PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO^{LLP}

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Form	990

** 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)

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

Department of the Treasury Internal Revenue Service

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



AF	or th	e 2021 calendar year, or tax year beginning JUL 1, 2021 and o	ending J	UN 30, 2022					
B C	heck if oplicab	e: C Name of organization		D Employer identifie	cation number				
	Addre	e SAN FRANCISCO PARKS ALLIANCE							
	Name Chang		23-7131784						
	Initial return	E Telephone number							
	Final return	415-621-3260							
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,981,177.				
	Amen return	SAN FRANCISCO, CA 94103		H(a) Is this a group re	eturn				
	Applie diam	F Name and address of principal officer: DREW BECHER		for subordinates	? Yes 🗓 No				
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions				
<u>J</u> V	Vebsi	te: HTTPS://SANFRANCISCOPARKSALLIANCE.ORG/		H(c) Group exemption	n number 🕨				
		forganization: X Corporation Trust Association Other ►	L Year	of formation: 1971	State of legal domicile: CA				
Pa	rt I	Summary							
6	1	Briefly describe the organization's mission or most significant activities:	SSION IS	TO INSPIRE AND					
nce		PROMOTE CIVIC ENGAGEMENT AND PHILANTHROPY THAT PROTECTS, SUST	TAINS						
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	than 25% of its net ass						
ove	3	Number of voting members of the governing body (Part VI, line 1a)			30				
5	4	Number of independent voting members of the governing body (Part VI, line 1b)			30				
Activities &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			116				
iviti	6	Total number of volunteers (estimate if necessary)	6	750					
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	0.					
<u> </u>	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.				
				Prior Year	Current Year 9,218,831.				
e	8								
Revenue	9	Program service revenue (Part VIII, line 2g)		1,242,108.	2,242,519.				
Sev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		196,153.	176,833.				
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		26,057.	-53,770.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	13,460,764.	11,584,413.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		700,001.	515,608.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,128,552.	4,761,922.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		166,399.	374,708.				
, b		Total fundraising expenses (Part IX, column (D), line 25) 2,023,9		10 (11 010					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		12,611,810.	7,808,586.				
			l expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18, 6						
	19	Revenue less expenses. Subtract line 18 from line 12		-5,145,998.	-1,876,411.				
s or nces			Be	ginning of Current Year	End of Year				
Assets (Balanc	20	Total assets (Part X, line 16)		18,998,455.	17,195,780.				
et A:		Total liabilities (Part X, line 26)		5,908,566.	7,595,235.				
	22	Net assets or fund balances. Subtract line 21 from line 20		13,089,889.	9,600,545.				
Ра	rt II	Signature Block							

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

Sign	Signature of officer	Date			
Here	DREW BECHER, CHIEF EXECUTIVE OFFI	CER			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	KATY BROWN	KATY BROWN	ROWN 05/11/23		
Preparer	Firm's name ARMANINO LLP			Firm's EIN 🕨 94-6214841	
Use Only	Firm's address 🕨 12657 ALCOSTA BLVD, STE.	500			
	SAN RAMON, CA 94583-4600	1		Phone no.925-790-2600	
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No	
132001 12-0	D9-21 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2021)	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2021) SAN FRANCISCO PARKS ALLIANCE	23-7131784 Pag	_{ge} 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	[Х
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	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.	246 67	7 、
4a	(Code:) (Expenses \$1,748,106. including grants of \$515,608.) (Revenue ACTIVATION: WE HOST FREE PUBLIC PROGRAMMING THAT IS ACCESSIBLE AND	\$246,67	<u>/.</u>)
	ENGAGING TO STRENGTHEN CONNECTIONS BETWEEN COMMUNITIES AND PUBLIC		
	SPACES.		
4b	(Code:) (Expenses \$ 2,208,134. including grants of \$) (Revenue	\$ 560,630	0.)
	CAPITAL: WE CULTIVATE COMMUNITY IDEAS, AND BUILD PUBLIC PLACES THAT	· · · · · · · · · · · · · · · · · · ·	_ ′
	PEOPLE CARE ABOUT		
4c	(Code:) (Expenses \$2,576,156. including grants of \$) (Revenue	\$1,031,559	۶.)
	STEWARDSHIP: WE UNITE NEIGHBORS AND BUILD STRONGER COMMUNITIES THROUGH		
	COMMUNITY-BASED STEWARDSHIP.		
4d	Other program services (Describe on Schedule O.)	403 653 \	
40	(Expenses \$ 2,668,162. including grants of \$) (Revenue \$ Total program service expenses ▶ 9,200,558.	403,653.)	
4e		Form 990 (2	021)
13200	2 12-09-21		

