

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

2020

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.

Open to Public Inspection

Header section A-M containing organization details: A For the 2020 calendar year, or tax year beginning 2020, and ending 20; B Check all that apply: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending; C Name and address of principal office: SAN JOAQUIN RIVER PARKWAY & CONS. TRUST, 11605 OLD FRIANT ROAD, FRESNO, CA 93730; D Employer identification number: 77-0196692; E Telephone number: (559) 298-6480; F Name and address of principal officer: JULIA O'KANE, SAME AS C ABOVE; G Gross receipts \$: 5,726,335; H(a) Is this organization for preponderance? Yes [X] No; H(b) Are all employees included? Yes [X] No; I Tax exempt status: [X] 501(c)(4) [] 501(c)(6) [] 501(c)(29) or [] 527; J Website: WWW.RIVERPARKWAY.ORG; K Form of organization: [X] Corporation [] Trust [] Association [] Other; L Year of formation: 1989; M State of legal domicile: CA

Part I Summary

Table with 22 rows and 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission or most significant activities: PRESERVATION OF THE SAN JOAQUIN RIVER; 2-7a Activities & Governance; 8-19 Revenue; 20-22 Net Assets or Fund Balances. Revenue table includes Prior Year and Current Year columns.

Part II Signature Block

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

Signature block containing: Sign Here: Signature of officer SHARON WEAVER, EXECUTIVE DIRECTOR; Preparer: HENRY OUM, CPA, PRICE, PAIGE & COMPANY, 570 N MAGNOLIA AVE STE 100, CLOVIS, CA 93611; Date, Title, Office, and Phone information.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any item in this Part III

1 Briefly describe the organization's mission:

PRESERVATION OF THE SAN JOAQUIN RIVER

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

If "Yes," describe them on Schedule O

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

If "Yes," describe those changes on Schedule O

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

4a (Code:) (Expenses \$ 1,355,532, including grants of \$) (Revenue \$)

THE RESOURCES ARE USED TO PRESERVE AND RESTORE THE RIVER LANDS OF ECOLOGICAL, SCENIC, HISTORIC, RECREATIONAL AND AGRICULTURAL SIGNIFICANCE; EDUCATE THE PUBLIC ON THE NEED FOR STEWARDSHIP; RESEARCH ISSUES AFFECTING THE RIVER; PROMOTE APPROPRIATE PUBLIC USES OF THE RIVER BOTTOM CONSISTENT WITH THE PROTECTION OF THE ENVIRONMENT. THE TRUST HAS IMPLEMENTED COMMUNITY OUTREACH PROGRAMS TO HEIGHTEN THE PUBLIC'S AWARENESS OF THE CULTURAL AND ECONOMIC RESOURCES THE SAN JOAQUIN RIVER PROVIDES THE CITIZENS OF CALIFORNIA. IMPLEMENTATION AND SUPPORT OF EDUCATIONAL PROGRAMS SUCH AS TEACHER TRAINING AND GUIDES, RIVER CAMP, RIVER FIELD TRIPS AND RELATED PROGRAMS DESIGNED TO EDUCATE SCHOOL AGE CHILDREN ON THE IMPORTANCE OF RESERVING THE RIVER AS A FUN, LEARNING EXPERIENCE.

4b (Code:) (Expenses \$) (including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$) (including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$) (including grants of \$) (Revenue \$)

4e Total program service expenses \$ 1,355,532

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 5017(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule H, Schedule of Contributions? See instructions?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(29) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Ruling 98-14? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for mature or sustained account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in domestic restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 14, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part XI	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule E, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule E, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule E, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 5 and 11e? If 'Yes,' complete Schedule E, Part I (See instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule E, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule E, Part III		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule F		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule E, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization establish an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as surety on behalf of issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E? If 'Yes,' complete Schedule L, Part I	25b	X
26 Did the organization report any amount on Part X, line 6 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	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 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 'Yes,' complete Schedule L, Part IV	28a	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	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any contributions to any 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	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

