Form 9 (Rev. January 2020) Department of the Treasury

Internal Revenue Service

SCANINET MAR 2 3 2022

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

	Oi tile	2019 Calendar year, or tax year beginning 000 1,	2013 8110	ending	DEC 31, 2013	
В	Check if applicabl	C Name of organization			D Employer identi	fication number
	Addre chang	SAN_FRANCISCO TRAVEL ASSOCIATION		_		
L	Name chang	Doing business as			94-0835150)
	∏lnitial ∏return ∏Final	Number and street (or P.O. box if mail is not delivered ONE FRONT STREET	•	Room/suit 2900	te E Telephone numb	
_	return. termin					18,682,532.
Γ	ated ∏Amen	City or town, state or province, country, and ZIP or SAN FRANCISCO, CA 94111	foreign postal code		G Gross receipts \$	
늗	return Applic tion	DAN INCHESSEO, CA 54111		_	H(a) Is this a group	
<u> </u>	tiòn tiòn tiòn	· · · · ·		_	for subordinate	= =
_		SAME AS C ABOVE			H(b) Are all subordinates	
			nsert no.) 4947(a)(1)	or 🔲 🥸	27 If "No," attach	a list. (see instructions)
		e: WWW.SANFRANCISCO.TRAVEL		<u></u>	H(c) Group exempti	on number
	orm of	organization: X Corporation Trust Associat Summary		L Yea	ar of formation: 1909	M State of legal domicile: CA
	1	Briefly describe the organization's mission or most signif	cant activities: TO ENH	ANCE TH	E LOCAL ECONOMY BY	7
Activities & Governance		MARKETING SAN FRANCISCO AND THE BAY AREA		NOITANI		•
nar	2	Check this box If the organization discontinue	d its operations or dispos	sedim mod	Te ito an 25% of its net as	ssets
Ver	3	Number of voting members of the governing body (Part \	/I line 1a) A	SALL.		
ĝ	4	Number of independent voting members of the governing	hody (Part VI line 110	.1		
∞ಶ	5	Number of independent voting members of the governing Total number of individuals employed in calendar year 20	110 (Part \/ line 3a)	NON I	23)2020	
ţį	6	Total number of volunteers (estimate if necessary)	713 (1 ait v, 11110 ab) a	H		
₹.	3-	Total unrelated business revenue from Part VIII, column (C) line 12	OCI	DEN, UT	
Ą	'a			OGI		<u> </u>
	 	Net unrelated business taxable income from Form 990-T	illie 39 v		Prior Year	
		Contributions and grants (Dort VIII line 1h)		-	30,842,990	Current Year 15,169,469.
ë	8	Contributions and grants (Part VIII, line 1h)	. '	<u> </u>	6,461,058	
Revenue	9	Program service revenue (Part VIII, line 2g)	• 10	⊢	264,367	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7	•	<u> </u>		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1			544,358	
	$\overline{}$	Total revenue - add lines 8 through 11 (must equal Part V			38,112,773	18,682,532.
		Grants and similar amounts paid (Part IX, column (A), line		<u> </u>	0	
	l .	Benefits paid to or for members (Part IX, column (A), line	·	-	0	·
es	15	Salaries, other compensation, employee benefits (Part IX		⊢	15,924,863	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11	e)	_	0	0.
Ď	b	Total fundraising expenses (Part IX, column (D), line 25)		_ <u>°.</u>		
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-2	•	 	20,794,629	
	18	Total expenses. Add lines 13-17 (must equal Part IX, colu	ımn (A), line 25)	⊢ ⊢	36,719,492	
	19	Revenue less expenses. Subtract line 18 from line 12			1,393,281	
Net Assets or			1.0	<u> E</u>	Beginning of Current Year	
Sets	20	Total assets (Part X, line 16)		┕	26,928,167	
AAS	21	Total liabilities (Part X, line 26)	;	· L	7,890,795	
نگے	22	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>		19,037,372	20,299,030.
P	art II	Signature Block				
		lties of perjury, I declare that I have examined this return, includ				ly knowledge and belief, it is
true	, correc	t, and complete. Declaration of prepare (other than officer) is ba	ised on all information of wh	hich prepare	er has any knowledge.	
			· · · · · · · · · · · · · · · · · · ·			2020
Sig	n	Signature of officer,			Date •	•
Her	e	TINA WU, EVP. CFO				
		Type or print name and title				
		Print/Type preparer's name Prepa	rer's signature		Date Check	PTIN
Paid	1		BROWN		11/13/20 self-emplo	pyed P00650274
	parer	Firm's name ARMANINO LLP			Firm's EIN	94-6214841
	Only	Firm's address 12657 ALCOSTA BLVD, STE. 500				
	,	SAN RAMON, CA 94583-4600			Phone no.92	5-790-2600
May	v the IF	S discuss this return with the preparer shown above? (se	ee instructions)			X Yes No

Form **990** (2019)

orm	990 (2019) SAN FRANCISCO TRAV			94-0835150	Page 2
Pa	rt III Statement of Program Service Ac	complishments	•	<u>-</u> -	
4	Check if Schedule O contains a response or	note to any line in this Part I	9		X
1	Briefly describe the organization's mission:				
	TO ENHANCE THE LOCAL ECONOMY BY MARKE	TING SAN FRANCISCO AN	D THE BAY		
	AREA AS THE PREMIER DESTINATION FOR CO	ONVENTIONS, MEETINGS,	EVENTS AND		
	LEISURE TRAVEL.				
2	Did the organization undertake any significant prog	ram services during the year	which were not listed on the		
_	prior Form 990 or 990-EZ?	ram services dering the year	Which word not noted on the		es X No
	If "Yes," describe these new services on Schedule	0		1	82 NO
•				. —,	₩.
3	Did the organization cease conducting, or make significant to the conducting of the	initicant changes in now it co	onducts, any program services	?Y	es X No
	If "Yes," describe these changes on Schedule O.				
4	Describe the organization's program service accom-			• •	
	Section 501(c)(3) and 501(c)(4) organizations are re	quired to report the amount	of grants and allocations to oth	ers, the total expenses	, and
	revenue, if any, for each program service reported.				
4a	(Code) (Expenses \$	Including grants of \$		enue \$)
	AS THE CITY'S OFFICIAL VISITOR PROMOT	<u> </u>			
	PURPOSE OF THE SAN FRANCISCO TRAVEL AS				
	FRANCISCO'S ECONOMY BY PROMOTING THE	CITY AS A SITE FOR CO	NVENTIONS AND		
	TRADE SHOWS, AND AS A DESTINATION FOR	LEISURE TRAVELERS. I	N SUPPORT OF		
	THIS PURPOSE, SAN FRANCISCO TRAVEL PRO	OVIDES SALES AND MARK	ETING, AS		
	WELL AS INFORMATION SERVICES TO FACIL:	TATE AN EXCELLENT VI	SITOR		
	EXPERIENCE AND ENHANCE THE VISIBILITY	OF ITS MEMBERS.			
					