Form 990 (2021)

Part IV Checklist of Required Schedules

SAN FRANCISCO PARKS ALLIANCE

1 In the regarization description (Section 2016); or 4947(k)(1) (other than a private fundation)? 1 X 2 It the regarization regari fundation of the section 2014 (Section 2014); Se				Yes	No
is the expansion required to complete Schedule B, Schedule of Controlutors? See instructions 2 2 is the expansion required to complete Schedule C, Part I 3 3 X Section S01(c)(k) expansion required to complete Schedule C, Part I 4 X Section S01(c)(k) expansion required to complete Schedule C, Part I 4 X It the organization apage in dolping activities on bahaf of or in opposition to candidates for instance or instance and patients as defined in Republic Schedule C, Part II 5 It the organization ascence No. 101(c)(4). 501(c)(5), or 501(c)(6) or 501(c)(6) or capacitation that receives membership dues, assessments, or distribution in settement of the capacitation requires to the distribution or investment of neurons in soft Mind or accounts IV res. ¹ (res. ¹) (res.	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Ddt the organization engage in direct political campaign activities on behalf of or in opposition to candidates for public office? // "vis," complete Schedule C, Part // 3 X 4 Sections 501(kg) organizations. Ddt the organization engage in lobbying activities, or have a section 501(k) election in effect during the tax year? // "vis," complete Schedule C, Part // 4 X 5 Ib the organization asocian 501(kg) organization during and during activities, or have a section 501(k) election in effect during the tax year? // "vis," complete Schedule C, Part // 4 X 6 Ddt the organization reactive and during a campanitation flash reactive assessments, or the winch during the Schedule D, Part / 6 X 7 X 8 8 X 8 X 9 Ddt the organization naritina collections of works of art, historical tressures, or other similar assets? // "Yes," complete Schedule D, Part // 7 X 9 Ddt the organization, faint or of trough a related organization, hold assets in donor-restricted adowments or of usalidation services? // 9 X 10 X 10 X 10 X 10 X 10 X 10 X 10 X 10 X 10 X		If "Yes," complete Schedule A	1	Х	
public office? <i>II</i> 'Yes,' complete Schedule <i>Q</i> . <i>Part I</i> 3 X 4 Section 501(r)(e)(3) organization. Did the organization empage in hobbying activities, or have a section 501(r) election in effect 4 X 5 Is the organization a section 501(r)(4), 501(r)(5) or 501(r)(6) or 501(r)(7) or	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year/in yrea," complete Schedule C, Fart II 4 X 5 Is the organization a section 501(h) election in effect during the tax year/in yrea," complete Schedule C, Fart III 4 X 6 Did the organization markina any doorn adviced funds or any similar funds or account? If 'Yea," complete Schedule D, Part II 6 X 7 X 8 6 X 9 Did the organization markina any doorn adviced mose anenent, including easements for breaken passe. 7 X 9 Did the organization any doorn adviced rat, historical treasures, or other similar assets? if 'Yes,' complete Schedule D, Part II 7 X 9 Did the organization any of the following questions in Yes,' then complete Schedule D, Part V 8 X 9 Did the organization any of the following questions in Yes,' then complete Schedule D, Part V 10 X 11 If the organization any of the following questions in Yes,' then complete Schedule D, Part X, in 10, X, in X, is applicable. 114 X 10 Did the organization report an amount for investments - other securities in Part X, line 12, in 114, in 13, that is 5% or more of its total assets reported in Part X, li	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If Yes, * complete Schedule C, Part II 4 X 5 Is the organization a section S(10(4), 501(6)(5) or 500(6)(5) or 501(6)(5) or 500(6)(5) or 501(6)(5) or 500(6)(5) o		public office? If "Yes," complete Schedule C, Part I	3		Х
5 Is the organization a section 501(0)(4), 501(0)(6), or 501(0)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 28:107 (11*62; "complete Schedule C, Part II. S X 6 Did the organization markina may doore advected funds or any similar funds or accounts? (II*Yes," complete Schedule D, Part II. 6 X 7 X 8 100 the organization nearbox in thost or structures? (II*Yes," complete Schedule D, Part II. 7 X 8 Did the organization metry or boild a conservation assemuti, including easemutis to pressive open space, the environment, historic land areas, or historic attrassures, or other similar assets? (II*Yes," complete Schedule D, Part III. 7 X 9 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, provide cradit consulting, data management, credit heaps, or dath regulation services? 8 X 9 Did the organization in ency to through a related organization, hold assets in donor-restricted endowments or in quasi andowments? (II*Yes," complete Schedule D, Part VI. 10 X 11 The organization report an amount for land, buildings, and equipment in Part X, line 10? (II*Yes," complete Schedule D, Part VI. 11a X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? (II*Yes	4				
eminal amounts as defined in Rev. Proc. 98-197. #"xs," complete Schedule Q, Part II 5 X Did the organization maintain any domer advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization nations areas or historic acturtures? If "Yes," complete Schedule D, Part II 6 X 8 Did the organization maintain collections dworks of art, historical treasures, or other aimilar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization maintain collections dworks of art, historical treasures, or other aimilar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization, directly or through a related organization, hold assets in downerts? if "Yes," complete Schedule D, Part V 9 X 10 Did the organization services? 9 X 11 If the organization services? 9 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part V 10 X 13 Did the organization report an amount for hirvestments - program related 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 V 110 X 14		during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
