

Cooperating Association Annual Report

Report Year: _____

For completion instructions, see Page 3. Submit your completed report and attachments to the Cooperating Association Liaison (CAL). The CAL may attach explanatory comments if desired. The CAL will forward the entire report to the Cooperating Associations Program Manager, Interpretation and Education Division, **no later than May 31st of each year.**

PART I. ASSOCIATION INFORMATION

ASSOCIATION NAME			
ADDRESS (Street or P.O. Box)			
CITY/STATE/ZIP CODE			
ASSN BUSINESS PHONE NO. ()	ASSN BUSINESS FAX NO. ()	ASSN BUSINESS E-MAIL ADDRESS	ASSN WEBSITE ADDRESS
NUMBER OF BOARD MEMBERS	NUMBER OF MEMBERS/DONORS	NUMBER ON MAILING LIST	
ASSOCIATION CONTACT PERSON		TITLE	
ASSN CONTACT PHONE NO. ()	ASSN CONTACT FAX NO. ()	ASSN CONTACT E-MAIL ADDRESS	
CAL'S NAME	CAL'S PHONE NO. ()	CAL'S FAX NO. ()	CAL'S E-MAIL ADDRESS

PART II. PROGRAM SERVICES SUMMARY

This past year the association supported California State Parks (CSP) by funding: *(Check all that apply)*

<input type="checkbox"/> 1. CSP interpretive staff	<input type="checkbox"/> 6. Special interpretive events/tours/programs (e.g., workshops, seminars, living history, environmental living, etc.)
<input type="checkbox"/> 2. Regular CSP interpretive tours and programs	<input type="checkbox"/> 7. CSP habitat and resource management (e.g., restoration, exotic plant removal, litter cleanup, trail work, etc.)
<input type="checkbox"/> 3. Publications design and/or production (e.g., maps, books, pamphlets, etc.)	<input type="checkbox"/> 8. Training for interpretive park staff or volunteers (e.g., supplies, registration fees, tools, etc.)
<input type="checkbox"/> 4. CSP exhibits/equipment (e.g., development, maintenance, purchase, updating, etc.)	<input type="checkbox"/> 9. Other: _____
<input type="checkbox"/> 5. CSP facility construction and capital development (e.g., visitor center development)	

This past year the association generated revenue to support CSP by: *(Check all that apply)*

<input type="checkbox"/> 10. Providing educational and interpretive materials for sale in park visitor information facilities
<input type="checkbox"/> 11. Applying for or securing grants
<input type="checkbox"/> 12. Soliciting corporate donations for interpretive and educational projects and programs
<input type="checkbox"/> 13. Conducting fundraising events and programs
<input type="checkbox"/> 14. Planning and conducting general membership or other specific campaigns
<input type="checkbox"/> 15. Other: _____

Note: To provide a more complete explanation of items checked above you can attach a separate sheet. Enter the item number and provide a brief description of the types of funding, support or revenue generation.

PART III: ATTACHMENTS TO REPORT

Board of Directors Roster: Attach a list of names of current board members and those that will begin serving on the board in the coming months.

Certificate of Insurance: Have the insurance carrier complete an ACORD form and attach to this report. See instructions sheet.

Bylaws and Articles of Incorporation: If there were changes to either the association bylaws or articles of incorporation, attach a copy of the revised document.

COOPERATING ASSOCIATION PREPARER SIGNATURE ▶	PRINTED NAME	PHONE NUMBER ()	DATE PREPARED
CAL REVIEW SIGNATURE ▶	DISTRICT	PHONE NUMBER ()	DATE REVIEWED

EXHIBIT E

PART IV. FINANCIAL STATEMENT

Association Name: _____

Report Year: _____

Income

- | | | | | |
|--|----------------|------------|------------|------------|
| 1. Contributions, gifts, grants, cash donations | (1) _____ | | | |
| 2. In-kind (non-cash) donations <i>(Describe in Item 31)</i> | (2) _____ | | | |
| 3. Total contributions and donations | | (3) _____ | | |
| 4. Membership dues | | (4) _____ | | |
| 5. Program service revenue | | (5) _____ | | |
| 6. Interest/investment income | | (6) _____ | | |
| 7. Sale of inventory (sales income) | (7) _____ | | | |
| 8. Cost of goods sold (sale items) | (8) (_____) | | | |
| 9. Net profit (or loss) from sales | | (9) _____ | | |
| 10. Fundraising event income | (10) _____ | | | |
| 11. Fundraising event costs | (11) (_____) | | | |
| 12. Net profit (or loss) | | (12) _____ | | |
| 13. Other income <i>(Describe in Item 31)</i> | | (13) _____ | | |
| 14. Adjusted Gross Income or Total Revenue | | | (14) _____ | |
| 15. Total Gross Income | | | | (15) _____ |

Expenses

- | | | | | |
|--|------------|------------|------------|----------|
| 16. Grants and donations to Ca St Pks (CSP) | (16) _____ | | | |
| 17. Interpretive program support | (17) _____ | | | |
| 18. Other CSP program support <i>(Describe in Item 31)</i> | (18) _____ | | | |
| 19. Total contributions to CSP | | (19) _____ | | |
| 20. Management and general | | (20) _____ | | |
| 21. Total Expenses | | | (21) _____ | |
| 22. Excess (or deficit) for the year | | | | (22) [] |