	- DURING PERIOD 7/2019 TO 12/2019, SAI	FRANCISCO TRAVEL'S	CONVENTION		
	DIVISION BOOKED FUTURE MEETINGS REPRES				
	THE DIVISION CONTINUED TO REFINE SALES				 .
	CONVENTIONS AS WELL AS SELF-CONTAINED				
••			 		
4b	(Cade) (Expenses \$	including grants of \$) (Rev	enue \$,
		+01			
		<u>"</u>			
		£3·	**		
		3).	F		
	· ·	F11 354	 		
					·
		·			
4c	(Code) (Expenses \$	Including grants of \$) (Rev	anue \$)
			····		
				<u> </u>	
				· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
4d	Other program services (Describe on Schedule O.)	هر په م	. ` _ '		
	(Expenses \$including gra	ints of \$) (Revenue \$)	
4e	Total program service expenses	۸۸ ،			
-10 _	. acc. program as the expenses	-1		Form	n 990 (2019)
	•	<u>*</u> -		. 3111	,_0.5/

Form 990 (2019) SAN FRANCISCO TRAV Part: IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," cómplete Schedule C, Part III	5_	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	- Marketon	X aprilit state
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			TO THE
	as applicable.	位为	70	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			"
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		!	x
	Schedule D, Parts XI and XII	12a	ļ	 ^-
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		x
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13		13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		-
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446	x	1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	 -	
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	15		x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	13	 	
16	Did the organization report on Part IX, column'(A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
18	-	18		x
	1c and 8a? If "Yes," complete Schedule G, Part II			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19	1	x
	complete Schedule G, Part III	20a	 	х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	\vdash	\vdash
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21		21		х
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts Land II		aan	(2010)

orm	990 (2019) SAN FRANCISCO TRAVEL ASSOCIATION 94-08351	50	P	age 4
Pai	t IV Checklist of Required Schedules (continued)			
•	· int · · · · · · · · · · · · · · · · · · ·		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		х
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	Х	
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_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ľ	l	
	any tax-exempt bonds?	24c	<u> </u>	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	l		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ł		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
ne	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20	-	
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	1	-	-
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
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		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		١,,	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3,		
38	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		, ~		
	Check if Schedule O contains a response or note to any line in this Part V			
	Chock is Conducted Contracted a respective of flotte to day into in time (a.c.)		Yes	No
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number reported in Box 3 of Form 1030. Enter 40- in lot applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming] .		

		•							Yes	No
1a	Enter the number reported in Box 3 of For	m 1096. Enter -	0- if not applicable		1a		78			
b	Enter the number of Forms W-2G included	<u> </u>	0							
С	Did the organization comply with backup	withholding rule	s for reportable payments t	o vendors and	reportal	ble gaming	l	İ		
	(gambling) winnings to prize winners?		ų _γ : ι	3 4				1c	Х	
	01-20-20	ů,	<i>t'ye</i> •	,			F	orm	990 ((2019)

755-

932004 01-20-20

्रे देवी । - १५ स्टेन्ट्रे

Form	990(2019) SAN FRANCISCO TRAVEL ASSOCIATION 94-083519	0		age 5
	990 (2019) SAN FRANCISCO TRAVEL ASSOCIATION 94-083519 TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			age S
101,300	- Continued)	_	Vaa	- I
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	-11-11	Yes	No No
£a	filed for the calendar year ending with or within the year covered by this return 2a 115			Francisco
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	regitatija;m∵	X	
Ü		2b		
За	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	الانتشند	X	in Trible
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	.3a	X	\vdash
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	77.	
D	If "Yes," enter the name of the foreign country			12 4 2 3 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	***************************************		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a_		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_5b		<u> </u>
	The first state of the significant and the sig	_5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_	x	ł
	any contributions that were not tax acqueits as or antaballo contributions.	_6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ا ا	v	l
_	were not tax deductible?	6b	X Tyle v	200
7	Organizations that may receive deductible contributions under section 170(c).		-5	ir ari
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 payor?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_7b_		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	,	and the State
d	If "Yes," indicate the number of Forms 8282 filed during the year		أسترام	d. The
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_ 7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		\vdash
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			7 29 19 19
_	sponsoring organization have excess business holdings at any time during the year?	8	, 4-4-1.	31.0
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 49662	244	100	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	This the sponsoring organization make any taxable distributions undergoection 40001	<u>9a</u>		-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	_9b	* }r:	(4) July
10	debutor of replay of garried and a second se			
a	Initiation fees and capital contributions included on Part VIII, line 12	20.75		3.
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4.45	ارا الرابية () الرابية ()	
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	764		durfa.
a				Jacob T
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	S. J. J. J. S. William		2% 2°
40-	,	40-	,	ווֹשִּילִידִּים וֹבְּים
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year	12a	Tall Made	A TECHT
	3 3 3		F. 124.7	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-	1 ₂₁ , 4 ", "	1, 2, 4,2
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	" - " " " " " " " " " " " " " " " " " "	
	Note: See the instructions for additional information the organization must report on Schedule O.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	7) T	91.1
b	Enter the amount of reserves the organization is required to maintain by the states in which the		r, i	
	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c		1-1-4.	
	Enter the amount of reserves of fland	भहता.व्ह	Jr N wilwy	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		 -
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		х	
	excess paracrute payment(s) during the year r	15	P Page 31	
	If "Yes," see instructions and file Form 4720, Schedule N.	46		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	·	23.1
	If "Yes," complete Form 4720, Schedule O.	La Pale Pro-	000	/2010\

SAN FRANCISCO TRAVEL ASSOCIATION 94-0835150 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes_ No 39 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 39 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 13 Х Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website 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. State the name, address, and telephone number of the person who possesses the organization's books and records JANICE LEE - (415) 227-2644 ONE FRONT STREET, STE. 2900, SAN FRANCISCO, CA 94111 Form 990 (2019)

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

(A)	(B)	•			C)			(D)	(E)	(F)	
Name and title	Average	16	not c	Pos			one	Reportable	Reportable	Estimated	
	hours per	bo	k, unle	ss pè	rson	s bot	h an	compensation	compensation	amount of	
	week	-	1	Į.	_	1	T	from	from related	other	
	idest any hours for	director		٧ ا	ļ	Γ,		'the organization	organizations (W-2/1099-MISC)	compensatio from the	
	#related	5 8	ste l	, t	ļ, .	Highest compensated employee	1	(W-2/1099-MISC)	(44-27 1099-141130)	organization	
	organizations	Individual trustee or	Institutional trustee	ر.	ag.	iad mi	1	, , ,		and related	
	below	l g	§	5 	Key employee	est co	ē			organization	
_	line)	鱼	Instr	Officer	Ke.	돌를	Former				
1) JON KIMBALL	2.00]				ļ			1		
CHAIR		x	<u> </u>	х			_	0.	0.		
2) IKE KWON	2.00]									
CHAIR-ELECT	2.00	x		Х				0.	0.		
3) JAMES LIM	2.00]		ļ					
/ICE-CHAIR		x		x			L	0.	0.		
4) RANDALL REYNOSO	2.00										
SECRETARY-TREASURER] x		х				0.	0.		
5) PETER GAMEZ	2,00							_			
MMEDIATE PAST CHAIR	2,00	x						0.	0.		
6) TERRY LEWIS	2,00			Γ,				10			
PUBLIC POLICY COUNCIL CHAI	2.00] x		17,	ĺ			0.	0.		
(7) KATHY PAVER	2.00	Π		+	Г						
OURISM COUNCIL CHAIR	,	x	ĺ	i `:		ľ	ĺ) · × 0.	0.	ı	
8) LISA KERSHNER	2.00			ş.,		Ĺ					
MARKETING COUNCIL CHAIR	-	1 x		, i	-			` o.	0.		
9) PAUL TORMEY	2.00	Ī							1		
M&C COUNCIL CHAIR		x	1	3	Ì	l	l	0.	0.	1	
10) AMY ARBUCKLE	2,00			Ţ							
PIRECTOR		x						0.	0.		
11) MICHAEL BAIER	2.00					Г	Γ				
PIRECTOR		x	1	1	ŀ		l	0.	0.		
12) JAMES BEAUMONTE	2.00		1								
PIRECTOR		x						0.	0.		
13) BRITTNEY BECK	2.00		1								
PIRECTOR		x	ł		ŀ		l	0.	0.		
14) GARY BUFFO	2.00		T								
DIRECTOR		x		l				٥.	0.		
15) SANDRA FLETCHER	2.00	T						,			
DIRECTOR		x		Ť	l	1	1	ο.	0.		
16) CHRISTINE GAUDENZI	,, 2.00		T-	,;		ļ				· · · · · · · · · · · · · · · · · · ·	
DIRECTOR		x	1		1	ľ	1	0.	0.		
17) LEE GREGORY	2.00		T	8	Ι,						
PIRECTOR	1.	x	1	l ' i	۱۰۱	t	l	0.	0.1		