6 Did the organization maintain any donor advised funds or any similar funds or accounts? (I' Yes, "complete Schedule D, Part II I 7 X 7 Did the organization review of hold a conservation assert. Funds or accounts? (I' Yes, "complete Schedule D, Part II Y 8 Did the organization review of hold a conservation assert. Funds or accounts? (I' Yes, "complete Schedule D, Part II Y 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? (I' Yes, "complete Schedule D, Part II Y 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? (I' Yes, "complete Schedule D, Part II Y 9 Did the organization related organization, field assets in donor-restricted endowments or in quasi andowments? (I' Yes, "complete Schedule D, Part V 10 10 I' the organization report an amount for law stremests or bire securities in Part X, line 10? (I' Yes, "complete Schedule D, Part VI 11 11 I' the organization report an amount for investments - order securities in Part X, line 10? (I' Yes, "complete Schedule D, Part VI 11 11 I' the organization report an amount for investments - order securities in Part X, line 10? (I' Yes, "complete Schedule D, Part VI 111 11 X I' the organization report an amount for investments in other securities in Part X, line 10? (I' Yes, "complete	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 13 X 11a X 11a X 14 Did the organization report an amount for lands buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part XI 11a X 14 X 11a X 11a X		similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
7 Did the organization receive or hold a conservation easement, including assements to preserve open space. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>II</i> 'Yes, 'complete Schedule D, Part II 7 X 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? 9 X 10 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, line 21, maintain services? 9 X 10 Did the organization report an amount for lawstheet schedule D, Part V 10 X 10 11 If the organization report an amount for investments- other securities in Part X, line 10? If 'Yes, 'complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments- other securities in Part X, line 13, that is 5% or more of 1s total assets reported in Part X, line 16? If 'Yes, 'complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - porgram related in Part X, line 13, that is 5% or more of 1s total assets reported in Part X, line 16? If 'Yes, 'complete Schedule D, Part X 11b X 14 Did th	6				
the environment, historic at and areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide cradit counseling, debt management, cradit repair, or debt negotiation services? 9 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide cradit counseling, debt management, cradit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11a X 11 Did the organization report an amount for investments - organization report an amount for other assets in Part X, line 13? If "Yes," complete Schedule D, Part X 11a X 11 Did the organization report an amount for other assets in Part X, line 13? If "Yes," complete Schedule D, Part X 11d X 1			6		X
 B) Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>H</i> "Yes," complete Schedule D, Part <i>W</i> B) Did the organization organization 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 dobt negotiation services? B) Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>H</i> "Yes," complete Schedule D, Part V D) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>H</i> "Yes," complete Schedule D, Part V D) 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? <i>H</i> "Yes," complete Schedule D, Part V D) 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? <i>H</i> "Yes," complete Schedule D, Part VI D) Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>H</i> "Yes," complete Schedule D, Part X D) Did the organization separate or consolidated financial statements for the tax year 'I'Yes," complete Schedule D, Part X D) Did the organization subain or separate, independent audited financial statements for the tax year? H'Yes," and <i>H</i> be organization neport on Part X, Dim 12a, that is 5% or more of its total assets reported in 24 to the sequination schedule consolidated, independent audited financial statements for the tax year? H'Yes," and <i>H</i> be organization asset are postions under FIN 48 (AS C740)? <i>H</i> 'Yes," complete Schedule D, Part X D) Did the organization neport on Part X, South (P) <i>H</i> 'Yes, "complete Sched	7				
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or oustodial account liability, serve as a custodial or amounts on listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 9 Did the organization, directly or through a related organization, hold assets in donorrestrided endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X a Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X b Did the organization report an amount for investments - organ related In Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X c Did the organization report an amount for ther sastel in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII 11 X 20 Did the organization oxidated inancial statements for the tax year? 114 X 110 X 110 X 112 X 210 Did the organization oxidated in manount for othere asset in Part X, line 12? If "Yes," comple			7	X	
