Revenue less expenses. Subtract line 2 from line 1.	3		52,0	
5	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	12,5		
6	Net unrealized gains (losses) on investments.	5		49,8	
7	Donated services and use of facilities  Investment expenses  Prior period adjustments	6	"-		<del>,,,,</del>
8	Prior period adjustments.	7			
9	Other changes in net assets or fund balances (explain on Schedule O).	8		4	112.
10					0.
Facilities		10	10 -		
Pai	- Mancial Statements and Reporting		12,5		
	Check if Schedule O contains a response or note to any line in this Part XII				_
			-		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain		- 0.00		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	5 1244	X
	If test check a next below to indicate whether the financial at the same		·   4a		Λ 
		ewed on a			
	Light Consolidated and Senarate hasis			1418 (22)	
D	Were the organization's financial statements audited by an independent accountant?		. 2ы	ĺ	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both:	arate		MIN II	
С					
	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	dit,			
	in the organization changed either its oversight process or selection process during the in-	• • • • • • • • • • • • •	2c	e.31.97.037 L.4	:55 CARPAGE -
Ja	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	•	CPI-CO	A STATE OF	HUDBAR
b	If 'Yes,' did the organization undergo the required audit or audite? If the organization the required		3 a		X
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	udit			
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			Form 9	JYU (2'	.019)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number LAKESIDE RIVER PARK CONSERVANCY Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations ..... g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) Yes No (A) (B) (C) (D) (E)

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

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

36	cuon A. Public Support			·			<del></del>
be	lendar year (or fiscal year ginning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').	809.354	. 2,900,487.	992 220	710 500		
2	! Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.		. 2,300,487.	883,230.	713,622.	338,257.	5,644,950
3	facilities furnished by a governmental unit to the organization without charge						0,
4	Trum Flad Intos Fallough 5	809,354.	2,900,487.	883,230.	713,622.	220 055	0.
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)				713,022.	338,257.	5,644,950.
6 	Public support. Subtract fine 5 from line 4						0.
Sec	tion B. Total Support					eninkii salkuin suomasta ja	5,644,950.
beg	endar year (or fiscal year inning in) >	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 4	809,354.	2,900,487.	883,230.	713,622.	338,257.	5,644,950.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,699.	5,371.	9,009.	15,217.	-3,883.	30,413.
9	Net income from unrelated business activities, whether or not the business is regularly carried on				20/217.	3,003.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10		en a letter en en en en en en 2 lange en en en en en en en 14 januarie - Albana En en en en en	rnedi over de nader Britaniste dan Sarah Bilding predavis			0.
12	Gross receipts from related activi-	ties, etc. (see ins	tructions)	artingishele pelektingan		13	5,675,363.
13	First five years. If the Form 990 is for organization, check this box and	or the arms in the					0.
Sec	иоп С. Computation of Pub	lic Sunnort Pa	ercentado				
14	Public support percentage for 201	9 (line 6, column	(f) divided by line	11 column (f)			
15	Public support percentage from 20	018 Schedule A,	Part II, line 14	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	14	99.46 % 99.31 %
16a	33-1/3% support test—2019. If the and stop here. The organization q	a Arganization dia	d mad abanda tha d				
þ	33-1/3% support test—2018. If the and stop here. The organization of	organization did					ш
17a	10%-facts-and-circumstances tes or more, and if the organization m the organization meets the 'facts-a	t-2019. If the org	anization did not c	heck a box on lin	e 13, 16a, or 16b	and line 14 is 1	 ∩%
b	10%-facts-and-circumstances testor more, and if the organization morganization meets the 'facts-and-	t— <b>2018.</b> If the org leets the 'facts-an circumstances' te	janization did not c nd-circumstances' t est. The organizatio	heck a box on line est, check this bo	e 13, 16a, 16b, or ex and <b>stop here.</b>	17a, and line 15 Explain in Part V	is 10% /! how the
18	Private foundation. If the organiza	ition did not chec	k a box on line 13,	16a, 16b, 17a, or	17b, check this i	organization oox and see instr	uctions
AA		<del></del>	<u></u>			lule A (Form 990	

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

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

<u>Se</u>	ction A. Public Support				***		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(2) 2010	(D.T.)
1	Gifts, grants, contributions, and membership fees received. (Do not include		(2) 2310	(3/231/	(u) 2018	(e) 2019	(f) Total
_	any 'unusual grants.')				1		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade						
4	organization's benefit and either paid to or expended on						
5	its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge						<del></del>
6		<del></del>		<del></del>	<u> </u>		
	Amounts included on lines 1, 2, and 3 received from disqualified persons.						
ŀ	a Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	: Add lines 7a and 7b				· · · · · · · · · · · · · · · · · · ·		
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6		(4) 4415	(0) 2017	(4) 2010	(e) 2013	(i) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses			10.			
_	acquired after June 30, 1975				<u> </u>		
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<del></del> ·
	First five years. If the Form 990 i organization, check this box and	stop nere		d, third, fourth, c	or fifth tax year as	a section 501(c)(3)	
	tion C. Computation of Pub	ilic Support P	ercentage				
	Public support percentage for 20			ne 13, column (f)	)		8
16	Public support percentage from 2	018 Schedule A	Part III. line 15		y	10	
	tion D. Computation of Inve	stment Incom	Dovonto			16	
					· · · · ·		
17		r 2019 (line 10c,	column (f), divide	d by line 13, coli	umก (f))	17	ક
18	Investment income percentage from	om <b>2018</b> Schedul	e A, Part III, line	17		18	%
	33-1/3% support tests—2019. If the is not more than 33-1/3%, check	tnis box and <b>sto</b> p	inere. The organi	zation qualifies a	as a publicly suppo	rted organization	line 17 ▶ □
	33-1/3% support tests—2018. If the line 18 is not more than 33-1/3%,	ne organization di check this box a	d not check a box nd <b>stop here.</b> The	on line 14 or line or granization qu	ne 19a, and line 16 alifies as a publich	is more than 33-1/	20% 25%
20	Private foundation. If the organiz	ation did not ched	k a box on line 1	4, 19a, or 19b, c	heck this box and	see instructions	<b>⊦</b> H
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Part IV Supporting Organizations

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

			Yes	No
•	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	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).	2		Marabani Ma Marabani Ma Marabani Maraban Marabani Marabani Marabani Maraban
	3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a	Princip P	
	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.	3b		
	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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4	4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
	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.	4b		
	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 <b>Part VI</b> 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.	4c	Service Service	
5	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a	hices Pirking Cond Cond Cond Cond Cond Cond Cond Cond	
i	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?	5b	Higgs 6	200700
(	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		Table 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		ályadir Magya
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))?	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		Pro Street
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с	2.300	
	Nas the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		600000 6000000 60000000000000000000000
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.)	106	Ulifelia de la composición della	

10b

LAKESIDE RIVER PARK CONSERVANCY 91-2156461 Page 5 Part IV Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a **b** A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Yes No Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the 2 Section 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). 1 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 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard. 3b

Sc	hedule A (Form 990 or 990-EZ) 2019 LAKESIDE RIVER PARK CONSERVANC	37		
P	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>I</u>	91-21	56461 Page
_	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type ill non-functionally integrated supporting organization	st on	Nov. 20, 1970 (explain in	Part VI). See
Se	ction A - Adjusted Net Income	***	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	$T_1$		(optional)
2	The of prior year distributions	2	<del> </del>	
	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4	<del></del>	
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	×		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ction B — Minimum Asset Amount	1 5	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
1	c Fair market value of other non-exempt-use assets	1c		· · · · · · · · · · · · · · · · · · ·
	d Total (add lines 1a, 1b, and 1c)	1d		
,	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3		3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6	<del></del>	
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	-	<del></del>
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		·
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5	en en como de la composição de la compos	<u> </u>
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		<del></del>
7	Check here if the current year is the organization's first as a non-functionally integ (see instructions).		Type III supporting organ	nization
ΔΔ		_	<del></del>	

