# **PUBLIC DISCLOSURE COPY**

# **PLEASE FILE IN A SAFE PLACE**

# ARMANINO LLP

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### \*\* PUBLIC DISCLOSURE COPY \*\*

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

Department of the Treasury Internal Revenue Service

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

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

A I	For the	e 2020 calendar year, or tax year beginning JU	L 1, 2020 and	ending ਹਾ	UN 30, 20	21						
	Check if applicable	C Name of organization			D Employ	yer identifi	cation number					
Г	Addre											
F	Name chang		23-7131784									
F	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telepho	one numbe	r					
F	Final	1074 FOLSOM STREET	ivorou to otroot addrood	riooni, ouito		621-3260						
	termir ated	City or town, state or province, country, and 2	ZIP or foreign postal code		<b>G</b> Gross rec	eipts \$	15,468,906.					
	Amen return	ded CAN EDANCICCO CA 04103	3 1		H(a) Is this	s a group re	eturn					
	Applic tion	F Name and address of principal officer: DREW	F Name and address of principal officer: DREW BECHER									
	pendi	SAME AS C ABOVE			H(b) Are all subordinates included? Yes N							
I Tax-exempt status:     Solicity   Solicit												
J١	Websi	te: > HTTPS://SANFRANCISCOPARKSALLIANCE	.ORG/		H(c) Grou	p exemptio	n number					
		organization:	sociation Other ►	<b>L</b> Year	of formation:	1971 N	M State of legal domicile: CA					
Pa	_	Summary										
4	1	Briefly describe the organization's mission or most	significant activities: THE MI	SSION IS	TO INSPI	RE AND						
Governance		PROMOTE CIVIC ENGAGEMENT AND PHILANTHE	ROPY THAT PROTECTS, SUS	TAINS								
rna	2	Check this box  if the organization discor	tinued its operations or dispos	sed of more	than 25% o	f its net ass	sets.					
ove	3	Number of voting members of the governing body (	Part VI, line 1a)			3	27					
	1 .	Number of independent voting members of the gov					27 219					
es 8			otal number of individuals employed in calendar year 2020 (Part V, line 2a)									
ĬĖ		Total number of volunteers (estimate if necessary)					750					
Activities &		Total unrelated business revenue from Part VIII, col				I	0.					
_	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11	······		7b	0.					
				Prior Y	<u>ear</u> 786,539.	Current Year 11,996,446.						
ē	8		tributions and grants (Part VIII, line 1h)									
ēn	9	Program service revenue (Part VIII, line 2g)		2,059,397.		1,242,108.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,		1,	134,304.	196,153.						
_	וו	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			10	36,739.	26,057.					
		Total revenue - add lines 8 through 11 (must equal			016,979. 283,829.	13,460,764. 700,001.						
	1		ants and similar amounts paid (Part IX, column (A), lines 1-3)									
	1	Benefits paid to or for members (Part IX, column (A			6	0.	0.					
ses	15	Salaries, other compensation, employee benefits (F				783,458. 291,319.	5,128,552. 166,399.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), li				291,319.	100,333.					
X	_D	Total fundraising expenses (Part IX, column (D), line			21	510,376.	12,611,810.					
	''	Other expenses (Part IX, column (A), lines 11a-11d,				868,982.	18,606,762.					
	1	Total expenses. Add lines 13-17 (must equal Part I) Revenue less expenses. Subtract line 18 from line				852,003.	-5,145,998.					
	19	nevertue less expenses. Subtract line 16 nom line	12	Re	ginning of Cu		End of Year					
Net Assets or	20	Total assets (Part X, line 16)		<u> </u>		595,783.	18,998,455.					
ASS	21	Total liabilities (Part X, line 26)				400,853.	5,908,566.					
Net	22	Net assets or fund balances. Subtract line 21 from			194,930.	13,089,889.						
Pa	art II	Signature Block			•	•	, ,					
Und	er pena	lities of perjury, I declare that I have examined this return,	including accompanying schedules	and stateme	ents, and to th	ne best of my	/ knowledge and belief, it is					
true	, correc	et, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any knov	vledge.						
Sig	n	Signature of officer			Da	ite						
Her	·e	DREW BECHER, CHIEF EXECUTIVE OFFI	CER									
		Type or print name and title										
		Print/Type preparer's name	Preparer's signature		Date	Check [	PTIN					
Paid	i	KATY BROWN	KATY BROWN	0 !	5/13/22	self-employ	P00650274					
	parer	Firm's name ARMANINO LLP			Fir	94-6214841						
Use	Only	Firm's address 12657 ALCOSTA BLVD, STE.	500									
		SAN RAMON, CA 94583-4600			Ph	none no.925	-790-2600					
May	the II	RS discuss this return with the preparer shown above				X Yes No						

23-7131784

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE MISSION IS TO INSPIRE AND PROMOTE CIVIC ENGAGEMENT AND	
	PHILANTHROPY THAT PROTECTS, SUSTAINS AND ENRICHES SAN FRANCISCO PARKS,	
	RECREATION, AND GREEN OPEN SPACES.	
_		
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3		Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex	=
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	enses, and
	revenue, if any, for each program service reported.	892,302.)
4a	(Code:) (Expenses \$12,119,451. including grants of \$700,001. ) (Revenue \$PARK PARTNERS PROGRAMS: PROVIDES ORGANIZATIONAL INFRASTRUCTURE,	092,302.
	TECHNICAL SUPPORT, MENTORING, AND ASSISTANCE TO MORE THAN 100 PARK AND	
	RECREATION VOLUNTEER GROUPS, AND SMALL NONPROFITS. SERVICES INCLUDE	
	FINANCE, BOOKKEEPING, DONOR RECORD KEEPING, FUNDRAISING CONSULTING, INSURANCE, LEGAL EXPERTISE, COMMUNITY ORGANIZATION, AND CIVIC	
	ENGAGEMENT. EXAMPLES INCLUDE, FRIENDS OF NOE VALLEY RECREATION CENTER,	
	FRIENDS OF JOE DIMAGGIO PLAYGROUND, HELP MCLAREN PARK, TENNIS COALITION	
	OF SAN FRANCISCO, SUTRO STEWARDS, AND FRIEND OF STRAWBERRY HILL.	
	OF SAN FRANCISCO, SOIRO SIEMARDS, AND FRIEND OF SIRAMBERRI HIDE.	
4b	(Code:) (Expenses \$ 989,851. including grants of \$ ) (Revenue \$	349,806.)
710	CONSERVATORY OF FLOWERS - MANAGE STAFF AT THE CONSERVATORY, A NATIONAL	
	HISTORIC LANDMARK OPERATED BY THE CITY OF SAN FRANCISCO DEPARTMENT OF	
	RECREATION AND PARK DEPARTMENT.	
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$\frac{\text{including grants of \$}}{\text{(Revenue \$}}	)
4e	Total program service expenses ▶ 13,109,302.	
		Form <b>990</b> (2020)

23-7131784

# Form 990 (2020) SAN FRANCISCO PARE Part IV Checklist of Required Schedules

	<u> </u>					
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		Х		
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	Х			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or					
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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		Х		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,					
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete					
	Schedule D, Part III	88		Х		
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		Х		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments					
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X					
	as applicable.					
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,					
	Part VI	11a	Х			
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total					
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			٠,,		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х		
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	١		x		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ			
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х			
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х			
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a				
D		12b		x		
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x		
14a		14a		X		
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		<u> </u>		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000					
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any					
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to					
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,					
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines					
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."					
	complete Schedule G, Part III	19		х		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х			

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	· (continued)		Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete							
	Schedule J							
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		Х				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u></u>				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
	any tax-exempt bonds?	24c		<u> </u>				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>				
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,				
	Schedule L, Part I	25b		Х				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x				
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26						
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III							
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		Х				
	instructions, for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If							
_	Yes, " complete Schedule L, Part IV							
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			х				
	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		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		Х				
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		Х				
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		Х				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			.,				
05	Part V, line 1			X				
	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	O.E.L.		1				
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			<u> </u>				
36	, , ,			x				
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization							
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x				
38								
	Note: All Form 990 filers are required to complete Schedule O							
Par		38						
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>						
		_	Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	58						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c	Х					
032004	12-23-20	Form	990	(2020)				

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Form 990 (2020)	SAN FRANCISCO PARKS ALLIANCE	23-7131784	Pa	age 5
Part V Stat	tements Regarding Other IRS Filings and Tax Compliance (continued)			
			Ves	Nο

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
	Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	o If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		Х						
D	b If "Yes," enter the name of the foreign country									
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х						
b										
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00								
	any contributions that were not tax deductible as charitable contributions?	6a		х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	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		Х						
b	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		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year			х						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	3 7 7 7 7 7 7 7 1									
g										
h	3									
8										
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	8								
а										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	4								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	-								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-								
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.	13a								
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
b	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a		14a		х						
	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									
	excess parachute payment(s) during the year?	15		х						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х						
	If "Yes," complete Form 4720, Schedule O.									