9 Dick 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? 9 X 10 Dick 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 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 11a X 11 If the organization report an amount for investments - other securities in Part X, line 12, Ithat is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - other securities in Part X, line 13, Ithat is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI 11a X 11 Did the organization report an amount for other assets in Part X, line 15, Ithat is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X 11e X 11 X Did the organization isolated inclusibilitis in Part X, line 27, If 'Yes,' complete Schedule D, Part X 11e X 11 X Ito the organization asonor for other assets in Part X, line	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? y X If "Yes," complete Schedule D, Part IV 10 X 10 X 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 X a Did the organization, directly or through a related organization, should assets in donor-restricted endowments? 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11 11 X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X c Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 116 X d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 114 X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 114 X 12a Did the organization assert eo consolidated financial statements for the tax year include a lonotonel at addresses the organization report			8		
If 'Yes,' complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI 11a X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI 11c X c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X 11c X c Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11t X 11 Z Did the organization asset proprice in answered 'No' to line 12a, then completing Schedule D, Part X 11t X 12 Did the organization included	9				
Part St. Complete Schedule D, Part V 10 X 11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI 20 Did the organization report an amount for investments - other securities in Part X, line 10? // "Yes," complete Schedule D, Part VI 21 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? // "Yes," complete Schedule D, Part VII 21 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII 21 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X 21 Did the organization report an amount for other lasitites in Part X, line 25? // "Yes," complete Schedule D, Part X 21 Did the organization separate or consolidated financial statements of the tax year include a footnote that addresses the organization ostal asparate or consolidated financial statements for the tax year? 111 X 22 Did the organization negarate or consolidated, independent audited financial statements for the tax year? 1112 X					77
or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, XI, or X, as applicable. 10 X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12?, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11b X c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11d X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 12a Did the organization is beparate or consolidated financial statements for the tax year? 11f X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? 11d X 13 Is the organization as achool described in section 170b(h(1)/4)(i)? If "Yes," complete Schedule D, Part X 12a X 14a Did the organization n			9		X
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 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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X 		investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
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 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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X 	15				
or for foreign individuals? /f "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? /f "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes," 19 X 20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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? /f "Yes," complete Schedule I. Parts I and II 20a X			15		X
 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part II</i> 18 X 19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 19 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? <i>If "Yes," complete Schedule I. Parts I and II</i> 17 X 	16				
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a 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 20a X			16		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 10 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i> 21 X	17				
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes," 19 X 20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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? /f "Yes," complete Schedule I. Parts I and II 21 X	18				
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 X	40		18	X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 X	19		40		v
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 X	00-				
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 X					
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			ZUD		<u> </u>
	21		21	x	
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Form 990 (2021)
Part IV	Ch