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from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carryover to 2020. Add lines 3j and 4c.  8 Breakdown of line 7:  a Excess from 2015  b Excess from 2016  c Excess from 2017  d Excess from 2018	- 1	Subtract lines 3g and 4a from line 2. For result greater than			
8 Breakdown of line 7:  a Excess from 2015.  b Excess from 2016.  c Excess from 2017.  d Excess from 2018.	i	rrom line 1. For result greater than zero, explain in Part VI. See nstructions.			
8 Breakdown of line 7:  a Excess from 2015.  b Excess from 2016.  c Excess from 2017.  d Excess from 2018.					aria di parti di parti di parti di parti di parti di parti di parti di parti di parti di parti di parti di par
b Excess from 2016 c Excess from 2017 d Excess from 2018	8 8	Breakdown of line 7:		A PROPERTY OF THE PROPERTY OF	
c Excess from 2017 d Excess from 2018	a	Excess from 2015			
d Excess from 2018					is the graduals to the fall of a control of the con
d Excess from 2018			E Parintella de la composição		onenno (1885) and paper and proper by big Language (1885) and paper and pape
R Excess from 2019	d E	Excess from 2018			
	e E	Excess from 2019			
AA Schedule A (Form 990 or 990-EZ) 20	AA		The state of the s	Schedule A (For	m 990 or 990-F7\ 2019

Schedule A (Form 990 or 990-EZ) 2019

LAKESIDE RIVER PARK CONSERVANCY

91-2156461

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Se

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	LAKESIDE RIVER PARK CONSER	91-2156461					
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.							
	Complete if the organization ans	wered 'Yes' on Form 990, F	Part IV, line 6				
		(a) Donor advised fun	ds	(b) Funds and other accounts			
1	Total number at end of year						
2		ggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the as organization's exclusive legal cor	sets held in don	or advised funds			
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing	that grant funds	can be used only			
Pa	Conservation Easements.			Yes No			
Organia.	Complete if the organization answ	wered 'Yes' on Form 990 E	Part IV line 7				
1	Purpose(s) of conservation easements held by	the organization (check all that	ant IV, mie /				
	Preservation of land for public use (for examp	ole recreation or education)	<u> </u>	of a lateractically to the state of			
	Protection of natural habitat	one, recreation or education)		of a historically important land area of a certified historic structure			
	Preservation of open space		reservation	or a certified historic structure			
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation contribu	ution in the form o	of a conservation easement on the			
				Held at the End of the Tax Year			
ā	Total number of conservation easements			2a			
ŀ	Total acreage restricted by conservation easer	ments		2 b			
(	: Number of conservation easements on a certif	ied historic structure included in (	(a)	2 c			
	Number of conservation easements included in structure listed in the National Register			l 2di			
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished, or to	erminated by the	organization during the			
4	Number of states where property subject to conser	rvation easement is located 🟲					
5	Does the organization have a written policy red	aarding the periodic monitoring in	nspection, handi	ing of violations.			
_	and enforcement of the conservation easemen	ts it holds?		Yes No			
	Staff and volunteer hours devoted to monitoring, in			• ,			
7	Amount of expenses incurred in monitoring, inspect ►\$	cting, handling of violations, and en	forcing conservati	on easements during the year			
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requir	ements of section	on 170(h)(4)(B)(i) Yes No			
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its orthe organization's financial state	s revenue and ex ements that desc	xpense statement and balance sheet, and cribes the organization's accounting for			
Par	Organizations Maintaining Collection Complete if the organization answ	tions of Art, Historical Tre	asures, or Of	ther Similar Assets.			
1 a	If the organization elected, as permitted under historical treasures, or other similar assets held	FASB ASC 958, not to report in i	ts revenue state	ment and balance sheet works of art,			
h	Tare Annual coxe of the roothole to its illiancial	statements that describes these	items.				
	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	public exhibition, education, or res	earch in furtheran	ce of public service, provide the			
	(i) Revenue included on Form 990, Part Vill, li	îne I	,				
	(ii) Assets included in Form 990, Part X						
	If the organization received or held works of art, his amounts required to be reported under FASB A	ISC 958 relating to these items:		• •			
a	Revenue included on Form 990, Part VIII, line 1	k	· · · · · · · · · · · · · · · · · · ·	<b>&gt;</b> \$			
þ	Assets included in Form 990, Part X						

Schedule D (Form 990) 2019 LAKE Part III Organizations Maint	ESIDE RI	VER P	ARK CONSER	RVANCY	Treasures	On Ott	91-21	5646	1	Page
<ul> <li>USING the organization's acquisition</li> </ul>	on, accession	and oth	er records check	k any of	the following the	or Oth	er Similar As	ssets	(contir	nued)
	,	,,		n any or	ine following tha	t make si	gnificant use of i	ts collec	tion	
a Public exhibition			d 🗌 Loa	an or exc	hange program	n				
b Scholarly research			e 🗌 Oth	ner						
c Preservation for future gene Provide a description of the organ Part XIII.		ections ac	id evolain how th	hav furth	or the eventional					
5 During the year, did the organiz	ation colicit	or rossi								
5 During the year, did the organiz to be sold to raise funds rather	than to be m	naintaine	ed as part of the	art, nist e organiz	orical treasures zation's collection	າ, or other	similar assets	ΠYe	\c	□N-
Part IV Escrow and Custodia line 9, or reported an	ai Arrande	mente	Complete	f tha a	raanizatian a	nswere	d 'Yes' on F	orm 9	90, Pa	<u>∐No</u> art IV,
1 a Is the organization an agent to	ictoo custod	ion or -	Un a			ther asse	ets not included			
on Form 990, Part X?b If 'Yes,' explain the arrangemen								Ye	es	No
. Project of the								Amou	ınt	
c Beginning balance	• • • • • • • • • • • • • • • • • • • •					1	С			
d Additions during the year				· · · · · · · · ·		1	ď			
e Distributions during the year	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •			1	е			
f Ending balance				· · · · · · · · ·		1	f			
2a Did the organization include an a	amount on F	orm 990	, Part X, line 2	i, for es	crow or custodi	al accour	nt liability?	Ye	s	No
<b>b</b> If 'Yes,' explain the arrangemen	un Part XIII.	. Спеск	here if the expl	anation	has been provid	ded on Pa	art XIII	• • • • • • •		
Part V Endowment Funds (	`omplete i	f the or	oppiesties -							
Part V Endowment Funds.	(a) Currer	t une or	ganization a	nswer	ed Yes on F					
1 a Beginning of year balance	(a) Currer	it year	(b) Prior ye	ear	(c) Two years ba	ick (d	) Three years back	(e)	Four yea	rs back
<b>b</b> Contributions			<del></del>							
				<del></del>	<del></del>			ऻ		
c Net investment earnings, gains, and losses										
d Grants or scholarships			<del> </del>	+				┿		
e Other expenditures for facilities			-				<u> </u>	<del>  -</del> -		
and programs										
f Administrative expenses										
g End of year balance			<u> </u>		-			T		
2 Provide the estimated percentage	e of the curr	ent year	end balance (li	ine 1g, c	olumn (a)) held	i as:				
a Board designated or quasi-endowm	-		<sup>%</sup>							
b Permanent endowment ►		5								
c Term endowment ►	%									
The percentages on lines 2a, 2b, ar	nd 2c should	equal 100	)%.							
3a Are there endowment funds not in to	he possession	n of the c	rganization that	are held	and administere	ed for the				
organization by.									Yes	No
(i) Unrelated organizations	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •					. 3a(i)		
(ii) Related organizations								. 3a(ii)		
b If 'Yes' on line 3a(ii), are the rela	ted organiza	tions list	ted as required	on Sche	dule R?			. 3b		
4 Describe in Part XIII the intended	uses of the	organiza	ation's endowm	ent func	s.				-	_
Part VI Land, Buildings, and I Complete if the organi	E <b>quipmen</b> zation ans	<b>t.</b> wered	'Yes' on For	m 990	Part IV line	^ 11 <sub>^</sub>	Soo Form 00	0 0-		10
Description of property		(a) Cost	or other basis	(b) (	Cost or other		ccumulated		T X, III Book va	
1 a Land	. <u>.</u>	(in	vestment)	ba	sis (other)		preciation			
<b>b</b> Buildings		<del> </del>		11	,034,279.			11		<u>279.</u>
c Leasehold improvements		<del> </del>		<del> </del>	<u>24,000.</u>				24,	000.
<b>d</b> Equipment					5,130.		5,130.		<del>-</del>	0.
e Other					43,196.		43,196.			0.
Total. Add lines 1a through 1e. (Column		ual For	n 990 Part V	column	3,410.		3,410.			<u>0.</u>
BAA	· (a) must be	1441 1 UII	n 220, Call A,	colultin	(D), IIII <del>e</del> (UC.)				, 058,	