Net Assets or Fund Balance

- | | | | | |
|---|------------|------------|----------|--|
| 23. Total assets | (23) _____ | | | |
| 24. Total liabilities | | (24) _____ | | |
| 25. Unrestricted net assets/fund balances | (25) _____ | | | |
| 26. Temporarily restricted net assets/fund balances | (26) _____ | | | |
| 27. Permanently restricted net assets/fund balances | (27) _____ | | | |
| 28. Total Net Assets or Fund Balances | | (28) _____ | | |
| 29. Total Liabilities (line 24) + Net Assets/Fund Balances (line 28) | | | (29) [] | |

Financial Statement Notes

30. The association has established or is establishing an endowment program. Yes No
31. Explain below any unusual financial occurrence and other income and/or expenses. Reference the Item No. in your explanation. If more space is needed, attach additional sheets

INSTRUCTIONS FOR COMPLETING DPR 973

All cooperating associations must submit a DPR 973, Cooperating Association Annual Report, for the previous calendar year. This report is due to the Cooperating Association Liaison (CAL) in time to have it reviewed and sent Headquarters by May 31st. The table below describes what to insert for each item in Part IV, Financial Statement. Many items on the Financial Statement may correspond with the line numbers on the IRS 990 or IRS 990EZ. The DPR 973 is designed to be completed electronically. New IRS reporting requirements may be downloaded at <http://www.irs.gov/charities/article/0,,id=201398,00.html>.

Item No.	Financial Statement Information
1.	Total income from contributions, gifts, grants and monetary donations.
2.	Total value of "in-kind" (non-monetary) donations and describe in line 31.
3.	Add line 1 + line 2 [automatically filled in].
4.	Total income from membership dues.
5.	Total revenue received from program services that are educational or interpretive.
6.	Total income from interest and investment income.
7.	Total income from sales of inventory.
8.	Wholesale cost of items that were sold -- How much did it cost to purchase the goods to be sold?
9.	Subtract line 8 from line 7 [automatically filled in].
10.	Total income from fundraising activities such as dinners, raffles and any other events that require purchase for entry or participation.
11.	Costs incurred in presenting the fundraising activities and events.
12.	Subtract line 11 from line 10 [automatically filled in].
13.	Total of other income from all sources not covered by lines 1-12. Briefly describe the type of income, if any, in line 31.
14.	Add lines 3 + 4 + 5 + 6 + 9 + 12 + 13 [automatically filled in].
15.	Add lines 3 + 4 + 5 + 6 + 7 + 10 + 13 [automatically filled in].
16.	Amount of interpretive monetary donations and grants to state parks via contingent fund or reimbursable accounts.
17.	Other monetary expenses associated with supporting the interpretive programs for state parks. This includes interpretive program support, payments to outside contractors, interpretive events and seminars for the public, training for volunteers and staff, and interpretive publications.
18.	Total for other (non-monetary) support to state parks not in lines 16 or 17. Describe in line 31.
19.	Add lines 16 + 17 + 18 [automatically filled in].
20.	Total expenses for management and general expenses associated with soliciting direct public support in line 1 Include association salaries, accounting services, insurance, postage, phone and other administrative general fundraising expenses. (Note: Expenses from special events, raffles, etc., are recorded in line 11.)
21.	Add lines 19 + 20 [automatically filled in].
22.	Subtract line 21 from line 14 [automatically filled in].
23.	Total assets at end of year.
24.	Total liabilities at the end of the year. Include any "sales tax owed."
25.	Net funds and assets that may be liquidated without restriction.
26.	Net funds and assets that may have time or purpose restrictions, but may eventually be liquidated.
27.	Net funds and assets that must be preserved, or may not be sold, or are permanently restricted for a specific purpose such as endowments, etc.
28.	Add lines 25 + 26 + 27 [automatically filled in].
29.	Add Total Liabilities (line 24) + Net Assets/Fund Balances (line 28) [automatically filled in]. Sum should equal Total Assets (line 23).
30.	Check the appropriate box to indicate if the association is establishing or has established an endowment.
31.	Describe any unusual financial occurrences and/or items needing further explanation.

Minimum Certificate of Insurance Information:

- A. The insurance certificate must contain the following two endorsements
 1. The Insurer will not cancel insured's coverage without thirty (30) days prior written notice to the state, except in cases of nonpayment of premiums, in which instance the insurer shall give the State ten (10) days written notice prior to the effective date of cancellation.
 2. The State of California, its officers, agents, employees and servants are included as additional insured, but only insofar as the operations under this agreement are concerned.
- B. The general liability insurance amounts must be indicated on the certificate and be a minimum of \$1 million per occurrence and \$2 million combined general aggregate.
- C. The address for the State of California as the additional insured must be:

State of California, Department of Parks and Recreation, Interpretation and Education Division
Attn: Cooperating Associations Program
P.O. Box 942896
Sacramento, CA 94296-0001
- D. The association shall supply a certificate, on a yearly basis, showing that the insurance coverage has been renewed or extended. Normally this is done automatically by the insurance company if the state has been named as an additional insured.