SAN FRANCISCO PARKS ALLIANCE Form 990 (2020) 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 27 **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. 27 **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 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Х 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? 5 Did the organization have members or stockholders? 6 Х 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 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? Х 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 Nο 10a Did the organization have local chapters, branches, or affiliates? 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? 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. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official X

#### Section C. Disclosure

17	List the states with which a copy of this Form 000 is required to be filled	'A

exempt status with respect to such arrangements?

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.

Own website X Upon request Another's website Other (explain on Schedule O)

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

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20	State the name, address, and telephone number of the person who possesses the organization's books and records	<b></b>
	JUSTIN PROBERT, DIRECTOR OF FINANCE AND ADMINISTRATION - 415-621-3260	
	1074 FOLGON CERREDE CAN ERANGIGGO CA 04102	

Other officers or key employees of the organization

taxable entity during the year?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Form **990** (2020)

15a

15b

16a

16h

Х

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

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

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

- 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.

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

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

(A)  Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	1   1   1   1   1   1   1   1   1   1		organizations (W-2/1099-MISC)	compensation from the organization and related organizations					
(1) DREW BECHER	40.00	1								
CEO				Х				174,748.	0.	21,474.
(2) SONIA BANKS	40.00	4								
DIR., EXTERNAL AFFAIRS						Х		156,359.	0.	18,386.
(3) KEARSTIN KREHBIEL	40.00	4								
DIR., RESEARCH & DEVELOPMENT		ļ				Х		144,932.	0.	14,366.
(4) JUSTIN PROBERT	40.00	4						436 545		10.000
DIR. OF FINANCE & ACCOUNTING	40.00			Х				136,515.	0.	18,829.
(5) PHILIP WINN	40.00	1				,,		107 100	_	14 655
DIR., PARKS & PLACE	F 00	<u> </u>				Х		107,109.	0.	14,655.
(6) LIZ FARRELL BOARD CHAIR	5.00	x		ļ					_	0
(7) BRIAN BAKER	F 00	^		Х				0.	0.	0.
CO-CHAIR	5.00	x		ļ				0.	0.	0
(8) MICHAEL YARNE	5.00	^		Х				0.	٠.	0.
SECRETARY	3.00	x		x				0.	0.	0
(9) RICK HUTCHISON	5.00	^		_				0.	0.	0.
TREASURER	3.00	x		x				0.	0.	0.
(10) LOUISE MOZINGO	2,00	1						0.	· ·	
DIRECTOR	2.00	x						0.	0.	0.
(11) COURTNEY KLINGE	2,00	<del> </del>							••	
DIRECTOR	2.00	x						0.	0.	0.
(12) MELANIE SENGUPTA	2.00	<del> </del>								
DIRECTOR		x						0.	0.	0.
(13) KELLY NICE	2.00									
DIRECTOR		x						0.	0.	0.
(14) JULIANA BUNIM	2.00									
DIRECTOR		х						0.	0.	0.
(15) ROSEMARY CAMERON	2.00									
DIRECTOR		х						0.	0.	0.
(16) ARI DAMAN	2.00									
DIRECTOR		х						0.	0.	0.
(17) MARTHA EHRENFELD	2.00									
DIRECTOR		х						0.	0.	0.
	•							•		Form 990 (2020)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			(C	;)			(D)	(E)			(F)	
Name and title	Average	(da		Posi				Reportable	Reportable		Es	stimate	ed
	hours per	box	, unle	heck n ss pers	son is	s both	an	compensation	compensation				of
	week	offi	cer ar	id a dir	recto	r/trus	tee)	from	from related			other	
	(list any	ector						the	organizations		com	pensa	ation
	hours for	or dir	يو			ated		organization	(W-2/1099-MISC	;)	from the		
	related organizations	ıstee	truste		ao	bens		(W-2/1099-MISC)			organization		
	below	ual tn	ional		ploye	t com						d relat anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ai iizati	0115
(18) OZ ERICKSON	2.00	=	=	0	¥	Ξ 0	4						
DIRECTOR		х						0.		0.			0.
(19) COBIE EVERDELL	2.00												
DIRECTOR		х						0.		0.			0.
(20) SARAH GALLO	2.00												
DIRECTOR		х						0.		0.			0.
(21) BOB GAMBLE	2.00												
DIRECTOR		Х						0.		0.			0.
(22) MOLLIE GARDNER HECTOR	2.00												
DIRECTOR		Х						0.		0.			0.
(23) CHRIS GUILLARD	2.00	1											_
DIRECTOR	0.00	Х						0.		0.			0.
(24) JASMINE KIM DIRECTOR	2.00	x						0.		0.			0.
(25) JONATHAN REWERS	2.00	^						0.		٠.			٠.
DIRECTOR		х						0.		0.			0.
(26) TIM SEUFERT	2.00												
DIRECTOR		х						0.		0.		0.	
1b Subtotal							<u></u>	719,663.		0.		87,	710.
c Total from continuation sheets to Part VI	I, Section A						<b>•</b>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	719,663.		0.		87,	710.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													5
										1		Yes	No
3 Did the organization list any <b>former</b> officer,													х
line 1a? If "Yes," complete Schedule J for s								ar componentian from the			3		Α .
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com											5		х
Section B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>		···							
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ntra	actor	s th	nat received more than \$	100,000 of compe	nsat	ion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng wi	th c	or wi	thin	the organization's tax y	ear.				
(A)								(B)		_	(0		
Name and business	address	NO	NE				4	Description of s	ervices		ompe	nsatio	n
							$\dashv$						
-							$\dashv$						
2 Total number of independent contractors (in	ncluding but n	ot lir	nited	t ot	hos	e lis	ted	above) who received mo	ore than				

\$100,000 of compensation from the organization 
SEE PART VII, SECTION A CONTINUATION SHEETS