Control of the Contro	ARK CONSERVANCY		91-2156461	Page
Complete if the organization answer	ed 'Yes' on Earn Of	N/A		
Complete if the organization answer  (a) Description of security or category (including name of security)	(b) Book value	0, Part IV, line 11b	. See Form 990, Part	X, line 12
1) Financial derivatives.	(b) book value	(C) Wethod of valu	uation: Cost or end-of-year market	value
2) Closely held equity interests		<del>-</del>		
3) Other			. <u> </u>	
4)	* -		<del> </del>	<del>-</del>
3) 	-			<u> </u>
C)			<u> </u>	
o) 			<u> </u>	
- <u>/</u>				<del>-</del>
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<del></del>				
		<del> </del>		
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.)	<b>&gt;</b>			
art VIII Investments — Program Related. Complete if the organization answers (a) Description of investment	·	N/A		
(a) Description of investment	ed 'Yes' on Form 99	<u>0, Part IV, line 11c.</u>	See Form 990, Part X	. line 13
(1)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year mar	ket value
(2)				
(3)	<del> </del>			
(4)			<del>-</del>	
(5)			<del> </del>	·
(6)			, <u>, , , , , , , , , , , , , , , , , , </u>	· · · · · · · · · · · · · · · · · · ·
7)				
8)			<del></del>	
9)				
0)	<del></del>			
0)  al. (Column (h) must equal Form 990, Part Y, column (P) line 12.)				
al. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A			
al. (Column (b) must equal Form 990, Part X, column (B) line 13.) .  art IX Other Assets.  Complete if the organization answere	N/A d 'Yes' on Form 990	), Part IV, line 11d.	See Form 990. Part X	line 15
al. (Column (b) must equal Form 990, Part X, column (B) line 13.)  art IX  Other Assets.  Complete if the organization answere  (a) D		), Part IV, line 11d.	See Form 990, Part X	, line 15.
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al. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Other Assets.  Complete if the organization answere  (a) D  1)  2)  3)  4)  5)  6)  7)  al. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (column (b) must equal Form 990, Part X)  Complete if the organization answered 'Yes' on least of the organization answered in the organization (a) Description (b)  (b)  (column (b) must equal Form 990, Part X, column (column d 'Yes' on Form 990 escription  (B) line 15.)	, Part IV, line 11d.	See Form 990, Part X (b) Book (b) Cook Part X, line 25.	, line 15.	
al. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Other Assets.  Complete if the organization answere  (a) D  1)  2)  3)  4)  5)  6)  7)  al. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on leading to the organization answered in the organization and the organization answered in the organization answered in the organization answered in the organization and the organization answered in the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organizati	d 'Yes' on Form 990 escription  (B) line 15.)	e or 11f. See Form 990, F	See Form 990, Part X (b) Book  Part X, line 25. (b) Book v	, line 15.
al. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Other Assets.  Complete if the organization answere  (a) D  1)  2)  3)  4)  5)  6)  7)  8)  Other Liabilities.  Complete if the organization answered 'Yes' on    (a) Description of the complete in the organization answered 'Yes' on    (a) Description of the complete in the organization answered 'Yes' on    (b) Federal income taxes  (c)  (d) Description of the complete in the organization answered 'Yes' on    (a) Description of the complete in the organization answered 'Yes' on    (a) Description of the complete in the organization answered 'Yes' on    (b) Description of the complete in the organization answered 'Yes' on    (c) Federal income taxes  (d) Description of the complete in the organization answered 'Yes' on    (a) Description of the complete in the organization answered 'Yes' on    (b) Description of the complete in the organization answered 'Yes' on    (c) Federal income taxes	d 'Yes' on Form 990 escription  (B) line 15.).  Form 990, Part IV, line 11 iption of liability	e or 11f. See Form 990, F	See Form 990, Part X (b) Book  Part X, line 25.  (b) Book v	value
al. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Other Assets.  Complete if the organization answere  (a) D  1)  2)  3)  4)  5)  6)  7)  al. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on leading to the organization answered in the organization and the organization answered in the organization answered in the organization answered in the organization and the organization answered in the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organizati	d 'Yes' on Form 990 escription  (B) line 15.).  Form 990, Part IV, line 11 iption of liability	e or 11f. See Form 990, F	See Form 990, Part X (b) Book  Part X, line 25.  (b) Book v	value

Schedule D (Form 990) 2019 LAKESIDE RIVER PARK CONSERVANCY	91-2156461 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Re Complete if the organization answered 'Vos' on Farm 200 B.	
. Total Tevenue, gains, and other support per audited financial statements	
- 1 mile included on line i but hot of Form 990 Part VIII line 12.	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d. 2d 2d 3 Subtract line 2e from line 1	2e
The first time of the state of	3
The monday of Folly Joy, Fall VIII. Iffe 12 bit bot on line 1.	
a Investment expenses not included on Form 990, Part VIII, line 7b	(100% Reveals and 100%
4b	
	4c
OOO Mark I WO MIOS & GIRU MC. (INIS MUST ADUST FORM OOO Mark I 1: 10.	
TOURISHOUND OF EXPENSES DEL WILLIAM FINANCIAL STATEMENT MENTE	
	17.
Total expenses and losses per audited financial statements	
- The mode of the full fol of Form 990 Part IX line of	
a Donated services and use of facilities	1996 B. H. 171   H. 1897 B. 174   1888 B. 1898 B. 1898 B. 1898 B. 1898 B. 1898 B. 1898 B. 1898 B. 1898 B. 1898 B. 1898 B. 1898 B. 1898 B. 1898
b Frior year adjustments	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
C Other rosses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
o dabtidet inte Ze itotit isle 1	2e
· A THOUGHS INCIDICED OF FULL 1990 PART IX IND 26 but not on the 1.	3
a investment expenses not included on Form 990, Part VIII, line 75	Section 1991 Section 1997 Millian 1997 Mi
4 Other (Describe in Fall XII).1	THE WHITE I
o ridd iilies 4a ailu 4b	
On portions, ridd liftes 3 dilly 40, 11118 milest poulai Form 900 Port 1 11-2 to 1	5
Part XIII Supplemental Information.	<u> </u>

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

## PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

PROVIDE INCOME FOR MAINTENANCE EXPENSES

BAA

Schedule D (Form 990) 2019

### SCHEDULE G (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Name of the organization Inspection Employer identification number LAKESIDE RIVER PARK CONSERVANCY Part | Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 91-2156461 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations ☐ Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants ¢ Phone solicitations Special fundraising events d In-person solicitations b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (v) Amount paid to (iii) Did fundraiser (ii) Activity (iv) Gross receipts (vi) Amount paid to have custody or control of contributions? (or retained by) fundraiser listed in from activity (or retained by) organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration 0.

Pa	rt II	G (Form 990 or 990-EZ) 2019 LAKESI Fundraising Events. Complete if more than \$15,000 of fundraising	the evacuination	1.0.4		56461 Page
_		more than \$15,000 of fundraising List events with gross receipts gr	eater than \$5,000.	is and gross incom	orm 990, Part IV, I e on Form 990-EZ,	ine 18, or reported lines 1 and 6b.
R E V			(a) Event #1 TRAIL OF TERRO (event type)	(b) Event #2 5K RACE (event type)	(c) Other events  1 (total number)	(d) Total events (add column (a) through column (c))
<b>ドランドンロ</b>	1 2	Gross receipts	20,005.	7,991.	7,370.	25,430
	3	Less: Contributions				
	4	Cash prizes.	10,003.	7,991.	7,370.	25,430
	5	Noncash prizes				
DIRECT	6	Rent/facility costs				· · · · · · · · · · · · · · · · · · ·
	7	Food and beverages				<u> </u>
XPE	8	Entertainment				
SHOZMUX	9	Other direct expenses	3,176.	3,858.	4,601.	11,635.
•	10 11	Direct expense summary. Add lines 4 throws Net income summary. Subtract line 10 from Committee Committee.	ough 9 in column (d)	•••••••		11,635.
Par	S 13.4	<b>Gaming.</b> Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion ancwardd Was	on Form 990, Par	t IV, line 19, or rep	13,795. orted more than
REVEZUE			(a) Bingo	(b) Puil tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
-		Gross revenue				
E X		Cash prizes				
EXPENSES		Noncash prizes				
S		Ţ		_		
$\dashv$		Other direct expenses	Yes %	Yes %	Yes %	orani majalah kanjaran kandaran kandaran kandaran kandaran kandaran kandaran kandaran kandaran kandaran kandar
		/olunteer labor	No	No	No	
	7 [	Direct expense summary. Add lines 2 thro	ugh 5 in column (d)			
	8 1	let gaming income summary. Subtract lin	e 7 from line 1, column	(d)		
ai bi	Enter s the f 'No,'	the state(s) in which the organization con organization licensed to conduct gaming a explain:	ducts gaming activities: activities in each of the	se states?		
10a V b ii	Vere a	any of the organization's gaming licenses ,' explain:	revoked, suspended, or	terminated during the	tax year?	Yes No