(Check if Schedule O contains a response or note to any line in this Part V)

	Yes	No
1a Enter the number reported in Box 3 of Form 1099-E. Enter -0- if not applicable	1a	10
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and eligible gaming (gambling) winners, to prize winners?	1c	

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

		Yes	No
2 a	Enter the number of employees reported on Form W-2, Transmittal of Wages and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2 a		45
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ...	X	
<i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If 'Yes,' has it filed a Form 990-E for this year? If 'No,' to line 3b, provide an explanation on Schedule O		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If 'Yes,' enter the name of the foreign country: <i>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</i>		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8286-T?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(e).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payer?		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8879 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4965?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Inclusion fees and capital contributions included on Part VIII, line 12	10 a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11 a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 b	
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note: See the instructions for additional information the organization must report on Schedule O.</i>		
b	Enter the amount of reserves the organization is required to maintain by the state in which the organization is licensed to issue qualified health plans	13 b	
c	Enter the amount of reserves on hand	13 c	
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <i>If 'Yes,' see instructions and file Form 4720, Schedule N.</i>		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If 'Yes,' complete Form 4720, Schedule O.</i>		X

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 item in this Part VI. [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about governing body members, independence, family/business relationships, management control, organizational changes, awareness of diversions, members/stockholders, and meeting documentation.

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

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about local chapters, written policies/procedures, conflict of interest policy, whistleblower policy, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: CA
18 Section 6119 requires an organization to make its Forms 1024 (1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available.
19 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

LORI LOGALBO, FINANCE DIRECTOR 11605 OLD FRIANT ROAD FRESNO CA 93730 (559) 248-8480

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

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

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

1. 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.

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

(A) Name and title	(B) Average hourly rate per week (list any bonus for reportable years indicate dollar limit)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (see 2020 Form 990)	(E) Reportable compensation from related organizations (see 2020 Form 990)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key employee	Highest compensated employee	Former			
(1) SHARON WEAVER EXECUTIVE DIR.	40 0				X		106,200.	0.	7,200.	
(2) SAMUEL MOLINA DIRECTOR	2 0	X					0.	0.	0.	
(3) WILLIAM GOLDEN TREASURER	2 0	X		X			0.	0.	0.	
(4) SUSAN ANDERSON DIRECTOR	2 0	X					0.	0.	0.	
(5) BART BOHN DIRECTOR	2 0	X					0.	0.	0.	
(6) LISA WOOLF DIRECTOR	2 0	X					0.	0.	0.	
(7) FRANCES SQUIRE DIRECTOR	2 0	X					0.	0.	0.	
(8) GEORGE FOLSOM DIRECTOR	2 0	X					0.	0.	0.	
(9) ELISE MOIR DIRECTOR	2 0	X					0.	0.	0.	
(10) SUSAN RYAN DIRECTOR	2 0	X					0.	0.	0.	
(11) EDWARD MORGAN DIRECTOR	2 0	X					0.	0.	0.	
(12) VICKI CROW DIRECTOR	2 0	X					0.	0.	0.	
(13) LYN PETERS INTERIM SECRET	2 0	X		X			0.	0.	0.	
(14) CAROL MOSES DIRECTOR	2 0	X					0.	0.	0.	