Canal Company   Canal Compan	Form 990 SAN FRANCISC	O PARKS ALL	IAN	CE						23-71313	/84
(27) JOHN WARE  (28) LATEFAN GAINEY BAXYER  (29) SIMM BUFORD  (29) SIMM BUFORD  (20) SIMM BUFORD  (20) SIMM BUFORD  (21) SAROLINE HAYWARD BRINKERHOFF  (22) SAROLINE HAYWARD BRINKERHOFF  (23) SAROLINE HAYWARD BRINKERHOFF  (23) SAROLINE HAYWARD BRINKERHOFF  (24) SAROLINE HAYWARD BRINKERHOFF  (25) SAROLINE HAYWARD BRINKERHOFF  (26) SAROLINE HAYWARD BRINKERHOFF  (27) SAROLINE HAYWARD BRINKERHOFF  (28) SAROLINE HAYWARD BRINKERHOFF  (29) SAROLINE HAYWARD BRINKERHOFF  (21) SAROLINE HAYWARD BRINKERHOFF  (21) SAROLINE HAYWARD BRINKERHOFF  (21) SAROLINE HAYWARD BRINKERHOFF  (22) SAROLINE HAYWARD BRINKERHOFF  (23) SAROLINE HAYWARD BRINKERHOFF  (24) SAROLINE HAYWARD BRINKERHOFF  (25) SAROLINE HAYWARD BRINKERHOFF  (27) SAROLINE HAYWARD BRINKERHOFF  (28) SAROLINE HAYWARD BRINKERHOFF  (29) SAROLINE HAYWARD BRINKERHOFF  (21) SAROLINE HAYWARD BRINKERHOFF  (22) SAROLINE HAYWARD BRINKERHOFF  (23) SAROLINE HAYWARD BRINKERHOFF  (24) SAROLINE HAYWARD BRINKERHOFF  (25) SAROLINE HAYWARD BRINKERHOFF  (26) SAROLINE HAYWARD BRINKERHOFF  (	Part VII   Section A. Officers, Directors, Tru	ustees, Key En	nplo	yee	s, aı	nd F	ligh	est	Compensated Employe	es (continued)	
Name and title    Average   Position   Posit		<b>I</b>							1	'	(F)
Double   Check all that apply)   Compensation   C		1							1		
Per   Week (Ist any)   Per   Week (Ist any)   Per	Name and title	1	(cl					lv)	•		
Week   Company		1	(0)	I		I	T	· y /	<u> </u>		
(list any burner or related organizations   1							e e		1		
(27) JOHN WARE			tor				ploye		1		
(27) JOHN WARE		1	direc				d em			(** 27 1000 111100)	
(27) JOHN WARE			e or	tee			sate		(** 27 1033 141100)		
(27) JOHN WARE		1	ruste	l trus		yee	m per				
(27) JOHN WARE			dual	rion	_	od m	stco	<u></u>			
(27) JOHN WARE			ndivi	nstitu	Office	(ey el	-lighe	-ome			
DIRECTOR	(27) JOHN WARE	<u> </u>	_	<del>                                     </del>		-	<del>                                     </del>	_			
(28) LATEEFAH GAINEY BAXTER (29) SHON BUFORD (29) SHON BUFORD (20) DIRECTOR (X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		2.00	y						0	0	
DIRECTOR		2 00							· · ·	· ·	••
Canada Suppose		2.00	v							_	_
DIRECTOR		2 00	Λ						· ·	٠.	٠.
Color		2.00								_	
DIRECTOR			Х	_			_		0.	0.	0.
Caroline Hayward Brinckerhoff   2.00   X		2.00	ļ								
DIRECTOR			Х						0.	0.	0.
CAROLYN FEINSTEIN EDWARDS	(31) CAROLINE HAYWARD BRINCKERHOFF	2.00									
X	DIRECTOR		Х						0.	0.	0.
33   BROOK MEBRAHTU	(32) CAROLYN FEINSTEIN EDWARDS	2.00									
DIRECTOR	DIRECTOR		Х						0.	0.	0.
Column	(33) BROOK MEBRAHTU	2.00									
DIRECTOR	DIRECTOR		х						0.	0.	0.
(35) KANISHKA KARUNARATNE CHENG	(34) LEE ANNE WELDON	2.00									
(35) KANISHKA KARUNARATNE CHENG	DIRECTOR		х						0.	0.	0.
	(35) KANISHKA KARUNARATNE CHENG	2.00									
	DIRECTOR		х						0.	0.	0.
Fatal to Part VII. Section A line to											-
Fatal to Part VII. Section A line to											
Fotal to Dart VII. Spation A. line 1a.											
Fotal to Dot VII Section A line 1e											
Fotal to Deat VIII. Section A. line 1e.											
Fotal to Dart VIII. Section A. line to											
Fotal to Dart VII. Section A line to				$\vdash$							
Fotal to Bott VII. Section A. line 1e											
Fotal to Part VII. Section A. line 1s.				_							
Fotal to Dart VIII. Section A. Jing 1g.											
Fotal to Part VII. Section A. line 1e.							_				
Fotal to Plat VII. Section A. line 1e											
Fotal to Part VII. Section A line to											
Fotal to Part VII. Section A. line 1e.											
Fotal to Part VII. Section A. line 1e.											
Fotal to Part VII. Section A. line 1e.											
Fotal to Part VII. Section A line to											
Fotal to Port VII. Section A line to											
Fotal to Part VII. Section A. line 1e.				L		L	L				
Fotal to Part VIII. Section A. line 1e.											
Fotal to Port VIII. Section A. line 1e.											
Fotal to Port VIII. Section A. line 1e.											
Fotal to Port VIII. Section A. line 1e.											
Total to Dort VIII. Section A. line 1.e.	_				-						
	Total to Dort VII. Continu A. line 1-										

23-7131784

Form 990 (2020) SAN FRANCIS
Part VIII Statement of Revenue

		Check if Schedule O	contai	ns a respons	e or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							Tariotion Tovonas	Business revenue	sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns		1a					
ra M	b	Membership dues		1b	33,547.				
Ω, E	С	Fundraising events		1c					
ar A		Related organizations							
s, G		Government grants (contr			3,381,399.				
Sign	f	All other contributions, gifts,	grants	, and					
but the		similar amounts not included	above	1f	8,581,500.				
ÖĘ	g	Noncash contributions included in	lines 1a	-1f <b>1g</b> \$	60,317.				
Col	h	Total. Add lines 1a-1f			<b>&gt;</b>	11,996,446.			
					<b>Business Code</b>				
ø	2 a	ADMISSIONS/SALES -	COF		900099	525,665.	525,665.		
ξ	b	ADMINISTRATIVE FEES			900099	458,844.	458,844.		
Se	С	PROGRAM FEES			900099	257,599.	257,599.		
an eve	d								
Program Service Revenue	е								
ğ	f	All other program service	reveni	ue					
	g	Total. Add lines 2a-2f				1,242,108.			
	3	Investment income (includ	ling di	ividends, inte	erest, and				
		other similar amounts)			<b>&gt;</b>	97,063.			97,063.
	4	Income from investment of	of tax-e	exempt bond	l proceeds				
	5	Royalties	. <u></u>		<b>&gt;</b>				
			l L	(i) Real	(ii) Personal				
	6 a	Gross rents	6a	33,20	O				
	b	Less: rental expenses	6b	16,76	7.				
	С	Rental income or (loss)	6с	16,43	3.				
	d	Net rental income or (loss)	) <u></u>		<b>&gt;</b>	16,433.			16,433.
	7 a	Gross amount from sales of	l L	(i) Securities	s (ii) Other				
		assets other than inventory	7a	2,090,46	5.				
	b	Less: cost or other basis							
ne		and sales expenses	7b	1,991,37	5.				
ther Revenue	С	Gain or (loss)	7с	99,09	0.				
Be	d	Net gain or (loss)		<u>.</u>	<b>&gt;</b>	99,090.			99,090.
Jer		Gross income from fundraising							
₹		including \$		of					
		contributions reported on	line 1	c). See					
		Part IV, line 18		[2	Ва				
	b	Less: direct expenses			Bb				
		Net income or (loss) from			<b></b>				
	9 a	Gross income from gamin	-	I					
		Part IV, line 19			Эа				
		Less: direct expenses			9b				
	С	Net income or (loss) from	gamin	ng activities	<u></u>				
	10 a	Gross sales of inventory, I		I .					
		and allowances		I	0a				
		Less: cost of goods sold			0b				
_	С	Net income or (loss) from	sales	of inventory	<b>&gt;</b>				
<u>s</u>		WIGGELL SAMONE STORY			Business Code	0.50:			0.504
eor Je		MISCELLANEOUS REVEN			900099	9,624.			9,624.
Miscellaneous Revenue	b				-				
See	c				-				
ž		All other revenue				9,624.			
		Total. Add lines 11a-11d				13,460,764.	1,242,108.	0.	222,210.
	12	Total revenue. See instruction	лıS .			1,, /04.	1 +,4=4,100.	ı "•	, 222,210.