Sc	hedule G (Form 990 or 990-E	Z) 2019 LAKESIDE	RIVER PARK CONSERVANCY	91-2156461	Page 3
•	Does the organization con	duct gaming activities	with nonmembers?	Vec	No No
12	Is the organization a grantor	. beneficiary or trustee	of a trust, or a member of a partnership or other $\epsilon$		□ No
13	Indicate the percentage of g			Ш	اليا
	a The organization's facility.	· · · · · · · · · · · · · · · · · · ·		1	
	<b>b</b> An outside facility				·
14	Enter the name and address	of the person who prep	pares the organization's gaming/special events bo	oks and records:	
	None B				
	A .dd				
	a Does the organization have	e a contract with a thir of gaming revenue rec d by the third party	rd party from whom the organization receives greived by the organization \$		No
	Name ►	<b></b>	<b>-</b>		
	Address ►				
16	Gaming manager information				'
	Name ►				
	~				
	Gaming manager compensation	ation ► \$	,		
	Description of services prov	rided >			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions:				
а	ls the organization required ur	nder state law to make o	charitable distributions from the gaming proceeds	to rotain the	
	gammig 11001100.,,			Vaa	No
Б	enter the amount of distribution organization's own exempt a	ins required under state	law to be distributed to other exempt organization	ns or spent in the	□
Par	t IV Supplemental Inf	ormation Provide	the explanations required by D. L.		
	and Part III, lines information. See		15c, 16, and 17b, as applicable. Also	line 2b, columns (iii) and (v provide any additional	');
					•
ВАА			TEEA3703L 08/19/19	Schedule G (Form 990 or 990-	EZ) 2019

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LAKESIDE RIVER PARK CONSERVANCY

Employer identification number 91-2156461

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

MUCH OF 2018 WAS SPENT IN CONSTRUCTION. WE ARE IN THE PROCESS OF COMPLETING
REVEGETATION OF THE HANSON EL MONTE POND PROJECT IN THE EL MONTE VALLEY IN SAN DIEGO
COUNTY, CA AS WELL AS COMPLETING THE RECONSTRUCTION OF DRAINAGE ON THAT SITE.

OUR OTHER BIG PROJECT WAS THE REMOVAL OF ARUNDO DONAX (AN INVASIVE AND FLAMMABLE PLANT) AND PALM TREE REMOVAL IN THE NORTHERN REACH OF SYCAMORE CREEK IN SANTEE.

WE TOOK ON SMALLER TASKS SUCH AS HERBACEOUS WEED ERADICATION, TRASH AND CLEAN UPS OF THE SAN DIEGO RIVER TRAIL, WORKING ON THE ACQUISITON OF RIVERBED PROPERTY AS WELL AS ASSISTING WITH RIVER EDUCATION OF LOCAL ELEMENTARY SCHOOL KIDS.

WE ALSO DEVOTED CONSIDERABLE TIME TO SAN DIEGO RIVER SCIENCE FIELD STATION.

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

THE FEDERAL FORM 990 WAS REVIEWED BY THE BOARD PRIOR TO FILING THE RETURN.

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

ANNUALLY THE BOARD AND KEY EMPLOYEES REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY.

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

FORM 990 AND OTHER FINANCIAL DOCUMENTS ARE AVAILABLE TO THE PUBLIC ON OTHER

ORGANIZATIONS' WEB SITES, SUCH AS VARIOUS CHARITY EVALUATOR WEB SITES.

THE REQUIRED ORGANIZATIONAL DOCUMENTS OF THE EXEMPT ORGANIZATION WILL BE AVAILABLE (FOR INSPECTION AND COPYING) AT THE ORGANIZATION'S MAIN OFFICE DURING NORMAL BUSINESS HOURS AT NO CHARGE. THE PUBLIC INSPECTION COPY OF THE ORGANIZATION'S FORM

Employer identification number 91-2156461

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

OR COPYING) AT THE ORGANIZATION'S MAIN OFFICE DURING NORMAL BUSINESS HOURS AT NO

CHARGE. THE PUBLIC INSPECTION COPY OF THE FORM 990 WILL NOT INCLUDE THE SCHEDULE B

NAMES AND ADDRESS OF CONTRIBUTORS. THE ORGANIZATION WILL MAKE BEST EFFORTS TO ENSURE

THAT THE FORM 990 HELD AT THEIR MAIN OFFICE IS THE MOST UPDATED VERSION OF SUCH.

WHEN RESPONDING TO A PUBLIC INSPECTION REQUEST FOR ANY ORGANIZATIONAL DOCUMENT OR

FORM 990 BY ANYONE, THE ORGANIZATION SHALL FULFILL SUCH REQUEST IN A TIMELY FASHION

WITHOUT INQUIRING AS TO THE REASON FOR THE PUBLIC INSPECTION REQUEST.

2/31/19	20	19 C	ALIFO	RNI	A BO	OK DE	PREC	IATIO	N SCI	HEDULE	=			PAGE
			L	AKES	SIDE RI	VER PAR	K CONS	ERVAN	CY					91-21564
NO. DESCRIPTION FORM 199	DATE ACQUIRED	DATE SOID	COST/ BASIŞ	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR, —ALLOW	Prior 179/ Bonus/ SP_depr	PRIOR DEC. BAL DEPR	SALVAG /BASIS REDLICT _	DEPR. Basis	PRIOR DEPR.	_METHOD_	LIFE RATE	CURRENT DEPR
AUTO / TRANSPORT EQUIPMENT			`											
1 GMC SIERRA TRUCK 2 INTERSTATE TRAILER 11 TOYOTA TRUCK	9/28/06 9/07/06 12/05/11	_	1,800 1,950 14,100							1,800 1,950 14,100	1,800 1,950 14,100	S/L S/L S/L	5 <b>5</b> 5	
TOTAL AUTO / TRANSPORT EQUIP FURNITURE AND FIXTURES			17,850		0	0	0	0	0	17,850	17,850			
3 OFFICE FURNITURE	12/09/05	_	3,410							3,410	3,410	S/L	5	
TOTAL FURNITURE AND FIXTURE			3,410		0	0	0	0	0	3,410	3,410			
4 CHAIN LINK FENCE	5/19/06	-	5,130							5,130	5,130	\$/L	5	
TOTAL IMPROVEMENTS  MACHINERY AND EQUIPMENT			5,130		0	0	0	0	0	5,130	5,130			
5 COMPUTER EQUIPMENT	6/22/10		8,532							8,532	8,532	S/L	5	
6 AIR CONDITIONER	7/21/03		689							689	689	S/L	5	
7 STORAGE CONTAINER 8 TRAILER	2/01/05		3,082							3,082	3,082	S/L	5	
9 CAM AND SPEAKER	10/11/05		209							209	209	S/L	5	
10 STORAGE CONTAINER	12/09/05 11/28/06	_	408 3,297							408 3,297	408 3,297	S/L S/L	5 5	
TOTAL MACHINERY AND EQUIPME		_	16,217	_	0	0	0	0	0	16,217	16,217	-		

12/31/19	20	)19 C					EPREC			HEDULI	=		PAGE 2 91-2156461
NODESCRIPTION	DATE ACOUIRED	DATE SOLD	COST/ BASIS	BUS. PCT	CUR 179 BONUS	SPECIAL DEPR. ALLOW	Prior 179/ Bonus/ Sp_depr	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR	METHOD LIFE RATE	CURRENT DEPR
TOTAL DEPRECIATION			42,607		0	0	0	0		42,607	42,607		
GRAND TOTAL DEPRECIATION			42,607		0	0	0	0	0	42,607	42,607		0
			٠										
													1