932007 01-20-20

- OIIII 000 (2010)	ISCO IRAVEL AS								34~083515	v Page
Part VII Section A. Officers, Directors, T		ploy	ees,			ghes	t C	ompensated Employee	s (continued)	
(A)	(B)				2)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per week		box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	(list any	_			F		Ė	from the	from related organizations	other compensation
	hours for	drect		l	l	l.		organization	(W-2/1099-MISC)	from the
	related	9 0	stee			nsate		(W-2/1099-MISC)	(***271000)****	organization
	organizations	ndividual trustee or director	nstitutional trustee	ĺ	yee	Highest compensated employee		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		and related
	below	Idual	활	<u>بة</u>	Key employee	lest co	Je.			organizations
	_ line)	ig d	as a	Officer Officer	Ke	돌	Former			
(18) KARLENE HOLLOMAN	2.00	ļ	ļ	١.					1	
DIRECTOR	6 }	х	<u> </u>	,5	:-	·		· , 0.	0.	0
(19) ROGER HULDI	in 2.00				₹′			. 1/4		
DIRECTOR	p. 07	X	<u> </u>		:	1		`., 0.	0.	0
(20) GAIL HUNTER	2.00	ł	l					}		
DIRECTOR		х	ļ					0.	0.	0
(21) MARIA JENSON	2.00									
DIRECTOR		Х	<u> </u>	L_				0.	0.	0
(22) HEATHER KEENAN	2.00	1	ĺ							
DIRECTOR		Х						0.	0.	0
(23) NAN KEETON	2.00		1							
DIRECTOR		х	<u> </u>	lacksquare		Щ		0.	0.	0
(24) KRISTEN KOMOROSKE	2.00					ŀ				
DIRECTOR		х	<u>L</u> .			Щ		0.	0.	0
(25) JOHN KONSTIN	2.00							,		
DIRECTOR		х						0.	0,	0
(26) MICHAEL MASSERMAN	2.00									
DIRECTOR		Х	Ļ	لبا				0.	0.	0
1b Subtotal				1			>	0.	0.	0
c Total from continuation sheets to Par	t VII, Sếction A			,; ;	<i>:</i>	t	>	3,597,147.	0.	708,492
d Total (add lines 1b and 1c) 2 Total number of individuals (including by				4	•		_	3,597,147.	0,	708,492

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

11 No

Yes

3

4

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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
HARTMANN STUDIOS, 1150 BRICKVARD COVE RD.	3)		
SUITE 202, POINT RICHMOND, CA 94801	7. 1	SPECIAL EVENTS	3,943,466.
BRAND USA, 1725 I STREET NW, SUITE 800%	€. •		
WASHINGTON, DC 20006	***	EVENT AND TRAVEL PROMOTION	546,750.
MILES MARKETING DESTINATIONS, 3952 DENVER	1 25 15		
WEST PARKWAY, SUITE 200, LAKEWOOD, CO		EVENT AND TRAVEL PROMOTION	265,292.
SALESFORCE, 415 MISSION STREET, 3RD FLOOR,			
SAN FRANCISCO, CA 94105	,	CRM SYSTEM AND USER LICENSES	242,163.
PARACHUTE, 601 VAN NESS AVE, SUITE E747,	·		
SAN FRANCISCO CA 94102		IT SUPPORT	207,272.

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2019)

Part VII Section A. Officers, Directors, Tr (A)	(B)			(0	Ç)		<u> </u>	(D)	(E)	(F)
Name and title	Average hours	(0	heck	Pos all			ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
27) ISABELLE MATTER DIRECTOR	2.00	x						0.	0.	0
28) MATT MIDDLEBROOK	2.00									
29) STEFAN MUHLE	2.00	X			-			0.	0.	(
30) STEVEN NELICK	2.00	X	-					0.	0.	
OIRECTOR 31) KIRK PEDERSON	2.00	x		_				0.	0.	
IRECTOR		х		٠ ٧	ĵ		_	~ · · 0.	0.	
32) ANDERSON PUGASH DIRECTOR	2.00	x		^				ેલ ૬ 0.	0.	
33) AMY ROUAS IRECTOR	2.00	x		43. 3.				, 0.	0.	
34) IVAR SATERO	2.00	x						0.	0.	
35) BRIAN SHEEHY IRECTOR	2.00	x						0.	0.	
36) LORI STARR	2.00	1								
37) INGRID SUMMERFIELD	2.00	Х						0.	0.	
38) LAURIE THOMAS	2.00	Х						0.	0.	
OIRECTOR 39) MONETTA WHITE	2.00	Х						0.	0.	
IRECTOR 40) JOSEPH D'ALESSANDRO	37.50	x		<u> </u>			_	0.	0.	
RESIDENT/CEO	2.00	_		x.				7993,145.	0.	87,75
41) TINA WU VP, CHIEF FINANCIAL OFFICER	2.00	_		x.				³ 304,222.	0.	70,08
42) HOWARD PICKETT VP, CHIEF MARKETING OFFICER	37.50			1 1	x .			311,766.	0.	70,70
43) EDWARD DAVID VP_CHIEF CUSTOMER OFFICER	37,50				х			378,877.	0.	91,54
44) PAUL FRENTSOS VP, COO	37.50				х			294,066.	0.	62,65
45) HUBERTUS FUNKE	37.50				x			239,819.	0.	43,33
VP, CHIEF TOURISM OFFICER 46) KENLEY MOY	37.50	-			•	х		226,230.	0.	43,85

orm 990 SAN FRANCISCO						<u> </u>			94-0835	
Part VII Section A. Officers, Directors, True	istees, Key En	nplo	yee	s, ār	id H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)			((<u>خ</u>)			(D)	(E)	(F)
Name and title	Average			Posi		1		Reportable	Reportable	Estimated
Name and title		/~	heck				LΛ		·	
	hours	(C	песк	ant	nat	app	iy)	compensation	compensation	amount of
	per					l		from	from related	other
	week	١				e		the	organizations	compensatio
	(list any	흜				흍		organization	(W-2/1099-MISC)	from the
	hours for] 퉏	١			, e	l	(W-2/1099-MISC)		organization
	related	8	stee			ınsat		·		and related
	organizations	Į į	ᄩ		yee	Ē	İ			organizations
	below	쿌	튙	_	ag III	St	.			g
	(list any hours for related organizations below line)	Ę	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
47) LYSA LEWIN	37.50	-	=	۳	_	_	<u> </u>			
VP, CITYWIDE SALES	37.30					х		218,380.	0.	64,02
48) CHRISTINA HOPEMAN	. 37.50	\vdash	H	,	14	_				
P, INFO/TECH				1]	х		, 216,038.	0.	60,02
49) CASSANDRA MCGOLDRICK	°; 37.50		Н	7-	,	•	_) '		
P, PUBLIC POLICY & EXECUTIVE PROGRA				-		x		. 221,677.	0.	59,41
50) LEONIE PATRICK	為 37.50			21	· ·					
R. DIR, CITYWIDE SALES	1			74 IV-		X,		192,927.	0.	55,09
				,						
		<u> </u>	Щ	,						····
	ļ					,				
	<u> </u>	-	Н				_			
	··	ŀ								
		\vdash	Н				-			
										
									- <u></u>	
				_				۶,		
	ļ		\vdash	21/	\dashv		_	34.416		
					.	4.		. 4		
	Ψ.	_	-	4				444	<u> </u>	
	1			7.				Contrad.		
									·	
			Ш				_			
			\vdash							
	<u> </u>				J				ļ	
			$\vdash \vdash$	+	\dashv	\dashv				
								,		
			H		\neg					
					_				l	
				,						
	· ·			ş		:		3,597,147.		708,49