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	<u> </u>		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
		00	x	1
~	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	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			1
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	<u> </u>		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21		1		1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			x
	"Yes," complete Schedule L, Part IV	28a		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			1
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	[]		_
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	<u> </u>		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			<u> </u>
00		38	х	1
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	1 30		L
	Check if Schedule O contains a reasonance or note to any line in this Dart V			
	Check in Schedule O contains a response of hote to any line in this Part V		Yes	
4 -	Enter the number reported in box 3 of Form 1096. Enter 0 , if not applicable 132		res	No
		-		
b		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (campling) winnings to prize winners?	4.	х	
	(gambling) winnings to prize winners?	1c	Δ	I

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Form **990** (2021)

23-7131784 Page **4**

Form	990 (2021) SAN FRANCISCO PARKS ALLIANCE 23-71317	34	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			_
			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 116			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	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?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
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).	_	77	
	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	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			v
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	50		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	-		
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	-		
~	amounts due or received from them.)			
12a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	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		x
	If "Yes," see the 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		x
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Form		-7131784			age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,	and for a "N	lo" re	espon	se
	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				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	30			
	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 0.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisio	n			
	of officers, directors, trustees, or key employees to a management company or other person?		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		х
6	Did the organization have members or stockholders?		6		х
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		х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	·····			
	The governing body?	8	Ba	x	
b	Each committee with authority to act on behalf of the governing body?		3b	х	
9	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		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	·····			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	1	0a		Х
	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?	1	0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form? 1	1a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		2a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		2b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe				
	on Schedule O how this was done		2c	х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	1	5a	Х	
b	Other officers or key employees of the organization		5b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		6a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	1	6b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed CA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section a	501(c)(3)s or	nly) a	vailat	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	olicy, and fir	nanc	ial	
	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	▶			
	JUSTIN PROBERT, DIRECTOR OF FINANCE AND ADMINISTRATION - 415-621-3260				
	1074 FOLSOM STREET, SAN FRANCISCO, CA 94103				
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Form 990 (2		23-7131784	Page 7							
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 Comple	te 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do		Pos	sition			Reportable	Reportable	Estimated
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)				s both	n an	compensation	compensation	amount of
	week		cer an I	id a d	lirecto	or/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DREW BECHER	40.00	_	-		-	1-0				
CEO				х				160,371.	0.	16,884.
(2) JUSTIN PROBERT	40.00									
DIR. OF FINANCE & ACCOUNTI				х				144,600.	0.	26,917.
(3) SONIA BANKS	40.00									
DIR., EXTERNAL AFFAIRS						x		149,108.	0.	21,682.
(4) PHILIP WINN	40.00									
DIR., PARKS & PLACE						x		139,760.	0.	21,770.
(5) KEARSTIN KREHBIEL	40.00									
DIR., RESEARCH & DEVELOPME						X		140,264.	0.	17,095.
(6) LIZ FARRELL	5.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(7) LOUISE MOZINGO	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(8) COURTNEY KLINGE	2.00									
SECRETARY		Х		Х				٥.	0.	0.
(9) RICK HUTCHISON	5.00									
TREASURER		Х		Х				0.	0.	0.
(10) BRIAN BAKER	5.00									
DIRECTOR		Х						0.	0.	0.
(11) MICHAEL YARNE	5.00									
DIRECTOR		Х						0.	0.	0.
(12) MELANIE SENGUPTA	2.00									
DIRECTOR		х						0.	0.	0.
(13) KELLY NICE	2.00									
DIRECTOR		Х						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.
132007 12.09 21										Form 990 (2021)