032009 12-23-20

23-7131784

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 700,001 700,001 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 55,742. trustees, and key employees ..... 364,197. 254,938. 53,517 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 3,936,684. 1,896,721. 1,614,065. 425,898. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,462 4,462 509,239 247,901 205,691 55,647. Other employee benefits 9 313,970. 156,481. 122,451 35,038. 10 Payroll taxes Fees for services (nonemployees): Management а 5,500. 5,500 Legal 92,831. 92,831. Accounting Lobbying 166,399 166,399. Professional fundraising services. See Part IV, line 17 28,430. Investment management fees ..... 28,430 Other. (If line 11g amount exceeds 10% of line 25, 10,124,900 8,518,747 1,274,277 331,876. column (A) amount, list line 11g expenses on Sch O.) 126,382 11,311. 24,773 90,298. Advertising and promotion 12 414,567 343,725. 48,733 22,109. 13 Office expenses 189,752, 63,737. 70,546 55,469. Information technology ..... 14 Royalties 15 215,707 86,276. 129,431. 16 Occupancy 5,183. 6,161 754 224. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,540. 1,385. 155. Conferences, conventions, and meetings ..... 19 59,965. 23,738. 36,227 20 Payments to affiliates 21 26,944 486. 26,458. 22 Depreciation, depletion, and amortization ..... 104,297. 104,297 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) PROG. MATERIAL/SUPPLIES 513,168, 371,436. 133,334 8,398. ADMIN FEES 459,844 370,832. 19,711. 69,301. ALL OTHER EXPENSES 129,529, 39,637. 82,937, 6,955. С OUTSIDE SERVICES 16,767. 58,653. 41,886 53,640 53,640 All other expenses е 18,606,762, 13,109,302 4,173,951 1,323,509. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

# Form 990 (2020) Part X Balance Sheet

	ιχ	Check if Schedule O contains a response or	note to any line	in this Part X			
		Shock if Contoduc C Contains a response of	note to uny mic	THE HOLE ALL A	<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,370,216.	1	2,945,474
	2	Savings and temporary cash investments	793,045.	2	805,049		
	3	Pledges and grants receivable, net		5,433,834.	3	5,468,589	
	4	Accounts receivable, net			2,589,240.	4	1,835,558
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial contri	butor, or 35%			
		controlled entity or family member of any of t	hese persons			5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ		6			
S	7	Notes and loans receivable, net		4936(C)(3)(B)	137,000.	7	37,000
Assets	8	Inventories for sale or use			15,738.	8	15,738
As	9	Donat and a company of the company of the company			67,347.	9	45,500
	10a	Land, buildings, and equipment: cost or othe	1 1				
		basis. Complete Part VI of Schedule D		407,276.			
	b	Less: accumulated depreciation		346,185.	87,409.	10c	61,091
	11	Investments - publicly traded securities			7,071,954.	11	7,754,456
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, lii			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	30,000.	15	30,000		
	16	Total assets. Add lines 1 through 15 (must e			19,595,783.	16	18,998,455
	17	Accounts payable and accrued expenses			2,282,829.	17	1,402,066
	18	Grants payable			18		
	19	Deferred revenue		91,312.	19	91,312	
	20	Tax-exempt bond liabilities			20	·	
	21	Escrow or custodial account liability. Comple				21	
,	22	Loans and other payables to any current or fo					
ţį		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t		22			
Ë	23	Secured mortgages and notes payable to uni		rties		23	4,141,498
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D	– .,. –		26,712.	25	273,690
	26	Total liabilities. Add lines 17 through 25			2,400,853.	26	5,908,566
		Organizations that follow FASB ASC 958, o		]			
es		and complete lines 27, 28, 32, and 33.		_			
ا <u>س</u>	27				2,593,796.	27	2,851,570
Bal	28	Net assets with donor restrictions			14,601,134.	28	10,238,319
힏		Organizations that do not follow FASB ASC					
┇│		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
et'	32	Total net assets or fund balances			17,194,930.	32	13,089,889
_	33	Total liabilities and net assets/fund balances		·····	19,595,783.	33	18,998,455

	1990 (2020) SAN FRANCISCO PARKS ALLIANCE	23-71	31784	Pa	ge <b>1</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)			,460,	
2	Total expenses (must equal Part IX, column (A), line 25)			,606,	
3	Revenue less expenses. Subtract line 2 from line 1			,145,	
ŀ	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			,194,	
5	Net unrealized gains (losses) on investments		1	,040,	957
)	Donated services and use of facilities				
	Investment expenses	7			
3	Prior period adjustments	8			
)	Other changes in net assets or fund balances (explain on Schedule O)	9			0
)	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	13	,089,	889
<u>a</u>	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O.			
а	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 reviewe	ed on a			
	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	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	he audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on So	hedule O.			

Form 990 (2020)

Х

За

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

Act and OMB Circular A-133?

#### **SCHEDULE A**

Department of the Treasury

(Form 990 or 990-EZ)

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

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

Attach to Form 990 or Form 990-EZ.

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

**2020** 

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Internal Revenue Service

Name of the organization

SAN FRANCISCO PARKS ALLIANCE 23-7131784 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.							
Sec	ction B. Total Support		_		_	_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	<b>Total support.</b> Add lines 7 through 10							
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)		
	organization, check this box and stop						<b>&gt;</b>	
Sec	tion C. Computation of Publi	c Support Per	rcentage					
	Public support percentage for 2020 (li		•	* * * * * * * * * * * * * * * * * * * *		14	%	
	Public support percentage from 2019					15	%	
16a	<b>33 1/3</b> % <b>support test - 2020.</b> If the o				14 is 33 1/3% or m	nore, check this bo	x and	
	stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
b					l line 15 is 33 1/3%	or more, check th	is box	
	and <b>stop here.</b> The organization qual	•						
17a	10% -facts-and-circumstances test							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
_	meets the facts-and-circumstances te						▶∟	
b	10% -facts-and-circumstances test						10% or	
	more, and if the organization meets the						<b>.</b> —	
40	organization meets the facts-and-circu						<b>P</b>	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 1/a, or 17b		and see instructions	_	

Schedule A (Form 990 or 990-EZ) 2020

Page 3

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	10,042,289.	12,336,504.	20,026,411.	15,786,539.	11,996,446.	70,188,189.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,897,147.	2,361,182.	2,293,283.	2,059,397.	1,242,108.	9,853,117.
3	Gross receipts from activities that	, ,	, , ,	, , ,	, ,	, , ,	, , -
Ū	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	11,939,436.	14,697,686.	22,319,694.	17,845,936.	13,238,554.	80,041,306.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons	1,000,000.	4,400,000.	4,202,385.	2,296,098.	4,149,650.	16,048,133.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the					31,945.	31,945.
	amount on line 13 for the year	1,000,000.	4,400,000.	4,202,385.	2,296,098.	4,181,595.	16,080,078.
	Add lines 7a and 7b	1,000,000.	4,400,000.	4,202,303.	2,230,030.	4,101,333.	63,961,228.
Sec	Public support. (Subtract line 7c from line 6.)						03,901,220.
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	11,939,436.	14,697,686.	22,319,694.	17,845,936.	13,238,554.	80,041,306.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	432,116.	502,122.	578,614.	533,669.	130,263.	2,176,784.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	432,116.	502,122.	578,614.	533,669.	130,263.	2,176,784.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	599,226.	5,080,168.	476,613.	848,821.	9,624.	7,014,452.
13	Total support. (Add lines 9, 10c, 11, and 12.)	12,970,778.	20,279,976.	23,374,921.	19,228,426.	13,378,441.	89,232,542.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
	check this box and <b>stop here</b>			•			
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), di	vided by line 13, c	olumn (f))		15	71.68 %
16	Public support percentage from 2019	Schedule A, Part I	II, line 15			16	71.39 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>20</b> (line 10c, colun	nn (f), divided by lin	ne 13, column (f))		17	2.44 %
18	Investment income percentage from 2	<b>2019</b> Schedule A, I	Part III, line 17			18	2.98 %
19a	a 33 1/3% support tests - 2020. If the	organization did n	ot check the box o	n line 14, and line	15 is more than 33	3 1/3%, and line 17	is not
ŀ	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the						<b>▶</b> X
_	line 18 is not more than 33 1/3%, che	•				•	ightharpoonup
20	Private foundation. If the organization						<b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2020

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
_		
3a		
3b		
3c		
4-		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
9b		
3.2		
9с		
10a		
10b		

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard.  Ition E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	1-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		N <sub>2</sub>
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orgar	nizations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.								
	All other Type III non-functionally integrated supporting organizations mus		•						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
_3_	Other gross income (see instructions)	3							
_4	Add lines 1 through 3.	4							
_5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or								
	collection of gross income or for management, conservation, or								
	maintenance of property held for production of income (see instructions)	6							
_7	Other expenses (see instructions)	7							
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
С	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
_3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
	see instructions).	4							
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
_6	Multiply line 5 by 0.035.	6							
_7_	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sect	ion C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	nization (see					
	instructions).								