Form 990 (2019) SAN FRANCI
Part VIII Statement of Revenue

			Check if Schedule O contains a resp	onse d	or note to any lin	e in this Part VIII			
	•			, '	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र र	1 :	а	Federated campaigns 1a				Talla My and a second	1 1 to the first of the first o	
Grants	1	b	Membership dues 1b	,					
2 8		С	Fundraising events 1c	1					
₽₽			Related organizations 1d	٠.	14,452,900.				
, i			Government grants (contributions) 1e	75	716,569.				
E S	1		All other contributions, gifts, grants, and	15	. ,				
žä			similar amounts not included above 1f			Township Lawrent Control		and a second second	
草豆	,	g	Noncash contributions included in lines 1a-1f	\$					
Contributions, Gifts, Grants and Other Similar Amounts		- h_	Total. Add lines 1a-1f	4	<u> </u>	; 15,169,469.			
Ĭ				,	Business Code		The state of the s		
ايو	2	а	MEMBER CO-OP ADVERTISI		541800	1,436,082.	1,436,082.		
ار کے	1	b	MEMBERSHIP DUES		900099	974,255.	974,255.		
Sag		С	MEMBER CO-OP PROGRAMS		900099	465,940.	465,940.		
Program Service Revenue		d	COLLATERAL MATERIALS		900099	39,651.	787.	38,864.	. <u> </u>
ğΨ		e	MEMBER PROGRAMS		900099	11,039.	11,039.		
ا ته		f	All other program service revenue				Agreement Automorphism and property of the control	F 18 0 50 F July 1 Sub House -	ಪ್ರಾಸ್ತಿ ಪ್ರತಿಕ್ಷಿಗೆ ಕ್ರಾಪ್ರಸ್ಥಿಕು, ಆಶ≕ಕ
\rightarrow		g	Total. Add lines 2a-2f			2,926,967.	The wat the second of		**, \$7 (\$1) ** \$10 \$10 \$10
	3		Investment income (including dividends,	ıntere	st, and				1
			other similar amounts)			¥ .			
	4		Income from investment of tax-exempt b	ond p	roceeds	(1 250	,)	61,250.	
	5		Royalties (i) Re	<u> </u>	(iı) Personal	61,250.	or of the San Region Law of the L	61,230.	
	_		·	di,	(II) Personal	The manufammona minimonary			
	G		Gross rents 6a -						
				1					
			Rental income or (loss) Net rental income or (loss)			his phi and his state to the me	1.10% OF 20th 4-23 1 11 12/24 200 180	Providence to comment	4
			Gross amount from sales of (i) Secur	ities	(ii) Other	THE STATE OF THE S			PARTHARY.
	′	a	assets other than inventory 7a *		(1) 1111				
		.	Less: cost or other basis						
<u>o</u>		•	and sales expenses 7b						
Revenue		c	Gain or (loss) 7c						
ev.			Net gain or (loss)						
ther	8		Gross income from fundraising events (not			The state of the s			
된			including \$ of						
_			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses	_ <u>8b</u>				ale and the	
		С	Net income or (loss) from fundraising even	ents_	▶				rg, 14,49 J.2 15-8-61.
1	9	а		е] .				
			Part IV, line 19	9 <u>a</u>	<u> </u>				
			Less direct expenses	<u>9b</u>	<u> </u>	Married Andreas Andrea	THE PROPERTY OF THE PARTY OF		图7579·第1964年
			Net income or (loss) from gaming activiti	es —	<u> </u>	Santa Company	TO A PROPERTY OF ANY ANY AND ANY AND ANY AND ANY AND ANY AND AND ANY AND AND AND ANY AND AND AND AND AND AND AND AND AND AND	Territo Mercel Para (1885)	
	10	а	•	;					
			and allowances	10a 10b					
			Less cost of goods sold			THE PROPERTY OF THE PROPERTY O	The said of the second of the	 — **: **: **: **: *** *** *** *** *** **	A . Note a Period of second-about-of
		С	Net income or (loss) from sales of invent	UI Y	Business Code		Mark Market (A)		Configuration of the configura
SI	44	_	MISC INCOME		900004	454,068.	454,068.	50 00 00 0 1 1 1 4 2 5 1	
leoi ue	11	a F	ONLINE RESERVATION SYS		900004	70,778.	, , , , , , , , , , , ,	70,778.	
Miscellaneous Revenue		D				†	<u> </u>		
Sce		ن اہر	All other revenue						
Ξ		e	Total. Add lines 11a-11d		. •	524,846.		with the principal and the second sec	Marianta - Additional wint
	12	Ť	Total revenue. See instructions		>	18,682,532.	3,342,171.	170,892.	<i>i</i> ≰ 0.
									. Form 990 (2010)

Form 990 (2019)

SAN FRANCISCO TRAVEL ASSOCIATION

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comi	olete all columns. All others	er organizations must coi this Part IV	mpiete column (A).	
Do n	not include amounts reported on lines 6b,	(A) (統	l (B) 🎺	(C)	(D) Fundraising
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations	ŢĘ.			
	and domestic governments. See Part IV, line 21			The first of formal production of the contraction o	The first of the second of the second
2	Grants and other assistance to domestic				
_	Individuals. See Part IV, line 22			Activities and activities of the control of the con	ELENCH LICHTER SET AND
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	1,839,573.			
6	Compensation not included above to disqualified		`		
	persons (as defined under section 4958(f)(1)) and	,			
	persons described in section 4958(c)(3)(B)	, 19 ² ;			
7	Other salaries and wages	4,721,911.			
8	Pension plan accruals and contributions (include	in	1	,	
	section 401(k) and 403(b) employer contributions)	586,525.	<u>. </u>		
9	Other employee benefits	857,434.	, acr		
10	Payroll taxes	366,981.			· · · · · · · · · · · · · · · · · · ·
11	Fees for services (nonemployees):	·**			
а	Management	100 435			
ь	Legal	109,435.			
С.	Accounting	67,000.			
d	Lobbying Preferenced fundamental converse See Bart IV June 17	·	The Color of Land of The Color of the Color		
e	Professional fundraising services. See Part IV, line 17 Investment management fees	-	TOK DAGAMENT TECHNOLOGY OF THE	4 350 87 1 4 4 7 7 8 4 FULL 34 8 4 8 7 PULL 15 15 15 15	
g	Other. (If line 11g amount exceeds 10% of line 25,		 		
y	column (A) amount, list line 11g expenses on Sch O.)	267,585.			
12	Advertising and promotion	6,650,011.			
13	Office expenses	167,659.			
14	Information technology	459,126.			
15	Royalties	74.17 424	, ,		
16	Occupancy \hat{s}_{i_1}	745,611.	a - 3 - 65-		
17	Travel	77.	الماسر الماسي		'
18	Payments of travel or entertainment expenses $\hat{r}_{I'}$	43	मा भूग	,	
	for any federal, state, or local public officials	7	·		
19	Conferences, conventions, and meetings	4.5			
20	Interest	**	<u> </u>	 	;
21	Payments to affiliates	385,586.			
22	Depreciation, depletion, and amortization	66,109.			
23	Insurance	Not the second of the second	o garaga ang ang ang ang ang ang ang ang ang		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)	Manual Control of the	Maring And William Lines And Control of the Control		mannanti Ing.
_	amount, list line 24e expenses on Schedule 0.) EMPLOYEE RELATIONS AND	93,357.		- 454 ATT 45 (1 2 1 14 35 to	37 37 17 17 17 17
a	OTHER EXPENSES	36,971,		-	
þ					
ď					
e	All other expenses	.4%	·		
25_	Total functional expenses. Add lines 1 through 24e	17,420,874.			
26	Joint costs. Complete this line only if the organization	**************************************	en de de de de de de de de de de de de de	,	
	reported in column (B) joint costs from a combined		J.S.	1	
	educational campaign and fundraising solicitation.	美 、	is the	1	
	Check here If following SOP 98-2 (ASC 958-720)		,,,	L	L