2019 California Exempt Organization
Annual Information Return

CLIENT'S COPY

Calendar	Year 2019 or fiscal year beginning (mm/dd/yyyy) and ending	(111	100
Corporation	Organization name (mm/dd/yyyy) , and ending	(mm/aa/yyyy)	•
LAKES	IDE RIVER PARK CONSERVANCY		California corporation number
Additional i	formation. See instructions.		2350133
Ctroot add			FEIN
	ss (suite or room) INDUSTRY ROAD		91-2156461 PMB no.
City	INDUSTRI ROAD	T.:.	
LAKES		State CA	Zip code
Foreign cou	itry name	Foreign province/state/county	92040 Foreign postal code
			r or orgin postar code
A First R	eturn	R&TC Section 23701d, has the	<del></del>
B Amend	ad Return	aged in political activities?	
C IRC Se			● Yes X No
	formation Return?		_
	Dissolved Surrendered (Withdrawn) Merged/Reorganized K Is the organization of "You" pate the	on exempt under R&TC Section 23 e gross receipts from	701g? ● Yes X No
E Check a	te: (mm/dd/yyyy) • If "Yes," enter the counting method:	ces	\$
1	Cash 2 V Approved 2 C out-	a public charity exempt under	·
F Federal	The section 23	701d and meets the filing fee box. No filing fee is required	. 😠
4 ∐ 0	ther 990 series	no. No ming lee is required	= _
G is this a	group filling? See instructions Yes X No N Did the organization	n a Limited Liability Company?	● Yes X No
	tayahle income?	ion file Form 100 or Form 109 to	
H is this o	rganization in a group exciliption	n under audit by the IRS or has t	······ ● L Yes X No
n res,	what is the parent's name?	year?	● Yes X No
I Did the	P is federal Form 1	023/1024 pending?	
not repo	they be TTP On in the start of		
Part I	Complete Part I unless not required to file this form. See General Information		
	1 Gross sales or receipts from other sources. From Side 2 Band II II II II	B and C.	
	<ol> <li>Gross sales or receipts from other sources. From Side 2, Part II, line 8</li> <li>Gross dues and assessments from members and affiliates</li> </ol>	······································	
Receipts	Gross contributions, gifts, grants, and similar amounts received		
and Revenues	4 Total gross receipts for filing requirement test. Add line 1 through line 3.	• 3	338,257.
	This line must be completed. If the result is less than \$50,000, see General	rol Information D	SELET CHECKER SHOW AND AND AND AND AND AND AND AND AND AND
	5 Cost of goods sold	ral Information B • 4	359,805.
	6 Cost or other basis, and sales expenses of assets sold 6	10000	en usud perasti bisku bisku kalu Kalenda (1905-2006) bisku bisku bisku
	7 Total costs. Add line 5 and line 6		
-,	8 Total gross income. Subtract line 7 from line 4		<del></del>
xpenses	Total expenses and disbursements. From Side 2, Part II, line 18	9	
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from	line 8 <b>a 10</b>	<u> </u>
	II Total payments	11	-32,097.
	12 Use tax. See General Information K	12	
	rayments balance. If line 11 is more than line 12, subtract line 12 from line	e 11	
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line	12	
ree	15 Filing fee \$10 or \$25. See General Information F.	15	<del> </del>
	16 Penalties and Interest. See General Information J	<del></del>	<del> </del>
<u> </u>	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	<del>                                     </del>
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules are correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which person	d statements, and to the best of m	knowledge and belief it is true
Here	orginature	eparer has any knowledge.  Date	
	of officer CITYS CADY EXECUTIVE DIRECTO	1 111	• Telephone (619) 443-4770
oid	Preparer's Date	Check if	● PTIN
aid reparer's		employed	
se Only	Firm's name (or yours, if		● Firm's FEIN
	self-employed) and address		
			Telephone
	May the FTB discuss this return with the preparer shown above? See instruction		
		15	Yes No
	CACA1112L 12/13/19 059 3651194		
	CACATTI2L 12/13/19 059 3651194	Form 199 2	019 Page 1

LAKESIDE RIVER PARK CONSERVANCY

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. Part II

		1	Gross sales or receipts from	m all husiness activition of	oo inateriati	OII,	т-	<del></del>
		2	Gross sales or receipts from	business activities, 56	ee instructions		1	
_		3	Interest	******************			2	
Re fro	ceipts	4		*******************			3	
	her	5	S. 500 101125				4	
So	urces	6	Gross royanies	******				
		7	aross amount received from	n sale of assets (See Instri	uctions)			
			o and modifie. Attach Script	aute	ਵਸਾਸ਼ ਵ	ጥንጥሮኤምእንመ 1		21 540
		8	rotal gross sales or receipts from	Other sources. Add line 1 through I	line 7 Entor born and 0			21,548
		1	grants, and still	ililai allibuills paid. Attach schedul	Δ		9	21,548.
		10	managements to or for the	mbers				
		11	activities agreement of officers, a	mectors, and trustees. Atta	ch schedule	SEE STMT 2	11	F. 5000
Ext	oenses	12	Other sararies and wages			_	12	57,000.
and	d t	,				_	13	132,208.
mei	burse- nts	14	Taxes			_	14	
		15	rents				15	16,522.
		16	Depreciation and depletion	(See instructions)		_		13,644.
		17	Cure Expenses and Dispurs	sements. Attach schedule	SEE ST	כ הואשאקייבי	16 17	<u></u>
_		18	Total expenses and disbursements.	Add line 9 through line 17. Enter h	nere and on Page 1 Part I lin	4.0		192,528.
Scl	hedule	<u>L</u>	Balance Sheet	Beginning o	f taxable year		18	411,902.
Ass				(a)	(b)		of taxa	ble year
1	Cash			PROPERTY AND DESCRIPTION OF THE PROPERTY OF TH		(c)	ulifikatisi 🕳	(d)
2	Net acc	ounts i	receivable		249,368.			851,325.
3	Met Hoti	es rece	Pivadie			principalities succession		108,530.
4	Invento	ries						
5	rederal	and st	ate government obligations			ACTORES OF SUBSCIOUS SECURIOR		
6	Investm	ents ir	other bonds	Cinil Mark Tollygrafing and the		A Participation of the Control of th		<del></del>
7	Investm	ents in	ı stock		480,253.	The Control of the Co		E02 EE2
8	Mortgag	e loan:	S,	Marie Property of the Company of the				523,573.
9	Other in	vestme	ents. Attach schedule			Control Control Control		
10a	Deprecia	ible as	sets	66,607.		75,73		Garie I Stand - Section Competition
Ŀ	Less acc	umula	ted depreciation	42,607.	24,000.	51,73		
11	Land				11,034,279.			24,000.
12	Other as	sets. A	ttach schedule	4	2,546.	endragentografiko gerbaildekoa. Deroseki iranlikoriakoa salenda		11,034,279.
13	Total as	sets			12,581,570.			2,546.
	ilities ar	าd ne	t worth					12,544,253.
14	Accounts	payat	ole		36,076.			CONTROL OF STREET STREET, STRE
15	Contribut	tions, g	gifts, or grants payable		30/0/0.	ala produce de la composición de la composición de la composición de la composición de la composición de la co Composición de la composición de la co		588.
16	Bonds ar	nd note	s payable			SANTARA BERAPATAN BANGAN BANGAN TERMENDAN BANGAN		
17	Mortgage	s paya	ble	aise and a section of the section of		ochoch graß Propheric. Ministration		
18	Other liai	oilities.	. Attach schedule					
19	Capital st	tock or	principal fund		12,545,494.			
20	Paid-in o	r capit	al surplus. Attach reconciliation		12/343,434.	The state of the s		12,543,665.
21	Retained	earnin	gs or income fund	12. 1880 - 10. 117. 117. 117. 117. 117. 117. 117.				<del> </del>
_22_	Total lial	oilities	and net worth		12,581,570.	<u>.                                    </u>	erda Arm	10 544 055
Sche	edule	M-1	Reconciliation of income p Do not complete this schedul	per books with income per e if the amount on Schedule	roturn	The state of the s	2 A (2)	12,544,253.
1	Net incom	e per	DOOKZ	<ul><li>−52,097.</li></ul>				
2	Federal in	come f	tax	• 52,037.		ooks this year not include		
3	Excess of	capitai	l losses over capital gains	•	8 Deductions in this re	schedule	. •	2.000, 2.000, 2.000,
4	Income no	it recoi	rded on books this year.		against book income	this year.		ne socialistis di visco din elemento. La socialistici di preside della colonia
_ /	Attach sch	edule.		•			500000	
5 !	Expenses	record	ed on books this year not deducted		9 Total Add line 7 and	line 8	·   -	
Ì	in this reti	urn. At	tach schedule	•	10 Net income per i	eturn.		
6	rotai. Add	line 1	through line 5	-52,097.	Subtract line 9 fr	om line 6		_52_007
								-52,097.