Schedule A (Form 990 or 990-EZ) 2020

Par	't V │ Type III Non-Functionally Integrated	509(a	ı)(3) Supporting Orga	anizations <sub>(contin</sub>	ued)	
Section	ion D - Distributions			•	·	Current Year
1	Amounts paid to supported organizations to accomplish	n exem	pt purposes		1	
2	Amounts paid to perform activity that directly furthers ex	xempt	purposes of supported			
	organizations, in excess of income from activity	•			2	
3	Administrative expenses paid to accomplish exempt pur	rposes	of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval required	l - prov	vide details in Part VI)		5	
	Other distributions (describe in Part VI). See instruction		,		6	
	<b>Total annual distributions.</b> Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to whi	ich the	organization is responsive	<b>;</b>		
	(provide details in <b>Part VI</b> ). See instructions.				8	
9	Distributable amount for 2020 from Section C, line 6				9	
	Line 8 amount divided by line 9 amount				10	
	,		(i)	(ii)		(iii)
Section	ion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributio Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason	n-				
	able cause required - explain in Part VI). See instruction	ıs.				
3	Excess distributions carryover, if any, to 2020					
а	From 2015					
b	From 2016					
С	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7:					
a	Applied to underdistributions of prior years					
	Applied to 2020 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result grea	ater				
	than zero, explain in <b>Part VI.</b> See instructions.			I		
	Remaining underdistributions for 2020. Subtract lines 3	h				
	and 4b from line 1. For result greater than zero, explain a					
	Part VI. See instructions.	"'				
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:	$\neg$				
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:
FUNDRAISING INCOME
2016 AMOUNT: \$ 599,226.
2017 AMOUNT: \$ 5,080,168.
2018 AMOUNT: \$ 476,613.
2019 AMOUNT: \$ 835,584.
2020 AMOUNT: \$ 0.
MISC. REVENUE
2019 AMOUNT: \$ 13,237.
2020 AMOUNT: \$ 9,624.

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**2020** 

Employer identification number

	SA	N FRANCISCO PARKS ALLIANCE	23-7131784					
Organiz	ation type (check o	one):						
Filers of	f:	Section:						
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 990-PF		501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	,	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.					
General	Rule							
	· ·	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's						
Special	Rules							
X	sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount, line 1. Complete Parts I and II.	or 16b, and that received from					
	contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a part total contributions of more than \$1,000 exclusively for religious, charitable, scional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (end) instead of the contributor name and address), II, and III.	entific,					
	year, contributions is checked, enter l purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sexclusively for religious, charitable, etc., purposes, but no such contributions totaled mannere the total contributions that were received during the year for an exclusively religious amplete any of the parts unless the <b>General Rule</b> applies to this organization because it is e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>					
but it <b>m</b>	ust answer "No" or	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

Name of organization

Employer identification number

SAN FRANCISCO PARKS ALLIANCE

23-7131784

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$250,000. 	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$525,954. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$648,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Hame, dudicess, and Zir + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$275,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$4,025,000.	Person X Payroll Noncash (Complete Part II for

Name of organization	Employer identification number
SAN FRANCISCO PARKS ALLIANCE	23-7131784

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4	Total contributions  \$ 314,606.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, auu ess, anu ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SAN FRANCISCO PARKS ALLIANCE

23-7131784

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

Name of organization

rt III	CISCO PARKS ALLIANCE  Exclusively religious, charitable, etc., contribut	ions to organizations described in se	23-7131784 ection 501(c)(7), (8), or (10) that total more than \$1,000 for	or the ye		
	from any one contributor. Complete columns (a	) through (e) and the following line ent	try. For organizations	•		
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)			
Nο	Ose duplicate copies of Fart III if additional	space is needed.				
No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	d		
rt I						
F						
		(e) Transfer of gift	t			
Ļ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
No. om	(h) P	(-) 11 (-)	(A) Barantakan di seria			
om irt l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	d		
F		(e) Transfer of gift	<b>,</b>			
		(c) Transfer of girl	•			
	Transferee's name, address, a	nd 7ID + 4	Relationship of transferor to transferee			
ŀ	iransieree s name, audress, a		nelationship of transferor to transferee			
No			T			
No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	d		
art I						
-						
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
No.			/			
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	d		
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	d		
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	d		
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	d		
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	d		
No. om art I	(b) Purpose of gift			d		
No. om art I	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift		d		
No. om art I		(e) Transfer of gift	t	d		
No. om irt I	(b) Purpose of gift  Transferee's name, address, a	(e) Transfer of gift		d		
No. om rt I		(e) Transfer of gift	t	d		
No. m rt I		(e) Transfer of gift	t	d		

#### SCHEDULE C

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

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

Name of org	anization			Empl	oyer identification number
	SAN FRANCIS		23-7131784		
Part I-A	Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 org	ganization.
2 Politica	l campaign activity expendit	ation's direct and indirect politic ures gn activities		▶\$	
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)(	3).	
1 Enter ti	ne amount of any excise tax	incurred by the organization un	der section 4955	<b>▶</b> \$	
2 Enter tl	ne amount of any excise tax	incurred by organization manag			
3 If the o	rganization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a	correction made?				Yes No
	" describe in Part IV.				1/2)
Part I-C	Complete if the org	anization is exempt und	ler section 501(c),	except section 501(c	)(3).
		by the filing organization for se	•		
2 Enter the	ne amount of the filing organ	ization's funds contributed to o	ther organizations for se		
•					
		. Add lines 1 and 2. Enter here			
		1120-POL for this year?			
	,	nployer identification number (E	,	•	0 0
-	•	tion listed, enter the amount par comptly and directly delivered to			· · · · · · · · · · · · · · · · · · ·
	•	additional space is needed, pro		•	e segregated fund of a
роннов					(a) A a a a a a a a
	(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	promptly and directly
					delivered to a separate
					political organization.  If none, enter -0
					,

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Part II-A Complete if the org section 501(h)).			1 501(c)(3) and file	ed Form 5768 (ele	ction under
A Check ► if the filing organiza expenses, and share	re of excess lobbyir	• ,		group member's name	e, address, EIN,
Limi	ts on Lobbying Ex	and "limited control" propenditures nounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total labbuing avanaditures to influ	uongo public opinio	n (graceroote labbying)			
<ul><li>1a Total lobbying expenditures to influ</li><li>b Total lobbying expenditures to influ</li></ul>					
c Total lobbying expenditures (add li					
d Other exempt purpose expenditure				18,564,876.	
e Total exempt purpose expenditure		1d)		18,564,876.	
<b>f</b> Lobbying nontaxable amount. Enter	•	,		1,000,000.	
If the amount on line 1e, column (a) o		lobbying nontaxable am			
Not over \$500,000		of the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100	,000 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175	,000 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	,000,000 \$225	,000 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,00	00,000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			250,000.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than ze reporting section 4911 tax for this		-	ation file Form 4720		Yes No
(Some organizations th	hat made a section	Averaging Period Under n 501(h) election do not l parate instructions for lin	have to complete all c	of the five columns be	·low.
	Lobbying Ex	penditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	982,49	9. 998,899.	1,000,000.	1,000,000.	3,981,398
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,972,097
c Total lobbying expenditures					
d Grassroots nontaxable amount	245,62	5. 249,725.	250,000.	250,000.	995,350
e Grassroots ceiling amount (150% of line 2d, column (e))					1,493,025
f Graceroote labbuing expanditures					

Schedule C (Form 990 or 990-EZ) 2020

# 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	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	D:				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sec	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
_3_	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section		3		
_	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes."			III-A, line	3, is
1	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		1		
2	expenses for which the section 527(f) tax was paid).	Jai			
_			2a		
	Current year				
	Carryover from last year				
_	Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		۔ ا		
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	and the second s		4		
5	expenditure next year?  Taxable amount of lobbying and political expenditures (See instructions)		. 5		
Par			3		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	liath Dart II A	lines 1 s	nd 0 (Coo	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	iisi), rait ii-A	, ilites i a	11u 2 (3ee	
1115111	actions), and Part II-b, line 1. Also, complete this part for any additional information.				