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

(A) Name and title	(B) Average monthly pay (do not include any honoraria for related organization unless included on Form 990)	(C) Director						(D) Reportable compensation from the organization (do not include honoraria)	(E) Reportable compensation from related organizations (do not include honoraria)	(F) Estimated amount of other compensation from the organization and related organizations
		Director	Director	Director	Director	Director	Director			
(15) JILTA O'KANE PRESIDENT	2 0	X		X			0.	0.	0.	
(16) TOM HARMON DIRECTOR	2 0	X					0.	0.	0.	
(17) WILLMA HASHIMOTO DIRECTOR	2 0	X					0.	0.	0.	
(18) MARCIA SABLAN, M.D. DIRECTOR	2 0	X					0.	0.	0.	
(19) ANNA WATTENBARGER VICE PRESIDENT	2 0	X		X			0.	0.	0.	
(20) BETTY WANG-GARCIA SECRETARY	2 0	X		X			0.	0.	0.	
(21) COKE HALLOWELL CHAIRMAN	2 0	X		X			0.	0.	0.	
(22) DEBBIE DORRSEN DIRECTOR	2 0	X					0.	0.	0.	
(23) FELIPE ORTMADO DIRECTOR	2 0	X					0.	0.	0.	
(24) GREG ESTEP DIRECTOR	2 0	X					0.	0.	0.	
(25)										
1 b Subtotal							106,200.	0.	7,200.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							106,200.	0.	7,200.	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	1									

	Yes	No
3 Did the organization list any former officers, directors, trustees, key employees, or highest compensated employees on line 1a? If 'Yes,' complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or receive compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Refund or exempt function income	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns					
	b Membership dues	232,856.				
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)	4,257,141.				
	f All other contributions, gifts, grants, and similar amounts not included above	433,465.				
	g Noncash contributions included in lines 1a-f	5,095.				
	h Total. Add lines 1a-1f	4,923,462.				
	1 i Total. Add lines 1a-1f	4,923,462.				
Program Service Revenue	Business Code					
	2 a RIVER CAMP	712190	103,912.	103,912.		
	b PARK OPERATIONS	712190	99,542.	99,542.		
	c RIVER RELATED PROGRAMS	712190	27,401.	27,401.		
	d DELUXE COMMUNITY PROGRAM	712190	4,265.	4,265.		
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		235,120.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		503,273.	503,273.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6 a	(i) Real			
			(ii) Personal			
			b Less: rental expenses	6 b		
			c Rental income or (loss)	6 c		
	d Not rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7 a	(i) Securities			
			(ii) Other			
			b Less: cost or other basis and sales expenses	7 b		
			c Gain or (loss)	7 c		
	d Not gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8 a		26,091.		
b Less: direct expenses			8 b	19,202.		
c Net income or (loss) from fundraising events				6,889.		
9 a Gross income from gaming activities. See Part IV, line 15	9 a					
		b Less: direct expenses	9 b			
		c Net income or (loss) from gaming activities				
10 a Gross sales of inventory, less returns and allowances	10 a					
		b Less: cost of goods sold	10 b			
		c Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11 a OTHER REVENUE		38,389.		38,389.	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		38,389.			
12 Total revenue. See instructions		5,707,133.	738,393.	0.	38,389.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(29) 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

Do not include amounts reported on lines 0b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program services expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	113,400.	51,597.	48,762.	13,041.
6 Compensation not included above to disqualified persons (as defined under section 4958(b)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	593,998.	411,638.	62,379.	119,981.
8 Pension plan benefits and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	136,447.	96,999.	12,554.	26,894.
10 Payroll taxes.	60,831.	40,207.	8,584.	12,040.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	2,254.	1,517.	737.	
g Other. (If line 11g amount exceeds 10% of line 7a column (A) amount, list line 11g expenses on Schedule O.)	30,158.	13,481.	16,677.	
12 Advertising and promotion.	2,797.	2,521.	247.	29.
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.	6,694.	5,669.	300.	725.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	18,786.	18,256.	530.	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	170,938.	169,971.	740.	227.
23 Insurance.	53,981.	35,575.	17,835.	571.
24 Other expenses. Reimburse expenses not covered above (list miscellaneous expenses on line 24a. If line 24a amount exceeds 10% of line 2b, column (A) amount, list line 24a expenses on Schedule O.)				
a PROFESSIONAL FEES	301,845.	282,117.	11,070.	8,658.
b REPAIRS AND MAINTENANCE	71,271.	70,431.	840.	
c UTILITIES	41,956.	40,990.		966.
d EQUIPMENT RENTAL	37,152.	28,690.	8,462.	
e All other expenses	123,868.	85,873.	5,909.	32,086.
25 Total functional expenses. Add lines 1 through 24c.	1,766,376.	1,355,532.	195,626.	215,218.
26 Joint costs. Complete this line only if the organization reported in column (4) joint costs from a combined organizational campaign and fundraising solicitation. (Check here <input type="checkbox"/> if following SOP 98-7 (ASC 958-720).)				