170	2019 Co	ornoration De	anreciation a	and Amortiza	<b>.:</b>				CALIFORNIA FORM
Atta	ch to Form 100 or Fo		M 199	mu Amortiza	tion				3885
Corpo	ration name		41 100		<del></del>		California	cornor	ration number
LA	KESIDE RIVER	PARK CONSER	VANCY	•			i		TOTAL TOTAL TOTAL
<u>Par</u>	t I Election To E	xpense Certain Pr	operty Under IRC	Section 179			23501	33	
1	Maximum deduction	n under IRC Sectio	n 179 for California	3.			<del></del> ,	1	¢25 000
2	TOTAL COST OF INC. 5	ection 179 property	' placed in service.				<u> </u>	2	\$25,000
3 4	THESHOP COSE OF IL	TO Section 179 pro	perty before reduc	tion in limitation				3	\$200,000
5	reduction in similar	iion, Subtract line a	from line 2. If zer	o or less, enter -0-				4	
-6	Dollar limitation for	) Description of property	ract line 4 from line	e 1. If zero or less,	enter -0			5	
		/ Description of property	<u> </u>	(b) Cost (business	use only)	(c) Electe	ed cost		de Britania de Para de de la companya del companya del companya de la companya de
						<del></del>			
				<del> </del>					
				<del></del>		<del></del>		Gua.	a dampeu languakilan: Anduran Sastan an Casilina
7	Listed property (ele	cted IRC Section 1	79 cost)	<u> </u>	7		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
8	Total elected cost o	f IRC Section 179 เ	property. Add amoi	ints in column (c)	line 6 and 1	line 7	<b>8</b>		
9	remative deduction	. Enter the smaller	of line 5 or line 8.						<del></del>
10	Carryover of disallo	wed deduction from	ı prior taxable vear	S			10	_	<del></del>
	Daniess income in	mianon, Enter the :	smaller of business	s income (not less t	han zero) o	r line 5	111		
14	INC Section 179 exp	oense deduction. A	dd line 9 and line i	10. but do not enter	more than	line 11	12	:	
Part	Carryover of disallov	wed deduction to 21	J20. Add line 9 and	l line 10, less line 1	2	13		1110	
14	(a)			reciation Deduction	Under R&T	C Section 243	356		
	Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	Life or rate	( <b>g)</b> Depreciation this year		(h) Additional first year depreciation
	SIERRA TRUC	9/28/2006	1,800.	1,800.	S/L	5	<del></del>		
	ERSTATE TRAI	9/07/2006	1,950.	1,950.	S/L	5			<del></del>
OFF:	ICE FURNITUR		3,410.	3,410.	S/L	5			
	IN LINK FENC	5/19/2006	5,130.	5,130.	S/L	5			
	PUTER EQUIPM	6/22/2010	8,532.	8,532.	S/L	5	· · · · ·		<u> </u>
15	Add the amounts in	column (g) and col	umn (h). The total	of column (h) may	not exceed				
Part	φ∠,000. See instructi	ions for line 14, col	umn (h)	<u></u>	<u>.</u>	15			
	Total: If the corporat	ion in alasti							
, , !	IRC Section 179 exp Additional first year o Depreciation (if no e	ense, add the amo depreciation under lection is made), e	R&IC Section 243.	56, add the amount om line 15, column	s on line 1! (a)		1	16	
10 E	Total depreciation classes adjusted from 100W, Side 1, Form 100W, Side 2, state adjustments on	lent. If line 17 is gr line 6. If line 17 is line 12. (if Californ	eater than line 16, less than line 16, e ia denreciation am	enter the difference enter the difference	here and o	on Form 100 n Form 100	or or	17 18	
arti	V Amortization						<u> </u>		<del></del>
19	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other bas		ation allowable	(e) R&TC Section (see instr)	(f) Period or percentage		(g) Amortization for this year
								+-	
20 T	otal. Add the amour	its in column (g)			<del>,</del>		20	+	
21 T	otal amortization cla	imad for fadaval					<u>  20</u>	<del></del>	

21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....

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.

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2019 Corporation Depreciation and Amortization

Part I  1 Ma 2 To 3 Th 4 Re 5 Do 6  7 Lis 8 Tot 9 Ter	Election To E aximum deduction tal cost of IRC S treshold cost of IR duction in limitat tollar limitation for (a ted property (ele tal elected cost o ntative deduction tryover of disallor	PARK CONSERVEX.  Expense Certain Property of under IRC Section 179 property IC Section 179 project.  RC Section 179 project.  Subtract line 3 taxable year. Subtract line 3 taxable year. Subtract line 3 taxable year. Subtract line 3 taxable year. Subtract line 3 taxable year. Subtract line 3 taxable year. Subtract line 3 taxable year. Subtract line 3 taxable year. Subtract line 3 taxable year. Subtract line 3 taxable year. Subtract line 3 taxable year.	pperty Under IRC in 179 for California placed in service, perty before reduc from line 2. If zer fact line 4 from lin	tion in limitation	enter -0	· · · · · · · · · · · · · · · · · · ·	235	1 2	\$25,00 \$200,00
Part I  1 Ma 2 To 3 Th 4 Re 5 Do 6  7 Lis 8 Tot 9 Ter	Election To E aximum deduction tal cost of IRC S treshold cost of IR eduction in limitat tollar limitation for (a ted property (ele tal elected cost o ntative deduction tryover of disallor	expense Certain Property n under IRC Section ection 179 property RC Section 179 pro ion. Subtract line 3 taxable year. Subtr ) Description of property  cted IRC Section 179 f IRC Section 179 n	pperty Under IRC in 179 for California placed in service, perty before reduc from line 2. If zer fact line 4 from lin	ation in limitation o or less, enter -0- e 1. If zero or less,	enter -0			1 2 3 4	\$25,00
1 Ma 2 To 3 Th 4 Re 5 Do 6	aximum deduction that cost of IRC Sourceshold cost of IRC Sourceshold cost of IRC sourceshold cost of	n under IRC Section ection 179 property RC Section 179 project. Subtract line 3 taxable year. Subtract Description of property cted IRC Section 17 f IRC Section 179 property or subtract line 3 property cted IRC Section 179 property 179 pro	n 179 for California placed in service, perty before reduc from line 2. If zer act line 4 from lin	ation in limitation o or less, enter -0- e 1. If zero or less,	enter -0			1 2 3 4	\$25,00