8

132007 12-09-21

Form 990 (2021)

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2021.05080 SAN FRANCISCO PARKS ALLIA 122956.1

Form 990 (2021) SAN FRANCISCO) PARKS ALL	IAN	ICE						23-713	178	4	P	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Em	ploy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(dc		Pos heck i			one	Reportable	Reportable		Es	stimate	ed
	hours per	box	, unle	ss per	rson i	is botł	n an	compensation	compensation	1	ar	nount	of
	week		icer ar	nd a di	irecto	or/trus	tee)	from	from related			other	
	(list any	ector						the	organizations			pensa	
	hours for related	or di	88			ated		organization	(W-2/1099-MIS	C/		om th	
	organizations	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)			anizat	
	below	ual tr	ional		ploye	t com		1099-NEC)				d relat anizati	
	line)	ndividual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				orga	amzau	0113
(18) OZ ERICKSON	2.00		-		×								
DIRECTOR		х						0.		٥.			Ο.
(19) COBIE EVERDELL	2.00												
DIRECTOR		х						0.		٥.			0.
(20) SARAH GALLO	2.00												
DIRECTOR		х						0.		٥.			Ο.
(21) BOB GAMBLE	2.00												
DIRECTOR		Х						0.		٥.			Ο.
(22) MOLLIE GARDNER HECTOR	2.00												
DIRECTOR		х						0.		٥.			0.
(23) CHRIS GUILLARD	2.00												
DIRECTOR		х						0.		٥.			Ο.
(24) JASMINE KIM	2.00												
DIRECTOR		х						0.		٥.			Ο.
(25) JONATHAN REWERS	2.00												
DIRECTOR		х						0.		٥.			Ο.
(26) TIM SEUFERT	2.00												
DIRECTOR		х						0.		٥.			Ο.
1b Subtotal								734,103.		٥.		104,	348.
c Total from continuation sheets to Part VI								0.		٥.			٥.
d Total (add lines 1b and 1c)								734,103.		٥.		104,	348.
2 Total number of individuals (including but no							io re	eceived more than \$100,	000 of reportable				
compensation from the organization									·				5
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, I	key e	empl	oye	e, or	[,] hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for su	uch individual										3		X
4 For any individual listed on line 1a, is the su	m of reportab	le co	ompe	ensa	tion	and	l otł	ner compensation from th	ne organization				
and related organizations greater than \$150),000? If "Yes,	," cc	mple	ete S	Sche	edule	ə J f	for such individual			4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ich r	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	mpensated inc	depe	ende	nt co	ontra	acto	rs tł	nat received more than \$	100,000 of compe	ensat	tion fro	om	
the organization. Report compensation for t	the calendar y	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B))	
Name and business								Description of s	ervices		ompe	nsatio	'n
PACIFIC CREST GROUP, 810 5TH AVNEUE,	SUITE												
200, SAN RAFAEL, CA 94901								HR CONSULTING				135,	,220.
SCHAFFER & COMBS, 600 CALIFORNIA STRE	SET,												
11TH FLOOR, SAN FRANCISCO, CA 94108								STRATEGIC PLANNING	CONSULTING			133,	,000.
LIGHTHOUSE PUBLIC AFFAIRS, 857 MONTGO	OMERY												
STREET, SAN FRANCISCO, CA 94133								PUBLIC AFFAIRS SER	VICES			116,	,250.
JACQUELINE FLIN CONSULTING													
1675 7TH STREET #22103, OAKLAND, CA 9	94623							PROJECT CONSULTING				106,	,984.
9 Total number of independent contractions "		ot 1:-	mi# - 1	4 + ~ *	the		to -		are then				
2 Total number of independent contractors (ir \$100,000 of componsation from the organization			me	101		se iis 4	red	abovej who received mo	ne man				
\$100,000 of compensation from the organiz SEE PART VII, SECTION A CONTINU		ET S				-				_	Form	990 /	(2021)
	SUITON DUGE										rorm	550 (2021)
132008 12-09-21													