Part X Balance Sheet

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

		(a) Beginning of year	(b) End of year
Assets	1 Cash - non-interest-bearing	51,691	159,570
	2 Savings and temporary cash investments	137,424	428,339
	3 Pledges and grants receivable, net	8,500	4,830
	4 Accounts receivable, net	801,608	382,928
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, member or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(b)(1)), and persons described in section 4958(c)(3)(B)		
	7 Notes and loans receivable, net		
	8 Inventories for sale or use	3,627	3,878
	9 Prepaid expenses and deferred charges	20,634	14,346
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 10,952,889	
	b Less: accumulated depreciation	10b 1,822,228	
	11 Investments - publicly traded securities	5,459,793	9,130,661
	12 Investments - other securities. See Part IV, line 11	3,125,405	3,679,079
	13 Investments - program related. See Part IV, line 11		
	14 Intangible assets		
	15 Other assets. See Part IV, line 11	3,025,705	3,015,388
16 Total assets. Add lines 1 through 15 (must equal line 33)	12,634,387	16,819,028	
Liabilities	17 Accounts payable and account expenses	209,766	304,288
	18 Grants payable		
	19 Deferred revenue	54,272	57,917
	20 Tax-exempt bond liabilities		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, member or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		
	23 Secured mortgages and notes payable to unrelated third parties	365,888	559,252
	24 Unsecured notes and loans payable to unrelated third parties		
	25 Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	50,385	
	26 Total liabilities. Add lines 17 through 25	680,311	921,457
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
	27 Net assets without donor restrictions	9,083,974	13,095,615
	28 Net assets with donor restrictions	2,870,102	2,801,956
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.		
	29 Capital stock or trust principal, or current funds		
	30 Paid-in or capital surplus, or land, building, or equipment fund		
	31 Retained earnings, endowment, accumulated income, or other funds		
32 Total net assets or fund balances	11,954,076	15,897,571	
33 Total liabilities and net assets/fund balances	12,634,387	16,819,028	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,707,133.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,766,376.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,940,757.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,954,076.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	2,738.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,097,571.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare this Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements, and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Complete if the organization is a section 501(c)(3) organization or a section 527(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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SAN JOAQUIN RIVER PARKWAY & CONS. TRUST

Employer identification number

77-0196692

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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(vii)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 513 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12f that describes the type of supporting organization and complete lines 12g, 12h, and 12i.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete **Part IV, Sections A and B.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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):

	(a) Name of supported organization	(b) EIN	(c) Type of organization (described on lines 1 through 12) (See instructions)	(d) Is the organization listed in your governing instrument?		(e) Amount of monetary support (See instructions)	(f) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) *	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,391,167.	1,465,306.	2,531,041.	2,315,302.	4,930,351.	12,633,167.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	1,391,167.	1,465,306.	2,531,041.	2,315,302.	4,930,351.	12,633,167.
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)						0.
6 Public support. Subtract line 5 from line 4						12,633,167.