3 Th 4 Re 5 Do 6	ted property (ele tal elected cost of ontative deduction rryover of disallor	RC Section 179 projectly RC Section 179 project. Subtract line 3 taxable year. Subtract Description of property Cted IRC Section 179 professional Property IRC Section 179 professional Property IRC Section 179 professional Property IRC Section 179 professional Property IRC Section 179 professional Property IRC Section 179 professional Property IRC Section 179 professional Property IRC Section 179 professional Property IRC Section 179 professional Profession	placed in service, perty before reduc from line 2. If zer ract line 4 from lin	tion in limitation o or less, enter -0- e 1. If zero or less,	enter -0		· · · · · · · · · · · · · · · · · · ·	3 4	
3 Th 4 Re 5 Do 6	ted property (ele tal elected cost of ontative deduction rryover of disallor	RC Section 179 projectly RC Section 179 project. Subtract line 3 taxable year. Subtract Description of property Cted IRC Section 179 professional Property IRC Section 179 professional Property IRC Section 179 professional Property IRC Section 179 professional Property IRC Section 179 professional Property IRC Section 179 professional Property IRC Section 179 professional Property IRC Section 179 professional Property IRC Section 179 professional Profession	placed in service, perty before reduc from line 2. If zer ract line 4 from lin	tion in limitation o or less, enter -0- e 1. If zero or less,	enter -0		· · · · · · · · · · · · · · · · · · ·	3	
4 Re 5 Do 6 7 Lis 8 Tot 9 Tei	eduction in limitation for (a)  ted property (eletal elected cost ontative deduction rryover of disallors.	ion. Subtract line 3 taxable year. Subtr ) Description of property  cted IRC Section 17 f IRC Section 179 n	from line 2. If zer ract line 4 from lin	tion in limitation o or less, enter -0- e 1. If zero or less,	enter -0-			4	\$200,00
5 Do 6 7 Lis 8 Tot 9 Ter	ted property (ele tal elected cost o ntative deduction rryover of disallor	taxable year. Subtract line 3 taxable year. Subtract line 3 taxable year. Subtract line 3 taxable year. Subtract line 3 taxable year. Subtract line 3 taxable year. Subtract line 3 taxable year.	rom line 2. If zer ract line 4 from lin	o or less, enter -0 e 1. If zero or less,	enter -0-		· · · · · · · · · · · · · · · · · · ·	4	
7 Lis 8 Tot 9 Ter	ted property (ele tal elected cost o ntative deduction rryover of disallor	cted IRC Section 17		(b) Cost (business	enter -0 use only)			5	
9 Te	ted property (ele tal elected cost o ntative deduction rryover of disallo	cted IRC Section 17	79 cost)	(b) Cost (business	use only)	(c) Elect	ed cost		
9 Te	tal elected cost o ntative deduction rryover of disallo	f IRC Section 179 n	79 cost)		<del>_</del>	<u>-</u>		92	
9 Te	tal elected cost o ntative deduction rryover of disallo	f IRC Section 179 n	79 cost)					W.341.003 200 2	
9 Te	tal elected cost o ntative deduction rryover of disallo	f IRC Section 179 n	79 cost)						
9 Te	tal elected cost o ntative deduction rryover of disallo	f IRC Section 179 n	79 cost)						
9 Te	tal elected cost o ntative deduction rryover of disallo	f IRC Section 179 n							Propries Chief Propries Contractings Propries Contracting Contracting
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46 -	rryover or disallo		of line 5 or line 8	unis in column (c),	line 6 and	line Z		8	
10 Cai	siness income (in	wed deduction from	prior taxable vesi	· · · · · · · · · · · · · · · · · · ·		* * * * * * * * * * * * * *		9	·····
· · · · ·		mialion, Enter the s	mailer of husiness	income (not lecc t	hon			10	<del>-</del>
- INC	z section 179 exp	pense deduction. Ac	id line 9 and line i	In but do not enter	mara than	C 11		11	<del></del>
. Oui	Tyover of disaller	wed dedaction to 20	IZU. Add line 9 and	lline 10 lecciline 1	:ວ I	10			
artii	Depreciation a	nd Election of Additi	onal First Year Dep	reciation Deduction	Under R&T	C Section 24	356	0	
14	(a)	(b) (	(c)	(d)	(e)	(f)	(9		(L)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation	Depreciation	i Life or	Deprecia	ation fo	(h) or   Additional first
		(11111111111111111111111111111111111111	other pasis	allowed or allowable in	method	rate	this	year	year
				earlier years					depreciation
	ONDITIONER	7/21/2003	689.	689.	S/L	5			
	GE CONTAIN	2/01/2005	3,082.	3,082.	S/L	5		·	
'RAILI		10/11/2005	209.	209.	S/L	5			
AM AL	ND SPEAKER	12/09/2005	408.	408.	S/L	5			<del></del>
		11/28/2006	3,297.	3,297.	S/L	5			
15 Add	the amounts in	column (g) and colu	ımn (h). The total	of column (h) may	not exceed				
art III	Summary	ons for line 14, colu	ımn (h)			15			
	al: If the corporat	iam in ala-ti	<del></del>						
IRC	Section 179 eyn.	ence add the amou	int on line 12 and	line 15 column (a)	• •	"		$\Box$	
						5. columns (	n) and (h)	or	
		oonon is made, en	itel the amount in	ITT LIDE IN COLUMN	(C)			1 40	<b>i</b>
, , , , ,	" acpieciation cia	anneu for teneral ni	PROSES FROM tedar	al Form /ECO line	~~			17	
Forn	n 100W, Side 1,	ient. If line 17 is gre line 6. If line 17 is I	ess than line 16,	enter the difference	here and	on Form 100	or		
art IV	Amortization	Form 100 or Form	100W, no adjustm	ent is necessary.).	<u></u> .	<u></u> ,		18	ı <u> </u>
9	(a)	(b)	7 (2)			<del></del>			
•	Description	(b) Date acquired	(c) Cost or	(d Amortiz	) vation	(e) R&TC	(f)		(g)
	of property	(mm/dd/yyyy)	other basi	is allowed or	allowable	Section	Period of percentage		Amortization
<del></del>			<del>-</del>	in earlier	years	(see instr)			for this year
	<del></del>							$\Box$	
		<del>-  </del>	<del> </del> -						
		<del></del>	<del> </del>						
	<del></del>		<del> </del>	<del>-  </del>					
) Total	Add the amaiin	te in column (=)	_ <del></del>					$\Box \Box$	
l Total	. Aud the athour	ts in column (g)						20	
2 Amoi	rtization adicar	imed for federal pu	rposes from federa	al Form 4562, line 4	4			21	
- Amoi Form	ru∠auon adjustme i 100W, Side 1-ti	ent. If line 21 is gre ne 6. If line 21 is le	ater than line 20,	enter the difference	here and	on Form 100	or	Ţ	
Form	100W, Side 2, li	ne 12	IIIIC 20, E	iter the difference i	iere and o	1 Form 100 d	r .	22	
		-					4		