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

SAN FRANCISCO PARKS ALLIANCE

**Employer identification number** 

23-7131784

Par	t I Organizations Maintaining Donor Advised	d Funds or Othe	r Si	milar Funds	or Ac	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor ad	visec	d funds	(	<b>b)</b> Fun	ds 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 v		s hel	d in donor advise	ed fund	ls	
	are the organization's property, subject to the organization's	exclusive legal contro	ol?				Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered '	"Yes	" on Form 990, F	Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).				
	X Preservation of land for public use (for example, recreated	tion or education)		Preservation of	a histo	rically	important land area
	Protection of natural habitat			Preservation of	a certif	fied his	storic structure
	X Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation con	tribu	tion in the form o	of a cor	servat	tion easement on the last
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	1
b						2b	0.55
С	Number of conservation easements on a certified historic stru	ucture included in (a)				2c	
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not	on a	a historic structu	re		
	listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele				organiz	zation	during the tax
	year ▶						
4	Number of states where property subject to conservation eas	sement is located		1			
5	Does the organization have a written policy regarding the per	iodic monitoring, insp	ecti	on, handling of			
	violations, and enforcement of the conservation easements it	holds?					X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations	s, and	d enforcing cons	ervatio	n ease	ments during the year
	<b>&gt;</b>						
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	d enf	orcing conservat	tion eas	sement	ts during the year
	<b>▶</b> \$						
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents	of section 170(h	n)(4)(B)(	(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	eveni	ue and expense	statem	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's t	financial stateme	ents tha	t desc	ribes the
D :	organization's accounting for conservation easements.	A 4 112-1-2-19	<u> </u>		ı O		. A 1 -
Pai	t III Organizations Maintaining Collections of	•	rea	isures, or Ot	ner S	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•	,			ce of p	public
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in furth	erance	of pub	olic service,
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

032051 12-01-20

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

Schedule D (Form 990) 2020

Each   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    b If "Yes," explain the arrangement in Part XIII and complete the following table:    C Beginning balance	Par	t III   Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Oth	er Similar A	ssets (conti	nued)	
a Public exhibition d	3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant use	of its	ĺ	
b Scholarly research e Other    Preservation for future generations		collection items (check all that apply):							
c	а	Public exhibition	d	Loan or exc	hange program				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds: atther than to be maintained as part of the organization's collection?  Peroret an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If "Yes", "explain the arrangement in Part XIII and complete the following table:  □ Beginning balance □ Beginning during the year □ Beginning during the year □ Beginning of year balance □ Beginning of year balance □ Beginning of year balance □ Contributions □ Contri	b	Scholarly research	е	Other					
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If 'Yes,' explain the arrangement in Part XIII and complete the following table:    C	С	Preservation for future generations							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If 'Yes,' explain the arrangement in Part XIII and complete the following table:    C	4	Provide a description of the organization's co	ollections and explain	n how they further th	e organization's exe	empt purpose i	in Part XIII.		
Eart   Secrow and Gustodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5								
reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  b if "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?  Yes No b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XII  b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XII  b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XII  a Beginning of year balance  (a) Current year (b) Prior year (c) Two years back (v) Three years back (v) Four years ba		to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's col	lection?		Yes		No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" o	n Form 990, P	art IV, line 9, o	r	
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Bidding during the year f Ending balance a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No No No Diff "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10.  1a Beginning of year balance				-					
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Bidding during the year f Ending balance a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No No No Diff "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10.  1a Beginning of year balance	1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributions	s or other assets no	t included			
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Complete the following table:							Yes		No
C   Beginning balance     1d     1d   1d   1d     1d   1d   1d     1d	b								
d Additions during the year  E Distributions during the year  E Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Ves No  If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization shapes and the provided on Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization shapes and provided on Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization shapes and provided on Part IV, line 10.    Part V   Endowment Funds and losses			·	•			Amour	nt	
d Additions during the year  E Distributions during the year  E Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Ves No  If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization shapes and the provided on Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization shapes and provided on Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization shapes and provided on Part IV, line 10.    Part V   Endowment Funds and losses	С	Beginning balance				1c			
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	d								
f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е								
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f								
Part V   Endowment Funds. Complete if the explanation has been provided on Part XIII   Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    1a   Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Contributions	2a						Yes		No
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years   (e) Fo		· ·		•					Ī
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   50,000									
1a Beginning of year balance		<u>'</u>					s back (e) Fou	r vears	back
b Contributions	1a	Beginning of year balance	<del></del>						
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 2,445. 4,603.  f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100	b		·	•	,				
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2,445. 4,603.  Frovide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  100	c			2,445.	4,603.	,			
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 50,000. 50,000. 50,000. 50,000. 50,000. 50,000.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	ď			,	,				
and programs  f. Administrative expenses g. End of year balance  50,000.	٠ -								
g End of year balance  50,000. 50,000. 50,000. 50,000. 50,000. 50,000.  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	ŭ			2.445.	4.603.				
g End of year balance	f			,	,				
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶			50,000.	50,000.	50,000,	. 50	,000.	50,	000.
a Board designated or quasi-endowment ▶ 100			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		,		
b Permanent endowment ▶ 100	- a	• •			, ricia ao.				
c Term endowment ▶	h			_/*					
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  (ii									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations (iii) Related orga	·		, · -						
Second   S	32		•	tion that are held an	nd administered for	the organizatio	nn.		
(ii) Unrelated organizations (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other  Other  Other  Ag(i) X  3a(i) X  3a(ii) X  3a(ii) X  Ag(iii) X  Ag(iii) X  Ag(iii) A  Ag(i	ou		331011 Of the organiza	tion that are ned ar	ia administerea for	ine organizatio		Vas	No
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  294,451, 258,650, 35,801  e Other  Other  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  5 A (ii) X  3a(ii) X  X  A (iii) X  A (iii) X  A (b) Cost or other specific depreciation  (c) Accumulated depreciation  (d) Book value  1a Land  b Buildings  c Leasehold improvements  44,636, 50,682, 13,954  A (iii) X							3a(i)	103	
the state of the state of the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  b Buildings  c Leasehold improvements  d Equipment  d Equipment  Other  Ot									_
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements	h								
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other  Other  Column (d) must equal Form 990, Part X, line 10.  (d) Book value  (d) Book value  50, 682  13, 954  48, 189  36, 853  11, 336  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)							[30	1	Ь
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other  Other  Column (d) must equal Form 990, Part X, line 11a. See Form 990, Part X, line 10.  (c) Accumulated depreciation  (d) Book value  50, 682  13, 954  48, 189  36, 853  11, 336				willent lunus.					
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation           1a Land         b Buildings         50,682         13,954           c Leasehold improvements         64,636         50,682         13,954           d Equipment         294,451         258,650         35,801           e Other         48,189         36,853         11,336           Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)         61,091				Part IV line 11a S	ee Form 990 Part )	( line 10			
basis (investment)       basis (other)       depreciation         1a Land       buildings       50,682.       13,954         c Leasehold improvements       64,636.       50,682.       13,954         d Equipment       294,451.       258,650.       35,801         e Other       48,189.       36,853.       11,336         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       61,091							(d) Po	sk valu	
1a Land       b Buildings         c Leasehold improvements       64,636.       50,682.       13,954         d Equipment       294,451.       258,650.       35,801         e Other       48,189.       36,853.       11,336         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       ►       61,091		bescription of property	1 ''	, , , , , ,	, ,		(4) 800	n valu	C
b Buildings       64,636.       50,682.       13,954         c Leasehold improvements       64,636.       50,682.       13,954         d Equipment       294,451.       258,650.       35,801         e Other       48,189.       36,853.       11,336         Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)       ►       61,091		Land	<del>-   · · · · · · · · · · · · · · · · · · </del>		(-3.5.)	,5. 551411011			
c Leasehold improvements       64,636.       50,682.       13,954         d Equipment       294,451.       258,650.       35,801         e Other       48,189.       36,853.       11,336         Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)       ►       61,091									
d Equipment       294,451.       258,650.       35,801         e Other       48,189.       36,853.       11,336         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       ►       61,091					64 636	50 KR	2	1 2	954
e Other       48,189.       36,853.       11,336         Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)       ►       61,091									
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)									
				., , , , , , , , , , , , , , , , , , ,		•	<del>'</del>		
Schedule D (Form 990) 202	ı otal	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 10	<u> </u>		bodulo D /F==		

Part VII Investments - Other Securities.	on Form COO Bort IV line	11h Con Form 000 Port V line 10	
Complete if the organization answered "Yes" ( (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
	on Form 000 Dort IV line	11a Coa Form 000 Port V line 12	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-vear market value
(1)	(2) 2001. Tailab	(c) meaned or variables in coords on a	or your marries raids
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
	15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	<u> 15.j</u>		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability	<u> </u>		(b) Book value
(1) Federal income taxes			
(2) PPP LOAN			273,690
(3)			·
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b>&gt;</b>	273,690.