Par	t X	Balance Sheet			
	_	Check if Schedule O contains a response or note to any line in this Part X	T		
	•	·	(A) Beginning of year		(B) End of year
	1	Cash ⋅ non-interest-bearing	8,017,704.	1	5,006,219.
	2	Savings and temporary cash investments	216,283.	2	216,283.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,143,017.	4_	4,631,792.
	5	Loans and other receivables from any current or former officer, director,		4-34	
•		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5_	and an an hair. He are not disk at
	6	Loans and other receivables from other disqualified persons (as defined		jy le.	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	1 11	6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	149,636.	8	59,625.
Ä	9	Prepaid expenses and deferred charges	1,412,299.	9_	5,286,470.
	10a	Land, buildings, and equipment. cost or other			
		basis. Complete Part VI of Schedule D 10a 6,755,934.	ninemanning and a state of the	5.4	
	b	Less. accumulated depreciation 10b 4,274,977.	2,756,722.	10c	2,480,957.
	11	Investments - publicly traded securities	9,822,880.	11	11,228,763.
	12	Investments - other securities. See Part IV, line 11	401,011.	12	
	13	Investments · program-related. See Part IV, line 11		13	,
	14	Intangible assets	8,615.	14	8,913.
	15	Other assets. See Part IV, line 11	26,928,167.	15 16	28,919,022.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,750,625.	17	3,988,444.
	.17	Accounts payable and accrued expenses	3,730,023.	18	3,500,111.
	18	Grants payable	951,134.	19	1,435,846.
	19	Deferred revenue	, , , , , , , , , , , , , , , , , , , ,	20	2,000,000
	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to any current or former officer, director,		*25.1	
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
Ξ	1	controlled entity or family member of any of these persons	Transfer Transfer At Land Land	22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	· · · · · · · · · · · · · · · · · · ·
	24	Unsecured notes and loans payable to unrelated third parties 15		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	3,189,036.	25	3,195,702.
	26	Total liabilities. Add lines 17 through 25	7,890,795.	26	8,619,992.
		Organizations that follow FASB ASC 958, check here		7 / 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2	
es		and complete lines 27, 28, 32, and 33.			
auc	27	Net assets without donor restrictions	19,037,372.	27	20,299,030.
Bal	28	Net assets with donor restrictions		28	
5		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.		لَمْ سُمِّي	
3 of	29	Capital stock or trust principal, or current funds	1	29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds.	2.1	31	20 20 20 20 20 20 20 20 20 20 20 20 20 2
Net	32	Total net assets or fund balances	19,037,372.	32	20,299,030.
_	33	Total liabilities and net assets/fund balances	26,928,167.	33	28,919,022.
		P" 30 1 1			Form 990 (20

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Pa	t XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response or note to any line in this Part XI				
	Total revenue (must aqual Port VIII column (A) line 12)		18	682,	532
1	Total revenue (must equal Part VIII, Column (A), line 12)	1		420,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		261,	
3	Revenue less expenses. Subtract line 2 from line 1	3	•	037,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		037,	3/2,
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	20	299,	030.
Pa	t XIII Financial Statements and Reporting	. 10]			
	Check if Schedule O contains a response or note to any line in this Part XII				х
	Check if Schedule O contains a response of note to any line in this Part Air			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	<u>.</u>			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule () .			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			ļ
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			· 	
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	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.				'
	Separate basis Consolidated basis 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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3-	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
Ja	Act and OMB Circular A-133?	•	3a		х
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
b	II 165, UIU tile digalization tildelgo tile required addit of addits: Il tile digalization did not andoligo tile require		1 1		1

Form **990** (2019)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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 B. 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 35c (Proxy Tax) (see separate instructions), then

	ection 501(c)(4), (5), or (6) organizat	ions Complete Part III.			
Name	of organization		**	Emp	loyer identification number
		SCO TRAVEL ASSOCIATION			94-0835150
Par	I-A Complete if the org	anization is exempt un			ganization.
		* ,	3,1		
1 F	Provide a description of the organiz	ation's direct and indirect poli	tical campaign activities	in Part IV.	
2 F	Political campaign activity expendit	ures .	•	▶ :	š
3 /	olunteer hours for political campai	gn activities			
Par	t I-B Complete if the org	anization is exempt un	der section 501(c)	(3)	
	inter the amount of any excise tax			(o). ▶:	
	inter the amount of any excise tax	·			
	the organization incurred a section	, ,	•		Yes No
	Vas a correction made?				Yes No
	"Yes," describe in Part IV.				
Par	I-C Complete if the org	anization is exempt un	der section 501(c)	, except section 501(d	c)(3).
1 E	inter the amount directly expended	by the filing organization for s	section 527 exempt fund	ction activities	<u> </u>
2 E	nter the amount of the filing organi	zation's funds contributed to	other organizations for s	ection 527	
e	xempt function activities		-	▶ 9	B
3 T	otal exempt function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-POL	-1	
	ne 17b			▶\$	S
	old the filing organization file Form		g details up	' -4 ·	Yes No
	Inter the names, addresses and em				
	nade payments. For each organizat				
	contributions received that were propolitical action committee (PAC). If	•			te segregated fund or a
			-i		<u> </u>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	
					delivered to a separate
					political organization. If none, enter -0
			 		
					<u> </u>
			1		
		B	183	1.4	
		и,	, s		
		*f.'	11 5° - 118 50	1,740	
				Ι΄.	1

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

Schedule C (Form 990 or 990 EZ) 2019 SAN FRANCISCO TRAVEL ASSOCIATION 94-0835150 [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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(b)
	e lobbying activity.	Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or	15,1534	47 hold 1 4 4 5 7 1		
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	,_			
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	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 means?				
i	Other activities?				
j	Total. Add lines 1c through 1i		<u> </u>		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
Ь	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	1,200			_
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	on 501(c)(5	ō), or sec	tion	
	501(c)(6).		_		
	₿ · V			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	_	х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	Х	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t	he prior year	? 3		Х
Par	FIII-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR	(b) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical			
	expenses for which the section 527(f) tax was paid).		المنافقة الماسية		
а	Current year		2a		
b	Carryover from last year		2b	_	
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex			•	
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	1. J.		
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5	_	
	Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	p list); Part II-	A, lines 1 ai	nd 2 (see	
instru	ictions); and Part II-B, line 1. Also, complete this part for any additional information.	;			
		 		• • • • • • • • • • • • • • • • • • • •	
	The second second				
				-	
	i k				
					
			_		

SCHEDULE D

(Form 990) .

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization	s _e	ž~.
· tuillo or allo or gainzadon	•	17

Employer identification number

[De	SAN FRANCISCO TRAVEL ASSOCIA		ar vi	94-0835150
Pa			or A	ACCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
	<u> </u>	(a) Donor advise	ed 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 w	riting that the assets he	eld in donor advised fu	nds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that gr	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for ar	ny other purpose confe	erring
_	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the organization	anization answered "Ye	s" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a his	storically important land area
	Protection of natural habitat	illian in the control of the control	Preservation of a ce	rtified historic structure
	Preservation of open space	* 3 .		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	ution in the form of a c	conservation easement on the last
	day of the tax year.	· (r,	•	Held at the End of the Tax Year
а	Total number of conservation easements			2a
ь	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified historic structure	cture included in (a)	•	2c
d	Number of conservation easements included in (c) acquired af	• •	a historic structure	
Ī	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele-	ased extinguished or t	terminated by the orga	
•	year >	acce, change on a p		
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	_	tion, handling of	
	violations, and enforcement of the conservation easements it I			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		nd enforcing conservat	
	>	·	3	,
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and er	iforcing conservation e	asements during the year
-	▶ \$, , , , , , , , , , , , , , , , , , ,		3 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremen	ts of section 170(h)(4)(l	B)(i)
	and section 170(h)(4)(B)(ii)?	איז	4	Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revei	nue and expense state	ment and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements t	hat describes the
	organization's accounting for conservation easements			
Pai	t III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its rev	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publi			
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958			ce sheet works of
-	art, historical treasures, or other similar assets held for public e			
	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			S
^	If the organization received or held works of art, historical treas	cures or other similar a	ssets for financial dain	
2	the following amounts required to be reported under FASB AS			, p
			TOTAL .	• •
	Revenue included on Form 990, Part VIII, line 1	gird a	& 41	•
<u>b</u>	Assets included in Form 990, Part X			Schodule D (Form 990) 2019