2019 **Corporation Depreciation and Amortization** 

3885

Corporation na	Form 100 or Fo	FOE	M 199						
	<del>-</del>	· · · · · · · · · · · · · · · · · · ·					Califo	rnia cor	poration number
LAKESI	DE RIVER	PARK CONSERV	VANCY				i	013:	
Part I	Election To E	xpense Certain Pro	operty Under IRC	Section 179				UI3.	<u> </u>
1 Maxii	mum deductioi	n under IRC Section	1 179 for California	1				1 1	¢0E
- , otal	COST OF INC. S	action 179 blobeUA	Diaced in service					2	\$25,
	511614 COSE O1 11	VC 0500001 1/2 000	Deriv before reduc	tion in limitation				3	\$200,
	otion in minital	ion, Subtract line 3	Trom line 2. It zer	0 oriess enter -0-				4	+2007
6	i initiation for	taxable year. Subt	ract line 4 from lin	e 1. If zero or less,	<u>enter -0</u>	· · · · · · · · · · · · · · ·	<u> </u>	5	
	(a	) Description of property		(b) Cost (business	use only)	(c) Electe	ed cost		(1986) salvet bijast, cuurkkip geologi Guleskip superi, et saket bijaskip
	· · · · · · · · · · · · · · · · · · ·	<del></del>							
<del></del>		<del></del> .	·						
	·		<del></del>	<del></del>					
7 Listed	property (ele	cted IRC Section 17	79 cost)	<u> </u>	<del></del>				der 1906 sette der Sonis Jeie Ethnich der Der Bereich
o rota:	erected cost o	f IRC Section 179 r	roperty Add amou	inte in column (a)	أأدمت أأدما	<del></del>			er poets from the control of the con
9 Tenta	tive deduction	. Enter the smaller	of line 5 or line 8	ants in column (c),	iine 6 and i	line /		8	
• Ourry	over or disallo	wed deduction from	i orior taxable vear	رد .				9	**
· Dusin	COO HICORNE III	milation, Enter the s	mailer of business	income (not lace t	han ~~~~\ -			10	
- INC 3	ection 179 exp	bense deduction. Ad	dd line 9 and line 1	10 hut do not enter	mara than	line 11		12	
<u> </u>	over or disallor	weu deduction to 2t	IZU. Add line 9 and	tine 10 less line 1	2	19 (		· <del>-</del>	o de la proposición de la composición
art II	Depreciation a	nd Election of Additi	onal First Year Dep	reciation Deduction	Under R&T	C Section 24:	356	1)	Date of Street History Street Service (1971)
<b>4</b> De	(a) escription	(b) Date acquired	(c)	(d)	(e)	(f)	(9	)	(h)
	property	(mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Deprecia	ition f	or   Additional fir
		[		allowable in	motilou	Tate	this y	/ear	year depreciation
OYOTA	TRUCK	12/05/2011	14 100	earlier years		ļ		<u> </u>	200,000000
	E CLASS	5/01/2018	14,100.	14,100.	S/L	5			
		3/01/2018		· · · · · · · · · · · · · · · · · · ·	150DB	10	<del></del>		
	· · · · · · · · · · · · · · · · · · ·					ļ			
				<del>-</del>	<del></del>				
5 Add th	ne amounte in	column (a) and sel				<u> </u>			
5 Add th \$2,000	ne amounts in D. See instructi	column (g) and column (ons for line 14, column	umn (h). The total	of column (h) may	not exceed	15	<del></del>		
\$2,000	ne amounts in D. See instructi Summary	column (g) and coli ions for line 14, coli	umn (h). The total umn (h)	of column (h) may	not exceed	15			
92,000 art    5 Total:	Summary  If the corporat	ions for line 14, col	umn (h)			15			
92,000 art    5 Total:	Summary  If the corporat	ions for line 14, col	umn (h)			15			
32,000 art III S Total: IRC Se Addition Depres	Summary  If the corporatection 179 expensal first year opinion (if no e	ion is electing: ense, add the amord depreciation under lection is made), er	umn (h)unt on line 12 and R&TC Section 243	line 15, column (g) 56, add the amoun	or s on line 1	15			
32,000 art III S Total:   IRC Se Addition Depreced Total d	Summary  If the corporatection 179 exponal first year coation (if no edepreciation classes)	ion is electing: ense, add the amou depreciation under lection is made), er aimed for federal pu	umn (h)unt on line 12 and R&TC Section 243.	line 15, column (g) 56, add the amoun om line 15, column	or s on line 1: (g)	15   5, columns (			
Fig. 32,000  Fig.	See Instruction  Summary  If the corporate ection 179 exponal first year obtain (if no elepteciation classification adjusted ection ection adjusted ection	ion is electing: ense, add the amor depreciation under a lection is made), er aimed for federal pu	unn (h)unt on line 12 and R&TC Section 243. There the amount from the control of the line 16.	line 15, column (g) 56, add the amoun om line 15, column ral Form 4562, line	or s on line 1: (g)	15			
3 Depred Form 1 Form 1	2. See Instruction  Summary  If the corporate cection 179 exponal first year obtains (if no elepteciation clicitation adjustm 100W, Side 1, 100W, Side 2, 10	ion is electing: ense, add the amout depreciation under lection is made), eraimed for federal putent. If line 17 is graine 6. If line 17 is 1/10 federal putent. If 2/10 federal putent. If line 17 is graine 17 is 1/10 federal putent.	unn (h)	line 15, column (g) 56, add the amount om line 15, column ral Form 4562, line enter the difference	or s on line 1: (g)	5, columns ( on Form 100		16	
5 Total: IRC Se Addition Deprect Total d Deprect Form 1 Form 1 state a	J. See Instructing Summary  If the corporate ection 179 expends first year or ciation (if no elepreciation adjustments) (100W, Side 1, 100W, Side 2, Idjustments on	ion is electing: ense, add the amout depreciation under lection is made), eraimed for federal putent. If line 17 is graine 6. If line 17 is 1/10 federal putent. If 2/10 federal putent. If line 17 is graine 17 is 1/10 federal putent.	unn (h)	line 15, column (g) 56, add the amount om line 15, column ral Form 4562, line enter the difference	or s on line 1: (g)	5, columns ( on Form 100		16	7
personal in the state of the st	J. See Instructi Summary  If the corporate ection 179 exp onal first year of ciation (if no elepreciation cla ciation adjustm 100W, Side 1, 100W, Side 2, 100W, Side 2, 100W, Side 3, 10	ions for line 14, colion is electing: ense, add the amouder lection is made), er aimed for federal putent. If line 17 is gratine 6. If line 17 is line 12. (If Californi Form 100 or Form	unn (h)	line 15, column (g) 56, add the amount om line 15, column ral Form 4562, line enter the difference	or s on line 1: (g)	5, columns ( on Form 100		16	7
Art III S Total: IRC Se Addition Deprector Total of B Deprector 1 Form 1 state a	2. See Instruction Summary  If the corporate cection 179 expensal first year obtains (if no elepreciation adjustm: 1,00W, Side 1,100W, Side 2,100W,	ion is electing: ense, add the amou depreciation under i lection is made), er aimed for federal pu ent. If line 17 is gr line 6. If line 17 is l line 12. (If Californi Form 100 or Form	unn (h)	line 15, column (g) 56, add the amoun om line 15, column al Form 4562, line enter the difference ounts are used to dent is necessary.)	or s on line 1: (g) 22 2e here and here and oetermine n	5, columns ( on Form 100 n Form 100 et income be	or or or	16	3
Form 1 state a	J. See Instructi Summary  If the corporate ection 179 exp onal first year of ciation (if no elepreciation cla ciation adjustm 100W, Side 1, 100W, Side 2, 100W, Side 2, 100W, Side 3, 10	ions for line 14, colion is electing: ense, add the amouder lection is made), er aimed for federal putent. If line 17 is gratine 6. If line 17 is line 12. (If Californi Form 100 or Form	unt on line 12 and R&TC Section 243 ater the amount from the arrows from feder eater than line 16, eas than line 16, ea depreciation arrows 100W, no adjustm	line 15, column (g) 56, add the amount om line 15, column ral Form 4562, line enter the difference ounts are used to deent is necessary.)  (d Amortiz	or s on line 19 (g)	on Form 100 et income be	or or efore (f) Period (	16 18	(g) Amortization
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2019	CALIFORNIA STATE	MENTS		PAGE 1
	LAKESIDE RIVER PARK CONS	SERVANCY		91-2156461
STATEMENT 1 FORM 199, PART II, LINE 7 OTHER INCOME  INCOME FROM SPECIAL EVENT OTHER INVESTMENT INCOME	S		\$ TOTAL \$	25,430. -3,882. 21,548.
STATEMENT 2 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS,	DIRECTORS, TRUSTEES AND KE	EY EMPLOYEES		
CURRENT OFFICERS:  NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JAMES DODSON 12108 INDUSTRY ROAD LAKESIDE, CA 92040	BOARD MEMBER 2.00		\$ 0.\$	
NATASHA BOWMAN 12018 INDUSTRY ROAD LAKESIDE, CA 92040	BOARD MEMBER 4.00	0.	0.	0.
BETTY MCMILLEN 12108 INDUSTRY ROAD LAKESIDE, CA 92040	BOARD MEMBER 4.00	0.	0.	0.
MARILYN TURNER 12108 INDUSTRY ROAD LAKESIDE, CA 92040	TREASURER 2.00	0.	0.	0.
KEVIN HALE 12108 INDUSTRY ROAD LAKESIDE, CA 92040	BOARD MEMBER 2.00	0.	0.	0.
MARYANNE VANCIO 12108 INDUSTRY ROAD LAKESIDE, CA 92040	PRESIDENT 4.00	0.	0.	0.
SCOTT ANDERS 12108 INDUSTRY ROAD LAKESIDE, CA 92040	BOARD MEMBER 2.00	0.	0.	0.

BOARD MEMBER

BOARD MEMBER 2.00

4.00

0.

0.

0.

0.

PATRICIA DINTRONE 12108 INDUSTRY ROAD LAKESIDE, CA 92040

DAVID TUPPER 12108 INDUSTRY ROAD LAKESIDE, CA 92040

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## **CALIFORNIA STATEMENTS**

PAGE 2

LAKESIDE RIVER PARK CONSERVANCY

91-2156461

STATEMENT 2 (CONTINUED)
FORM 199, PART II. LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES
EMPLOYEES

### **CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KRISTEN COLE-MITTEN 12108 INDUSTRY ROAD LAKESIDE, CA 92040	BOARD MEMBER 2.00	\$ 0.	· · · · · · · · · · · · · · · · · · ·	
JANICE SHACKELFORD 12108 INDUSTRY ROAD LAKESIDE, CA 92040	SECRETARY 2.00	0.	0.	0.
GARY RUYLE 12108 INDUSTRY ROAD LAKESIDE, CA 92040	BOARD MEMBER 2.00	0.	0.	0.
	BOARD MEMBER 2.00	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

### **KEY EMPLOYEES:**

NAME	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ROBIN RIERDAN P.O. BOX 2239 LAKESIDE, CA 92040	EXECUTIVE DIRECTO	57,000.	0.	0.

TOTAL	\$	57,000.	\$	0.	\$	0.
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# STATEMENT 3 FORM 199, PART II, LINE 17 OTHER EXPENSES

ADVERTISING AND PROMORTON	
ADVERTISING AND PROMOTION	\$ 3,619.
BANK & CREDIT CARD FEES DONATIONS	1,372.
	350.
DUES & SUBSCRIPTIONS EL MONTE VALLEY DEFENSE	4,041.
EL MONTE VALLEY DEFENSE FILING FEES GRANT EXPENSES	2,064.
GRANT EXPENSES INSURANCE	20.
INSURANCE MISCELLANFORS	155.
	13,757.
OFFICE SUPPLIES OTHER EMPLOYEE BENEFIT	1,549.
	2,830.
PAYROLL SERVICE POSTAGE AND SHIPPING	23,322.
TOUTAGE AND BILLETING	1,668.
	740.
	2,069.
REPAIRS & MAINTENACE	78,192.
	2,273.

2019	CALIFORNIA STATEMENTS	PAGE
	LAKESIDE RIVER PARK CONSERVANCY	91-215646
STATEMENT 3 (CONT FORM 199, PART II, L OTHER EXPENSES	INUED) INE 17	
SPECIAL EVENT EXP TRAVEL & ENTERTAL UTILITIES VEHICLE EXPENSES	ENSES NMENT ION	303. 175. 11,635. 969. 16,626. 7,472. 17,327. 192,528.
STATEMENT 4 FORM 199, SCHEDULE OTHER ASSETS	E L, LINE 12	
PREPAID EXPENSES A	AND DEFERRED CHARGES	2,546. 2,546.
		<del></del>