Section B. Total Support

Calendar year (or fiscal year beginning in) *	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1,391,167.	1,465,306.	2,531,041.	2,315,302.	4,930,351.	12,633,167.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	224,637.	419,249.	-164,974.	626,492.	503,273.	1,608,677.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (see Part VI, Section 170(e)(2)(B)). SEE PART VI.	50,517.	18,076.	37,964.	92,265.	37,305.	236,127.
11 Total support. Add lines 7 through 10						14,477,971.
12 Gross receipts from related activities, etc. (See instructions)					12	0.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	87.26 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	88.01 %
16a 33-1/3% support test - 2020. If the organization did not check a box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33-1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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 III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any financial grants.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 8.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (explain in Part VI).						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)).	16	%
16 Public support percentage from 2019 Schedule A, Part III, line 13.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17.	18	%

- 19a 33-1/3% support test - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ | |
- b 33-1/3% support test - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ | |
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ | |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	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 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes,' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organizations that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and 1497 numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(a)(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 I. (Form 990 or 990-E.)		
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 I. (Form 990 or 990-E.)		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(d) (regarding certain Type II supporting organizations, and all Type II non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	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 in the state of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees, either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integrated Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		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 those activities directly furthered those exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that those activities constituted substantially all of its activities.	2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

- 1 Net short-term capital gain 1
- 2 Recoveries of prior-year distributions 2
- 3 Other gross income (see instructions) 3
- 4 Add lines 1 through 3 4
- 5 Depreciation and depletion 5
- 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6
- 7 Other expenses (see instructions) 7
- 8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4) 8

(A) Prior Year (B) Current Year (optional)

Section B - Minimum Asset Amount

- 1 Aggregate fair market value of all non-exempt-use assets (See instructions for short tax year or assets held for part of year)
 - a Average monthly value of securities 1a
 - b Average monthly cash balances 1b
 - c Fair market value of other non-exempt-use assets 1c
 - d **Total** (add lines 1a, 1b, and 1c) 1d
 - 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 Subtract line 2 from line 1d 3
- 4 Cash diverted held for exempt use. Enter 0.01% of line 3 (for greater amount, see instructions) 4
- 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5
- 6 Multiply line 5 by 0.035 6
- 7 Recoveries of prior-year distributions 7
- 8 **Minimum Asset Amount** (add line 7 to line 6) 8

(A) Prior Year (B) Current Year (optional)

Section C - Distributable Amount

- 1 Adjusted net income for prior year (from Section A, line 8, column A) 1
- 2 Enter 0.0% of line 1 2
- 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3
- 4 Enter greater of line 2 or line 3 4
- 5 Income tax imposed in prior year 5
- 6 **Distributable Amount**. Subtract line 5 from line 4, unless subject to temporary temporary reduction (see instructions) 6

Current Year

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

BAA

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D -- Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to inactive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E -- Distribution Allocations (see instructions)

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 5, 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 1a, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1a; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2020	2019	2018	2017	2016
OTHER INCOME:	\$ 37,305.	\$ 92,265.	\$ 37,964.	\$ 18,076.	\$ 50,517.
TOTAL	\$ 37,305.	\$ 92,265.	\$ 37,964.	\$ 18,076.	\$ 50,517.

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**- Attach to Form 990, Form 990-EZ, or Form 990-PF.
- Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

SAN JOAQUIN RIVER PARKWAY & CONS. TRUST

Employer identification number

77-0196692

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (make number) organization 4957(a)(1) nonexempt charitable trust *not* treated as a private foundation 527 political organization

Form 990-17

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- I am an organization described in section 501(c)(1) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v), had checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (a) Form 990, Part VIII, line 11, or (b) Form 990-EZ, line 1. Complete Parts I and II.
- I am an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Part I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- I am an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ 5

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line 11 of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization SAN JOAQUIN RIVER PARKWAY & CONG. TRUST	Employer identification number 77 0196692
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILDLIFE CONSERVATION BOARD 1416 9TH STREET STE 1266 SACRAMENTO, CA 95814-5515	\$ 621,192.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
2	CA DEPARTMENT OF FISH & WILDLIFE 1234 E SHAW AVE FRESNO, CA 93710	\$ 262,754.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
3	SMALL BUSINESS ADMINISTRATION 409 3RD ST SW WASHINGTON, DC 20416	\$ 237,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization

Employer identification number

SAN JOAQUIN RIVER PARKWAY & CONS. TRUST

77-0196692

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization **SAN JOAQUIN RIVER PARKWAY & CONS. TRUST** Employee identification number **77-0196692**

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. (Complete columns (a) through (d) and the following line only. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) **\$5 N/A**
 Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

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

• Complete if the organization is described below. • Attach to Form 990 or Form 990-EZ.
• Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35a (Proxy Tax) (See separate instructions), then

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

Name of organization SAN JOAQUIN RIVER PARKWAY & CONS. TRUST	Employer identification number 77-0196692
--	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) = \$
- 3 Volunteer hours for political campaign activities (See instructions)

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities = \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities = \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 11204701, line 17b = \$
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures
(The term 'expenditures' means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)	0.	0.												
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)	0.	0.												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%; border-right: 1px solid black;">If the amount on line 1c, column (a) or (b) is:</td> <td>The lobbying nontaxable amount is</td> </tr> <tr> <td style="border-right: 1px solid black;">Not over \$500,000</td> <td>20% of the amount on line 1c</td> </tr> <tr> <td style="border-right: 1px solid black;">Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td style="border-right: 1px solid black;">Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td style="border-right: 1px solid black;">Over \$1,500,000 but not over \$7,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td style="border-right: 1px solid black;">Over \$7,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 1c, column (a) or (b) is:	The lobbying nontaxable amount is	Not over \$500,000	20% of the amount on line 1c	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$7,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$7,000,000	\$1,000,000		
If the amount on line 1c, column (a) or (b) is:	The lobbying nontaxable amount is													
Not over \$500,000	20% of the amount on line 1c													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$7,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$7,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 20% of line 1c)	0.	0.												
h Subtract line 1g from line 1c. If zero or less, enter -0-	0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.												

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4941 tax for this year? Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount		229,697.			229,697.
b Lobbying ceiling amount (150% of line 2a, column (a))					344,546.
c Total lobbying expenditures		62,000.			62,000.
d Grassroots nontaxable amount		57,424.			57,424.
e Grassroots ceiling amount (150% of line 2d, column (a))					86,136.
f Grassroots lobbying expenditures					0.

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

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

- 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislators, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:
 - a Volunteers?
 - b Paid staff or management (include compensation or expenses reported on lines 1c through 1j)?
 - c Media advertisements?
 - d Mailings to members, legislators, or the public?
 - e Publications or published or broadcast statements?
 - f Grants to other organizations for lobbying purposes?
 - g Direct contact with legislators, their staffs, government officials, or a legislative body?
 - h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar events?
 - i Other activities?
 - j Total. Add lines 1a through 1i.
- 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
 - b If "Yes," enter the amount of any tax incurred under section 4912.
 - c If "Yes," enter the amount of any tax incurred by organization managers under section 4912.
 - d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

	(a)		(b) Amount
	Yes	No	
1a			
1b			
1c			
1d			
1e			
1f			
1g			
1h			
1i			
1j			
2a			
2b			
2c			
2d			

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

- 1 Were substantially all (90% or more) dues received nondeductible by members?
- 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

	Yes	No
1		
2		
3		

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

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

1	
2a	
2b	
2c	
3	
4	
5	

Part IV Supplemental information

Provide the descriptions required for Part I A, line 1; Part I B, line 4; Part I C, line 5; Part II A (affiliated group list), Part II A, lines 1 and 2 (See instructions), and Part II B, line 1. Also, complete this part for any additional information.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/irm990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
SAN JOAQUIN RIVER PARKWAY & CONS. TRUST

Employer identification number

77-0196692

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose constituting impermissible private inurement?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input checked="" type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2 a 4
b Total acreage restricted by conservation easements	2 b 1,207
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year =	
4 Number of states where property subject to conservation easement is located =	1
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year =	15
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year = \$	610.
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(e)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. SEE PART XIII	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under FASE ASC 998, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASE ASC 998, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASE ASC 998 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loans or exchange program
- e Other