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 椒 49° 5°

77116

932051 10-02-19

		SCO TRAVEL ASSO	CIATION					94-083	5150	Pa	ige 2
Pai	t III Organizations Maintaining C	ollections of Ar	t, Historic	cal Tre	asures, o	r Other	Simila	r Assets	(contin		
à	Using the organization's acquisition, accessi	on, and other record	ls, check any	y of the fo	ollowing that	t make sig	nificant i	use of its			
	collection items (check all that apply)		•		J	•	-				
а	Public exhibition		ı 🗀 Loa	n or excl	nange progra	am					
b	Scholarly research										
c	Preservation for future generations	·									_
4	Provide a description of the organization's co	ollections and explai	n how they f	urther th	e organizatio	on's exem	not purpo:	se in Part	XIII		
5	During the year, did the organization solicit of				_			50 mm div	,		
•	to be sold to raise funds rather than to be ma					5. O	400010		Yes		No
Par	t IV Escrow and Custodial Arran					"Yes" on	Form 990	Part IV			_110_
	reported an amount on Form 990, Pa			,				,			
1a	Is the organization an agent, trustee, custodi		lary for cont	ributions	or other ass	sets not in	ncluded				
	on Form 990, Part X?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, or original				Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	٠.	4			<u> </u>	03		140
U	11 105, explain the arrangement in Fart Air	aria complete trie 10	inowing table		Ta (4)				Amount		—
_	Beginning balance		7,54		•		1c	_	Amount		
9	Additions during the year	4 3/3	, p.		٠,		1d	-			—
u	Distributions during the year		•				1e				
•	Ending balance		t	,			1f		_	-	—
30	Did the organization include an amount on Fe	orm 000 Bort V line	O1 for oner	OW OF OU	stadial agas	unt lintilit			Yes		No
	If "Yes," explain the arrangement in Part XIII.	•	=				y i		J TES	H	NO
Par							<u> </u>		_		
		(a) Current year	(b) Prior		(c) Two year		_	ears back	(e) Four	vears h	nack
10	Beginning of year balance	(a) Current year	(6) 1 1101	you	(c) 1 Wo you	13 DUCK 1	<u>uj ince y</u>	Cui S Dack	(e) i oui	years t	Jack
10 h	Contributions		l							-	—
	Net investment earnings, gains, and losses										
ت نہ	* · *										—
a	Grants or scholarships										
е	Other expenditures for facilities		ĺ	i		ľ					
_	and programs		1.								
T	Administrative expenses		þý.		<u>''</u>						
g	End of year balance	<u> </u>	L								
2	Provide the estimated percentage of the curr	•		olumn (a))	neld as:,						
а	Board designated or quasi-endowment		_%∷		• •						
b	Permanent endowment	<u>:</u> %	11/23		gara to a						
С	Term endowment	%	Y.								
	The percentages on lines 2a, 2b, and 2c sho	•	1 4 É.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are	e held and	d administer	ed for the	organiza	ition	_		
	by.									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)	-+	
b	If "Yes" on line 3a(ii), are the related organiza	•					•		_3b_		
4	Describe in Part XIII the intended uses of the		wment fund:	s							
Par											
	Complete if the organization answered										
	Description of property	(a) Cost or o basis (investr		(b) Cost basis (cumulate reciation	ed .	(d) Book 	value	
1a	Land										
b	Buildings		ţr.		,						
С	Leasehold improvements		<u> </u>		703,986.		2,035,			68,8	
d	Equipment	יאי	20年17.7人		923,989.		2,125,			798,8	
е	Other	8	,		127,959.		114,	662.		13,2	
Total	. Add lines 1a through 1e. (Column (d) must e	oual Form 990. Part	X. column (E	3). line 10)c.) <u> </u>					180,9	
								Cabadula	D /F	0001	2040

277.4-11

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

3,195,702.

(8) (9)

	3641 <u>8 8 (: 611</u> 11 666) 26 18	VEL ASSOCIATION 4	, । गर्देः	94-0835150	Page 4
Pa	rt XI Reconciliation of Revenue per Audi	ted Financial Statem	ents With Revenue p	er Return.	
	Complete if the organization answered "Yes" of	n Form 990, Part-IV, line 12	а. ыж		
1	Total revenue, gains, and other support per audited file	nancial statements		1	
2	Amounts included on line 1 but not on Form 990, Part	t VIII, line 12:	1 1		
a	• , ,	•	2a		
Ь	Donated services and use of facilities		2b		
C.	Recoveries of prior year grants		2c		
d	,		2d		
e 2	Add lines 2a through 2d Subtract line 2e from line 1			2e	
3 4	Amounts included on Form 990, Part VIII, line 12, but	not on line 1:		3	
т a	Investment expenses not included on Form 990, Part		4a		
b	Other (Describe in Part XIII.)	VIII, IIIIO 7 D	4b		
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Fo	orm 990 Part I line 12)		5	
	rt XII Reconciliation of Expenses per Auc	lited Financial Statem	ents With Expenses		
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 12	a.	•	
1	Total expenses and losses per audited financial stater	nents "J" x · ·	12, ** +	1	
2	Amounts included on line 1 but not on Form 990, Part	: IX, line 25:	J. Sak		
а	Donated services and use of facilities	142 120	2a 🤻		
b	Prior year adjustments	•	2b		
c	Other losses	•	2c		
d	Other (Describe in Part XIII.)		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but n		1 1		
а	Investment expenses not included on Form 990, Part	VIII, line 7b	4a		
b	Other (Describe in Part XIII.)		4b		
C				4c	
5	Total expenses. Add lines 3 and 4c. (This must equal rt XIII Supplemental Information.	Form 990. Part I. line 18.)		5	
		Deat III have do and de Day	A DV Base of branch Ob. Dock I	A long to Doub V. Hong Or Doub	
	ide the descriptions required for Part II, lines 3, 5, and 9 2d and 4b, and Part XII, lines 2d and 4b. Also complete			v, line 4; Part X, line 2; Par	t XI,
iines	20 and 4b, and Part XII, lines 20 and 4b. Also complete	e this part to provide any ad- মট	altional information.		
	 				
	۶,	<u>₹</u> ċ₁ •	₽ . I.		
	3	,¥	š t		
	, ¹⁵	The same	fred as		
			<u></u>		
	;	€ 644.	£ .		
		(.) (.6 m.)	<i>z.</i> .		
		ξέα. 1	E. Co.		
	,	ξ64. 4ω - 4	٤. ي.		
		ξέα. 1			
	,	ξ64. 4ω - 4	٤. ي.		
	,	ξ64. 4ω - 4	٤. ي.	Schedule D (Form	000) 2010

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

OMB No 1545-0047 Open to Public Inspection ---

Name of the organization

Employer identification number

94-0835150 SAN FRANCISCO TRAVEL ASSOCIATION Part 1 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes 一点 (水) 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the (Ja) . 14 . United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (f) Total (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (a) Region expenditures employees, agents, and (by type) (such as, fundraising, prois a program service, offices for and gram services, investments, grants to describe specific type in the region independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, 0 PROGRAM SERVICES PROGRAM SERVICE EXPENSES 1,064,950. CAMBODIA EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, 0 0 PROGRAM SERVICES PROGRAM SERVICE EXPENSES 372,725. AUSTRIA, BELGIUM 1,14 NORTH AMERICA -CANADA AND MEXICO 14 4 15 1- 3 BUT NOT THE UNITED 4: J. (3) PROGRAM SERVICES PROGRAM SERVICE EXPENSES 87,077. STATES 0 0 . 3 SOUTH AMERICA -ARGENTINA, BOLIVIA, 號. BRAZIL, CHILE, PROGRAM SERVICE EXPENSES 0 215,314. 0 PROGRAM SERVICES COLUMBIA, ECUADOR SOUTH ASIA -AFGHANISTAN, BANGLADESH, BHUTAN, PROGRAM SERVICE EXPENSES 240,404. PROGRAM SERVICES INDIA, MALDIVES 0 0 ÷ 44