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 ... X

Schedule D (Form 990) 2020

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Sche	dule D (Form 990) 2020 SAN FRANCISCO PARKS ALLIANCE			23-71317	84 Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	14,929,511.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,040,957.		
b	Donated services and use of facilities	2b	439,453.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	1,480,410.
3	Subtract line 2e from line 1			3	13,449,101.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,430.		
b	Other (Describe in Part XIII.)	4b	-16,767.		
С	Add lines 4a and 4b			4c	11,663.
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	13,460,764.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	19,034,552.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	439,453.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	16,767.		
е	Add lines 2a through 2d			2e	456,220.
3	Subtract line 2e from line 1			3	18,578,332.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b		28,430.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	28,430.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	18,606,762.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			; Part X, line	2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional informa	ation.		
D3.D#	T TAND 4				
PART	V, LINE 4:				
mo n	UGED FOR ODERATIONS				
10 B	E USED FOR OPERATIONS				
D 3 D 00	v ithe 1.				
PART	X, LINE 2:				
mur	ODCANITANTON IC EVENDO EDOM EEDEDAI INCOME MAVEC HNDED INGEDNA	\T			
THE	ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNA	7.17			
DEVE	NULE CODE CECUTON 501/C)/2) AND CALLEODNIA DEVENUE AND MAYAMION	CODE			
REVE	NUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION	CODE			
anam	TON 22704D AGGODDINGLY NO PROVIDENCE FOR THEORY HAVES TO THAT	HDDD TN			
SECT	ION 23701D. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCI	ODED IN			
mitta	ACCOMPANYING EINANGIAI GMAMENENMO IN APPIMION COMMPIDIUMIONG	mo mile			
THE	ACCOMPANYING FINANCIAL STATEMENTS. IN ADDITION, CONTRIBUTIONS	TO THE			
ODGA	NITEARTON OUR TRY BOD BUT OURDINADIE COMMUNICAL DEDUCATION AND	, mir			
OKGA	NIZATION QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION AND	THE			
ODG	NTTANTON TO CLACCIPIED AC AN ODCANITAMION ORGIDE MILAN A PETUAM	,			
OKGA	NIZATION IS CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE	<u>,                                      </u>			
E\\ \	DATTON HINDED SECTION 500/X/ MANAGEMENT DELIGIES THE OPCANISA	יד א מים ארבי			
FOON	DATION UNDER SECTION 509(A). MANAGEMENT BELIEVES THE ORGANIZAT	CAN NOL.			
NO T	מרפטים אלי מואוד. און פאר אויי און איי איי איי איי איי איי איי איי איי אי				
INO U	NCERTAIN TAX POSITIONS AS OF JUNE 30, 2021.				

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization						Employer identification number		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 1						23-7131784		
Part I Fundraising Activities required to complete this par		ered "Y	es" or	n Form 990, Part IV, li	ine 17. Fo	orm 990-EZ	filers are not	
1 Indicate whether the organization rais	sed funds through any of the following	ng activ	ities.	Check all that apply.				
a Mail solicitations e X Solicitation of non-government grants								
<b>b</b> Internet and email solicitations			-	-				
c Phone solicitations	g L Specia	I fundra	aising	events				
d In-person solicitations								
2 a Did the organization have a written of	,	•	•		tees, or	X Yes	□ Na	
key employees listed in Form 990, F <b>b</b> If "Yes," list the 10 highest paid indi	, ,			· ·	oo fundra			
compensated at least \$5,000 by the	, , , , ,	iant to	agree	ments under which ti	ie iuriura	iser is to be	•	
			Did		(v) Amo	(v) Amount paid		
(i) Name and address of individual	(ii) Activity		Did raiser ustody	(iv) Gross receipts from activity	to (or re	tained by)	(vi) Amount paid to (or retained by)	
or entity (fundraiser)			ntrol of utions?		fundraiser listed in col. <b>(i)</b>		organization	
ARCHER GROUP - 1578 8TH AVE	PROFESSIONAL FUNDRAISING	Yes	No					
E, SAN FRANCISCO, CA 94122	CONSULTING		Х	0.		47,155.	-47,155.	
VENTURE SPARKS - 2269	PROFESSIONAL FUNDRAISING						·	
CHESTNUT ST. STE 500, SAN	CONSULTING		х	0.		57,244.	-57,244.	
ANNE PALERMO - 511 LAMAR	PROFESSIONAL FUNDRAISING							
STREET, SAN ANTONIO, TX	CONSULTING		Х	0.		62,000.	-62,000.	
			-					
Total			<b>•</b>			166,399.	-166,399.	
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	or has been notified	it is exen	npt from re	gistration	
CA								

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

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

SEE PART IV FOR CONTINUATIONS

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
Ž L	1	Gross receipts				
	2	Less: Contributions				
_	3_	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
SHISES	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_ [	8	Entertainment				
	9	Other direct expenses				
-	10	Direct expense summary. Add lines 4 through			<b></b>	
_	11	Net income summary. Subtract line 10 from li				
ar	t I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	ı	1	T	
- 1				(b) Pull tabs/instant		
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	
שחושאם	1	Gross revenue	(a) Bingo		(c) Other gaming	
	<u>1</u>	Gross revenue	(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
	2	Cash prizes			(c) Other gaming	
Direct Expenses	2 3 4	Cash prizes  Noncash prizes			(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
Direct Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses		bingo/progressive bingo	(c) Other gaming  Yes%	col. (a) through col. (d
Ulrect Expenses	2 3 4 <u>5</u>	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes %	bingo/progressive bingo  Yes%  No	☐ Yes% ☐ No	col. (a) through col. (d
Direct Expenses	2 3 4 5 7	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes % No  5 in column (d)	yes%	☐ Yes% ☐ No	col. (a) through col. (d
Direct Expenses	2 3 4 5 7	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes % No  5 in column (d)	yes%	☐ Yes% ☐ No	col. (a) through col. (d
Direct Expenses	2 3 4 5 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes% No  1.5 in column (d)  from line 1, column (d)	Yes% No	☐ Yes% ☐ No	col. (a) through col. (a
Direct Expenses	2 3 4 5 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  er the state(s) in which the organization condu	Yes %  No  15 in column (d)  from line 1, column (d)  acts gaming activities:	Yes% No	Yes% No	col. (a) through col. (a
a Direct Expenses	2 3 4 5 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  er the state(s) in which the organization conducte organization licensed to conduct gaming according to the conduct gaming to the conduct gaming to the conduct gaming to the conduct gaming to the conduct	Yes%  No  15 in column (d)  from line 1, column (d)  acts gaming activities:ctivities in each of these	Yes% No	Yes% No	col. (a) through col. (d
a Direct Expenses	2 3 4 5 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  er the state(s) in which the organization condu	Yes%  No  15 in column (d)  from line 1, column (d)  acts gaming activities:ctivities in each of these	Yes% No	Yes% No	col. (a) through col. (d
a Direct Expenses	2 3 4 5 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  er the state(s) in which the organization conducte organization licensed to conduct gaming according to the conduct gaming to the conduct gaming to the conduct gaming to the conduct gaming to the conduct	Yes%  No  15 in column (d)  from line 1, column (d)  acts gaming activities:ctivities in each of these	Yes% No	Yes% No	col. (a) through col. (d
d a d	2 3 4 5 6 7 8 =nt s ti f "!	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  er the state(s) in which the organization conducte organization licensed to conduct gaming according to the conduct gaming to the conduct gaming to the conduct gaming to the conduct gaming to the conduct	Yes %  No  15 in column (d)  from line 1, column (d)  acts gaming activities: ctivities in each of these  evoked, suspended, or te	Yes%  No  states?	Yes% No	col. (a) through col. (d
a b a	2 3 4 5 6 7 8 =nt s ti f "!	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  er the state(s) in which the organization conduct organization licensed to conduct gaming act No," explain:  Te any of the organization's gaming licenses recommended.	Yes %  No  15 in column (d)  from line 1, column (d)  acts gaming activities: ctivities in each of these  evoked, suspended, or te	Yes%  No  states?	Yes% No	col. (a) through col. (d