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	498,537.	303,435.	105,935.	105,935.	105,935.
b Contributions	73,936.	154,579.	197,500.		
c Net investment earnings, gains, and losses	52,305.	40,523.			
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses					
g End of year balance	624,778.	498,537.	303,435.	105,935.	105,935.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Fixed designated or quasi endowment %
 - b Permanent endowment = 100.00 %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) Unrelated organizations	3a(i)	X
(ii) Related organizations	3a(ii)	X
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,372,187.		4,372,187.
b Buildings		6,162,410.	1,497,923.	4,664,527.
c Leasehold improvements				
d Equipment		145,968.	110,469.	35,499.
e Other		272,284.	213,836.	58,448.
Total. Add lines 1a through 1e. (Column (c) must equal Form 990, Part X, column (G), line 10c.)				9,130,661.

Part VII Investments - Other Securities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end of year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 17.)		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. N/A

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

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LIFE INSURANCE-CASH SURRENDER VALUE	25,166.
(2) SAND AND GRAVEL RIGHTS	2,990,222.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

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

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

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	5,709,071.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b	2,738.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	2,738.
3	Subtract line 2e from line 1		3	5,707,133.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 2b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,707,133.

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,766,376.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Four-year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,766,376.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 2b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14.)		5	1,766,376.

Part XIII Supplemental Information.

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 II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS

CONTRIBUTIONS OF LAND, LAND INTERESTS AND CONSERVATION EASEMENTS AND DONATIONS OF OTHER PROPERTY ARE RECORDED WHEN THE DONOR MAKES AN UNCONDITIONAL AND ENFORCEABLE PROMISE TO GIVE AND ARE CONSIDERED UNRESTRICTED UNLESS RECEIVED WITH DONOR IMPOSED STIPULATIONS THAT LIMIT THEIR USE. SUCH CONTRIBUTIONS ARE STATED AT THE FAIR MARKET VALUE AT THE DATE OF DONATION, GENERALLY BASED ON INDEPENDENT APPRAISALS OBTAINED BY THE DONOR.

Part XIII **Supplemental Information** (continued)**PART X - FASB ASC 740 FOOTNOTE**

THE TRUST HAS QUALIFIED AS A NON-PROFIT ORGANIZATION AND HAS BEEN GRANTED TAX-EXEMPT STATUS PURSUANT TO INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701(D) AND IS EXEMPT FROM FEDERAL AND STATE OF CALIFORNIA INCOME TAXES.

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURES GUIDANCE ABOUT POSITIONS TAKEN BY AN ENTITY IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE TRUST'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization received more than \$15,000 on Form 990-EZ, line 8a

= Attach to Form 990 or Form 990-EZ

Go to www.irs.gov/form990 for instructions and the latest information.

Name of the organization
SAN JOAQUIN RIVER PARKWAY & CONS. TRUST

Employer identification number

77-0196692

Part I 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.

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

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

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

b If "Yes," list the 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)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						D.

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

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

	(a) Event #1 PARTY AND SALE (event type)	(b) Event #2 PARTIES FOR THE (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
Revenue	1 Gross receipts	12,013.	11,255.	23,268.
	2 Less: Contributions			
	3 Gross income (line 1 minus line 2)	12,013.	11,255.	23,268.
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Reimbursement costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses		19,202.	19,202.
	10 Direct expense summary. Add lines 4 through 9 in column (a)			19,202.
	11 Net income summary. Subtract line 10 from line 3, column (d)			4,066.

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

	(a) Bingo	(b) Pull-instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Revenue				
1 Gross revenue				
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Reimbursement costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:
 a. Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b. If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b. If "Yes," explain: _____

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

13 Indicate the percentage of gaming activity conducted by:

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

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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

c If "Yes," enter name and address of the third party.