1.00 煙一分十

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

0

0

30

0

Schedule F (Form 990) 2019

3 a Subtotal

and 3b)

33

Cğ svi

b Total from continuation

sheets to Part I c Totals (add lines 3a Schedule F (Form 990) 2019 SAN FRANCISCO TRAVEL ASSOCIATION

| Part | | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

•	1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
							ţ		
4-1-10-1			as Publisher		est of the second secon	\$ \frac{1}{2} \fra		46.5.	· · · · · · · · · · · · · · · · · · ·
2015 2015 2015 2015 2015 2015 2015 2015					100 mg	. بالظالمة عر يُراثِد بحط بالمراثية ،		A Control of the Cont	
g Cite			5.4	-	.**	dane (12)		, ger,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
'K' W'			Section Sectio	`	1,0 mg	es esperante de la companya de la co		A STATE	\$ P
				,					-
	2 Enter total number of	f recipient organization	number of recipient organizations listed above that are reco	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IDS of or which the granted or country is provided a section 5016/93 an invalency latter.	foreign country,	recognized as tax-exe	ampt 🗖		

Enter total number of other organizations or entities

က

Schedule F (Form 990) 2019

Page 3 (h) Method of ' valuation (book, FMV, appraisal, other) (g) Description of noncash assistance Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. 2. 3 Transfer Tra (f) Amount of noncash assistance 94-0835150 (e) Manner of cash disbursement (c) Number of cash grant cash grant ... £ SAN FRANCISCO TRAVEL ASSOCIATION Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance Schedule F (Form 990) 2019

\$1.00 € 11.55

Schedule F (Form 990) 2019

932073 10-12-19

Par	t IV Foreign Forms	
•		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the	
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	
	Corporation (see Instructions for Form 926)	Yes X No
2		
-	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign	
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign	
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520 A; don't file with Form 990)	Yes X No
	• ;	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"	
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to	Ves X No
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a	
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,	
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund	
	(see Instructions for Form 8621)	Yes X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"	
_	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain	
	Foreign Partnerships (see Instructions for Form 8865)	Yes X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If	
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see	
	Instructions for Form 5713; don't file with Form 990)	Yes X No
	the tan and	

Schedule F (Form 990) 2019

932075 10-12-19

ή.

Schedule C (Form 990 or 990-EZ) 2019

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Internal Revenue Service Name of the organization

Department of the Treasury

SAN FRANCISCO TRAVEL ASSOCIATION 94-0835150 Part Questions Regarding Compensation

	· ·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	رسوم بن خوس سدی	. :-] [-	1
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	First-class or charter travel	in its	38	**************************************
	Travel for companions Payments for business use of personal residence	1 1 2	g. 25.	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	41 T. III	۱ ۳ - س _{ال} مسور	
	Discretionary spending account Personal services (such as maid, chauffeur, chef)		1	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	х	
	t .			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			1,12
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract	1 3 1 3 3 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1	50.	
	Independent compensation consultant X Compensation survey or study	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ran i ran	
	X Form 990 of other organizations X Approval by the board or compensation committee	., T. T. T. T. T. T. T. T. T. T. T. T. T.		7.34
			ر بع _{را} ،	
4	During the year, did any person listed on Form 990, Part VII, Section Ariline 1a, with respect to the filing	HITT.		x
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	X DALTER M. JC 1000	X
b	Participate in, or receive payment from, a supplèmental nonqualified rétirement plan?	4b		x
	Participate in, or receive payment from, an equity based compensation arrangement?	4c		×
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	3 1	7	14.14
			18 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 may 1
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of.	-		
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.		1.3.7	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	3 3		
	contingent on the net earnings of:	ا بران المالية المالية المالية		
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.	the strains	11 44 4	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		1 11	
	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ارتول ^ی آ	\$74. J	1 - 5 1 m
	ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III"	8	-, I	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	de turmina	ال الرامي تشمي	14 C-355
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

Page 2

932112 10-21-19

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2019

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title (1) JOSEPH D'ALESSANDRO (1) PRESIDENT/CEO (2) TINA WU (2) TINA WU (3) HOWARD PICKETT (6)	(i) Base compensation						
(1) JOSEPH D'ALESSANDRO PRESIDENT/CEO (2) TINA WU EVP, CHIEF FINANCIAL OFFICER (3) HOWARD PICKETT		incentive compensation	(iii) Other reportable compensation	compensation		(a) (i)(a)	reported as deferred on prior Form 990
PRESIDENT/CEO (2) TINA WU EVP, CHIEF FINANCIAL OFFICER (3) HOWARD FICKETT	553,903.	439,242.	0.	45,044.	42,713.	1,080,902.	0
(2) TINA WU EVP, CHIEF FINANCIAL OFFICER (3) HOWARD PICKETT	0	0	0	0	0	.0	0
EVP, CHIEF FINANCIAL OFFICER (3) HOWARD PICKETT	263,492.	40,730.	0	39,859.	30,230.	374,311.	0
(3) HOWARD PICKETT	0.	0	0	0	0	0	0
	270,690.	41,076.	0	40,471.	30,230.	382,467.	.0
EVP, CHIEF MARKETING OFFICER		0	.0	0	0	• 0	•0
(4) EDWARD DAVID (i)	320,789.	. 58,088.	0	48,828.	42,713.	470,418.	0
EVP, CHIEF CUSTOMER OFFICER (ii)	0	0	0.	0.	0	•0	• 0
(5) PAUL FRENTSOS (6)	256,002.	38,064.	0.	38,574.	24,079.	356,719.	0
	0.	0	0.	0	0	.0	0.
(6) HUBERTUS FUNKE	212,920.	26,899.	0.	32,016.	11,318.	283,153.	
CHIEF TOURISM OFFICER	0	0	0	· · · · · · · · · · · · · · · · · · ·	0	0.7 🔆	الا - اسم
(7) KENLEY MOY	201,927.	24,303.	0	30,388.	13,465.	270-,083.	0
VP, NATIONAL SALES	0	0	0	0	0	•0	•0
(8) LYSA LEWIN (i)	193,332.	25,048.	0	30,987.	33,041.	282,408.	0
SVP, CITYWIDE SALES (ii)	0	0.	0	0	0	*0	0
(9) CHRISTINA HOPEMAN (i)	196,915.	19,123.	0.	30,356.	.079,670.	276,064.	0
"VP, INFO/TECH	0	0	.0	[*o	0	°0 °	.0
CASSANDRA MCGOLDRICK	202,822.	18,855.	0	30,752.	. 663, 663.	760, 187	•0
UBLIC POLICY & EXECUTIVE PROGRA	0	.0	0.	0	0	•0	• 0
(11) LEONIE PATRICK (i)	163,310.	. 29,617.	0.	25,484.	29,611.	248,022.	0
SR. DIR, CITYWIDE SALES	0.	0.	0.	0.]	0.	.0	0.
(0)							
(ii)							
(0)							
(9)							
(ii)							
(1)							
(ii)							