Sch	edule G (Form 990 or 990-EZ) 2020 SAN FRANCISCO PARKS ALLIANCE 2	3-/131/84	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
t	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	s Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	□ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III. lines 9	. 9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	•	
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
/ T \	NAME OF FINIDATORD. VENETIDE CDADEC		
(1)	NAME OF FUNDRAISER: VENTURE SPARKS		
<u>(I)</u>	ADDRESS OF FUNDRAISER:		
226	9 CHESTNUT ST. STE 500, SAN FRANCISCO, CA 94123		
<u>(I)</u>	NAME OF FUNDRAISER: ANNE PALERMO		
<u>(I)</u>	ADDRESS OF FUNDRAISER: 511 LAMAR STREET, SAN ANTONIO, TX 78202		

Schedule G	G (Form 990 or 990-EZ)	SAN FRANCISCO PARK	S ALLIANCE	23-7131784	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	rmation (continued)			
-					
-					

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2020 Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** 23-7131784 SAN FRANCISCO PARKS ALLIANCE Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) SAN FRANCISCO RECREATION AND PARKS DEPARTMENT - 501 STANYAN STREET -PARK IMPROVEMENTS AND SCHOLARSHIP FUND SAN FRANCISCO, CA 94117 94-6000417 0 700,001 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0. Enter total number of other organizations listed in the line 1 table

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

Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
Part IV Supplemental Information. Provide the information req	L uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.				
PART I, LINE 2:								
SFPA DOES NOT HAVE A TRADITIONAL GRANTMAKING PROGRA	AM, BUT RATHE	R MAKES						
GRANT PAYMENTS TO SPECIFIC ORGANIZATIONS AS NECESSA	ARY FOR ADMIN	ISTRATION OF						
ITS PROGRAMS. SFPA WORKS CLOSELY WITH THE CITY OF S	SAN FRANCISCO	REC & PARKS						
DEPARTMENT ON A VARIETY OF NEW PARK DEVELOPMENT AND	EXISTING PA	RK						
ENHANCEMENT PROJECTS. THE CITY AND SFPA WORK TOGETHER ON FUNDRAISING FOR								
HESE PROJECTS, AND PAYMENTS BETWEEN THE TWO ORGANIZATIONS SOMETIMES OCCUR								
TO FACILITATE PROJECT COMPLETION.								
THE THE TROOPER CONTINUE TON.								

032291

## 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.

**QUQU**Open to Public

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

SAN FRANCISCO PARKS ALLIANCE

Employer identification number 23-7131784

Pa	art I Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use			l		
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l		
				l		
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		<u> </u>		
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				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	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					
	Independent compensation consultant  X Compensation survey or study					
	Form 990 of other organizations  X Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l		
_	organization or a related organization:	4-		х		
a	Receive a severance payment or change-of-control payment?	4a		X		
D	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b 4c		X		
C	Participate in or receive payment from an equity-based compensation arrangement?	40				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	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			l		
	contingent on the revenues of:					
а	The organization?	5a		х		
b	Any related organization?	5b		Х		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:					
а	The organization?	6a		Х		
	Any related organization?	6b		Х		
	If "Yes" on line 6a or 6b, describe in Part III.			l		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9		ı		

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Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents	(6)(1)(0)	reported as deferred on prior Form 990	
(1) DREW BECHER (i)		174,748.	0.	0.	8,737.	12,737.	196,222.	0.	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) SONIA BANKS	(i)	156,359.	0.	0.	7,818.	10,568.	174,745.	0.	
DIR., EXTERNAL AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) KEARSTIN KREHBIEL	(i)	144,932.	0.	0.	7,247.	7,119.	159,298.	0.	
DIR., RESEARCH & DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) JUSTIN PROBERT	(i)	136,515.	0.	0.	6,826.	12,003.	155,344.	0.	
DIR. OF FINANCE & ACCOUNTING	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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Page 2

Schedule J (Form 990) 2020

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number SAN FRANCISCO PARKS ALLIANCE 23-7131784

Fai		Types	of Property								
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribu amounts reported Form 990, Part VIII,	d on	(d) Method of de noncash contribu		_	3
1	Art -	Works of a	art								
2			treasures								
			interests								
4			plications								
5			ousehold goods								
6			vehicles								
7			nes								
8			perty								
9			olicly traded	Х	4	60	317.	FMV			
10			sely held stock				,				
11			tnership, LLC, or								
•											
12			scellaneous								
13			ervation contribution -								
	Histo	ric structu	ıres								
14	Qual	ified conse	ervation contribution - Other								
15			esidential								
16	Real	estate - C	ommercial								
17			ther								
18											
19											
20			dical supplies								
21											
22			cts								
23			imens								
24			artifacts								
25		er 🕨 (	)								
26	Othe	er 🕨 (	)								
27	Othe	er 🕨 (	)								
28	Othe	er 🕨 (	)								
29	Num	ber of For	ms 8283 received by the organiz	zation during	the tax year for co	ontributions					
	for w	hich the o	rganization completed Form 828	33, Part V, D	onee Acknowledge	ement	29			0	
										Yes	No
30a	Durir	ng the yea	r, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1	I throug	h 28, that it			
	must	hold for a	it least three years from the date	of the initia	l contribution, and	which isn't required	to be us	sed for			
	exem	npt purpos	ses for the entire holding period?						30a		X
b		,	be the arrangement in Part II.								
31	Does	the organ	nization have a gift acceptance p	oolicy that re	quires the review of	of any nonstandard c	ontribut	ions?	31		X
32a	Does	the orgar	nization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell no	oncash				
	conti	ributions?							32a		X
b		•	be in Part II.								
33	If the	organizat	ion didn't report an amount in co	olumn (c) for	a type of property	for which column (a	) is chec	ked,			
	desc	ribe in Par	t II.								

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Schedule M (Form 990) 2020

Schedule M (Form 990) 2020

Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination part for any additional information.	d whether the organization tion of both. Also complete
SCHEDULE	M, PART I, COLUMN (B):	
THIS NUM	BER REPRESENTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF	
ITEMS CO	NTRIBUTED.	
032142 11-23-	-20	Schedule M (Form 990) 2020

#### **SCHEDULE 0**

(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.

OMB No. 1545-0047

▶ Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service **Employer identification number** Name of the organization SAN FRANCISCO PARKS ALLIANCE 23-7131784 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND ENRICHES SAN FRANCISCO PARKS RECREATION AND GREEN OPEN SPACES. FORM 990, PART VI, SECTION B, LINE 11B: A PDF OF THE FORM 990 IS EMAILED TO ALL BOARD MEMBERS PRIOR TO A BOARD MEETING AT WHICH IT IS DISCUSSED AND APPROVED FOR FILING. FORM 990, PART VI, SECTION B, LINE 12C: POSSIBLE CONFLICTS ARE BROUGHT TO THE ATTENTION OF ALL BOARD MEMBERS IN WRITING AND VERBALLY AT THE MONTHLY MEETING. FORM 990, PART VI, SECTION B, LINE 15: A SALARY SURVEY OF SAN FRANCISCO AND BAY AREA NONPROFITS IS USED AS A GUIDE TO DETERMINE SALARY BANDS, FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE POSTED ON OUR WEBSITE, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABE UPON REQUEST, FORM 990, PART IX, LINE 11G, OTHER FEES: CONTRACTORS: PROGRAM SERVICE EXPENSES 8,282,732. MANAGEMENT AND GENERAL EXPENSES 575,344. FUNDRAISING EXPENSES 331,876. TOTAL EXPENSES 9,189,952.

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

Schedule O (Form 990 or 990-EZ) 2020