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

NAME of the organization

Supplemental Information to Form 990 or 990-EZ

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

* Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

SAN JOAQUIN RIVER PARKWAY & CONS. TRUST

Employer identification number

77-0196692

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

TWO BOARD MEMBERS (COKE HALLOWELL & ELISE MOIR) HAVE A FAMILY RELATIONSHIP (MOTHER & DAUGHTER).

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

PROVIDED TO ORGANIZATION'S EXECUTIVE COMMITTEE.

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

BOARD MEMBERS ARE ASKED TO READ THE TRUST'S POLICY ON ETHICAL BEHAVIOR AND CODE OF CONDUCT AND TO RETURN A SIGNED ACKNOWLEDGMENT LETTER NOTING ANY DISCLOSURES ON AN ANNUAL BASIS. THIS ANNUAL ACKNOWLEDGMENT IS AN ESSENTIAL PART OF OUR BOARD GOVERNANCE POLICY AND IS INCLUDED AS ONE OF THE LAND TRUST ACCREDITATION STANDARDS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE FULL BOARD MEETS AND REVIEWS THE EXECUTIVE DIRECTOR'S COMPENSATION ON AN ANNUAL BASIS.

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

MADE AVAILABLE TO PUBLIC THROUGH WEBSITE.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part III, line 33, 34, 35b, 36, or 37.
 Attach to Form 990.

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

OMB No. 1545-0047
2020
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

Name of the organization: **SAN JOAQUIN RIVER PARKWAY & CONS. TRUST**
 Employer identification number: **71-2195692**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SI KENNING RIVER LLC 11605 OLD IRVING ROAD FRESNO, CA 93730 26-3244655	REAL ESTATE HOLDING CORPORATION	CA	0	0	SAN JOAQUIN RIVER PARKWAY AND CONS.
(2) -----	-----	-----	-----	-----	-----
(3) -----	-----	-----	-----	-----	-----

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code Section	(e) Public charity status (Section 501(c)(3))	(f) Direct controlling entity	(g) See Section 501(c)(3)	Yes	No
(1) -----	-----	-----	-----	-----	-----	-----	-----	-----
(2) -----	-----	-----	-----	-----	-----	-----	-----	-----
(3) -----	-----	-----	-----	-----	-----	-----	-----	-----
(4) -----	-----	-----	-----	-----	-----	-----	-----	-----

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Reason for relationship (include whether under Section 1361)	(f) State of legal domicile	(g) State of principal assets	(h) Disproportionate allocations		(i) Goods, services, or other intangible property	(j) Percentage interests
							Yes	No		
(1) -----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
(2) -----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
(3) -----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered 'Yes' on Form 990 Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (corp., S corp., or trust)	(f) State of principal income	(g) State of principal assets	(h) Disproportionate allocations		(i) Percentage interests	(j) Percentage interests
							Yes	No		
(1) -----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
(2) -----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
(3) -----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Part IV, line 34, 35b, or 36.

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

2	(a) Name of related organization	(b) Tax-exempt status (3021-3025)	(c) Amount received	(d) Method of calculation of amount received

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'yes' on Form 990, Part V, line 37.

Provide the following information for each entry based on a determination that the organization or individual is a partner in a partnership. See instructions regarding entries for partnerships, trusts, and estates.

(a) Name, address, and EIN of entry	(b) Primary activity	(c) Legal domicile (State or foreign country)	(d) Individual partner (Include spouse if joint return filed)	(e) All partners		(f) Share of total income	(g) Share of total assets at end of year	(h) Director, officer, or individual with a substantial interest	(i) Code book amount - box 20 of Schedule K-1	(j) General or managing partner	
				Yes	No					Yes	No
(1) -----											
(2) -----											
(3) -----											
(4) -----											
(5) -----											
(6) -----											
(7) -----											
(8) -----											

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.