32

33

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

2019
Open to Public Inspection

Name of the organization Employer identification number SAN FRANCISCO TRAVEL ASSOCIATION 94-0835150 LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MEETINGS EVENTS AND LEISURE TRAVEL. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: DURING THE MOSCONE EXPANSION PERIOD SAN FRANCISCO TRAVEL COMPLETED COMPREHENSIVE RESEARCH ON VISITOR ATTITUDES, USAGE AND VISITATION IN THE DOMESTIC AND INTERNATIONAL MARKETS. THE STUDIES REVEALED 25.8 MILLION VISITORS AND RECORD SPENDING OF \$10 BILLION IN 2018, AS WELL AS INSIGHTS INTO CONSUMER BEHAVIORS WHICH WILL BE USED IN SALES AND MARKETING INITIATIVES. ALSO COMPLETED WERE THE CUSTOM ECONOMIC IMPACT CALCULATOR MODULE FOR CONVENTION, EVENTS AND SPECIAL EVENT. ADDITIONALLY, SAN FRANCISCO TRAVEL ASSOCIATION COMPLETED DATABASE MODELING AND INTELLIGENCE FOR VISITOR VOLUME, PAID NIGHTS AND TOTAL VISITOR SPEND BY COUNTRY AND REGION TO BETTER TRACK ROI OF SALES AND MARKETING SPEND IN 2019, SAN FRANCISCO TRAVEL PUBLIC POLICY STAFF ALONG WITH THE BOARD OF DIRECTORS CONTINUED TO EDUCATE AND ADVOCATE AROUND ISSUES WHICH AFFECT THE VISITOR EXPERIENCE. AND THEREFORE THE ECONOMIC IMPACT OF THE INDUSTRY. STAFF SUPPORTED INCREASED FUNDING FOR STREET CLEANING HOMELESS SERVICES, AND SECURITY, AS WELL AS ADVOCATED FOR ACCOMMODATIONS AND IMPROVED TRANSPORTATION SERVICES TO MEET CLIENT NEEDS SAN FRANCISCO TRAVEL'S TOURISM STAFF CONTINUED TO GENERATE NEW TOURISM PROGRAMS FOR PARTNERS. THE TEAM ALSO HOSTED DEDICATED SALES LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization			Employer identification number
SAN FRANCISCO TRAVEL ASSOC	IATION		94-0835150
	Ç2Î		
FORM 990, PART VI, SECTION C, LINE 19: 🕜	145 mm	<u>·</u>	
THE ORGANIZATION WILL PROVIDE COPIES TO ANYONE I		PHESE	
FORMS IN WRITING.		,	
TOWNS IN WRITING.	-	<u> </u>	
			
FORM 990, PART XII, LINE 2B:			······
THE FINANCIALS FOR THIS SHORT YEAR WILL BE INCLU	UDED IN THE		
ORGANIZATION'S 18-MONTH FINANCIAL STATEMENT AUD	IT FOR THE PERIOD C)F	
7/1/2019 - 12/31/2020.			
	1 1/4		······································
		•	
*· 1	STE STE	t	
	A. 37.		
	· :		
	,		
<u> </u>		··· ·····	
	Ž,	۴ ,	,
** **	have a	0	
, ē	Egg. Sales	e.	
	1		
	V F		333
	 		
		<u> </u>	
	<u> </u>		

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Attach to Form 990.

Open to Public, Inspection 2019

OMB No 1545-0047

Employer identification number

94-0835150

Go to www.irs.gov/Form990 for instructions and the latest information. SAN FRANCISCO TRAVEL ASSOCIATION Name of the organization Department of the Treasury Internal Revenue Service

`` ر. • Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. End-of-year assets <u>e</u> • • • • Total income 34.4 ਉ ;;; <u>.</u>. Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity 1.76 Name, address, and EIN (if applicable) of disregarded entity Part

* 7 A

Part II

(g) Section 512(b)(13) ž × controlled entity? Yes · × Direct controlling SAN PRANCISCO entity ASSOCIATION TRAVEL status (if section Public charity 501(c)(3)) <u>e</u> LINE 10 section Exempt Code 501(C)(6) 501(C)(3) € Legal domicile (state or foreign country) CALIFORNIA CALIFORNIA HOTEL AND TOURISM INDUSTRY TO ADVANCE AND PROMOTE THE TO HELP PREPARE FUTURE WITHIN SAN FRANCISCO Primary activity ; ; ;;... INDUSTRY LEADERS STREET, SUITE 2900, SAN FRANCISCO, CA 94111 SAN FRANCISCO TRAVEL FOUNDATION - 81-0618666 SAN FRANCISCO TOURISM IMPROVEMENT DISTRICT MANAGEMENT CORP. - 26-4814856, ONE FRONT Name, address, and EIN ONE PRONT STREET SUITE 2900 SAN FRANCISCO, CA 94111

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

38

Schedule R (Form 990) 2019

Page 2

94-0835150

Schedule R (Form 990) 2019 SAN FRANCISCO TRAVEL ASSOCIATION

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.

(j) (k) · General or Percentage managing ownership											potolog og
(j) neral or inaging irtner?	Yes No										Jul 30
(i) Code V-UBI Code V-UBI Code V-UBI Code V-UBI Code Of Schedule	K-1 (Form 1065) Ye		i							2112	heralise it had one
	S.					,) - 	76.00
(h) Disproportionate allocations?	Yes			-	-	٠,					N 4
(g) Share of end-of-year											" on Form 000 Dar
(f) Share of total income											Yacameron
(e) Predominant income (related, unrelated, excluded from tax under	sections 512-514)					-				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	ing or Truet Compilate if the consultation answered "Ves" on Form 900 Bert IV line 34 hereuse it had one or more related
(d) Direct controlling entity				 							Continuo or Truck
(c) Legal domicile (state or	(Aduno)										out of se
(b) Primary activity										اران د ریا <u>ت</u>	solizations Tavable
(a) Name, address, and EIN of related organization								,			feronson of Bolston Orderings and Industrial Constitutions

Part IV Idenufication of Related Organizations Taxable as a Corporation or ganizations treated as a corporation or trust during the tax year.

ĵ,

	,							
(a)	(q)	(0)	(p)	(e)		(6)	(µ)	(1)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling Type of entity (C corp., S corp.	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	o e	Section 512(b)(13) controlled entity?
land to the second seco		country)		hen io		dasacis		Yes No
. ;-			,		,	,		
						•		
	ï							
	,							
			i					
								·
		-		·				
								_

932162 09-10-19

39

Schedule R (Form 990) 2019

Page 3

94-0835150

		C 11.741			11-1-1	A ALL - AA A.	44.4	I To our over the second	>	1		1	9	700	001	
: :	したことのことのこれで			2	a Tallo				2		7	2	1	2	Š	
						5		3000	2)		;	
A			,													

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed in	Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	2-)		1a	×
b Grift, grant, or capital contribution to related organization(s)				1p	×
c Gift, grant, or capital contribution from related organization(s)				2	×
				뒫	×
				ş	×
E LUAIS OF IDAI gualantees by related Digaritzation(s)				שַ	: -
f Dividends from related organization(s)				=	×
				Ş	×
				2	;
h Purchase of assets from related organization(s)	•			=	×
 Exchange of assets with related organization(s) 			:	;=	×
رة) المناتجة والمناتجة وا				į=	×
					<u> </u>
k Lease of facilities, equipment, or other assets from related organization(s)				+	×
Performance of services or membership or fundraising solicitations for related organization(s)	anızatıon(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			Ę	×
Ó				10	x
		The Agreement		1	<u> </u>
Sembi reament haid to related organization(s) for expenses		•	٠	٤.	×
		•		, ,	>
q Keimbursement paid by related organization(s) for expenses				5	4
 Other transfer of cash or property to related organization(s) 		,		-	×
s Other transfer of cash or property from related organization(s)				15	×
عنديري المجاملة المتعاملة على المتعاملة على المتعاملة ا	who must complete th	is line, including covered re	lationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1)					
(2)					
(3)					
(4)					
. (
(c)					
. (9)					
932163 09-10-19			Schedule	Schedule R (Form 990) 2019	990) 2019

94-0835150

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, sxcluded from tax und sections 512-514)	(e) Are all partners sec 501(c)(3) er Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	(k) Percentage ownership	
			, , , , ,			,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,					; ;;
		,	-			*	,			۴	
,		ŧ				ूस्तर ५ - १	и				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
											_
							ı	Schedule	R (Forr	Schedule R (Form 990) 2019	

932165 09-10-19