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Form 990 SAN FRANCISC Part VII Section A. Officers, Directors, Tr	23-7131784 Compensated Employees (continued)									
(A)		npio	yee		<u>па н</u> С)	ngn	est		, ,	(F)
(A) Name and title	(B)							(D) Reportable	(E) Reportable	(F) Estimated
Name and the	Average hours	(c			ition that		LV)	compensation	compensation	amount of
	per		T			app I	'y) 	from	from related	other
	week					ee		the	organizations	compensation
	(list any	ctor				nploy		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ted er		(W-2/1099-MISC)		organization
	related	stee o	rustee			en sa				and related
	organizations	al trus	onal ti		loyee	comp				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	Inc		15	Ke	ΞĨ	Fo			
(27) JOHN WARE	2.00	v						0	0	0
DIRECTOR (28) LATEEFAH GAINEY BAXTER	2.00	Х						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(29) SHON BUFORD	2.00	Δ						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(30) THOMAS GUMP	2.00		-	-	-			0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(31) MICHAEL RAMIREZ	2.00				-		-			
DIRECTOR		x						0.	0.	0.
(32) CYN WANG	2.00							·	·	
DIRECTOR		x						0.	0.	0.
(33) VIKRUM AIYER	2.00									
DIRECTOR		x						0.	0.	0.
(34) KANISHKA KARUNARATNE CHENG	2.00									
DIRECTOR		x						0.	0.	0.
(35) CAROLYN FEINSTEIN EDWARDS	2.00									
DIRECTOR (LEFT 9/21)		x						0.	0.	0.
(36) CAROLINE HAYWARD BRINKERHOFF	2.00									
DIRECTOR (LEFT 9/22)		х						0.	0.	0.
(37) BROOK MEBRAHTU	2.00									
DIRECTOR (LEFT 9/21)		х						0.	0.	0.
(38) LEE ANNE WELDON	2.00									
DIRECTOR (LEFT 9/21)		х						0.	0.	0.
		\vdash	-	-			-			
		1								
		-		•	-	•				
Total to Part VII, Section A, line 1c										

132201 04-01-21

ar	t VII									-
		Check if Schedule O	conta	ins a resp	onse	or note to any line	e in this Part VIII (A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclu from tax und sections 512 -
ຽ	1 a	Federated campaigns		1a						
iun		Membership dues				59,012.				
ğ		Fundraising events				271,063.				
ar A		Related organizations								
mil		Government grants (conti				5,404,642.				
2		All other contributions, gifts,								
and Other Similar Amounts		similar amounts not included	l abov	e 1f		3,484,114.				
D	g	Noncash contributions included in	lines 1	a-1f 1g	\$	104,127.				
an	h	Total. Add lines 1a-1f				>	9,218,831.			
						Business Code				
	2 a	ADMISSIONS/SALES -				900099	1,055,572.	1,055,572.		
e	b	ADMINISTRATIVE FEES	5			900099	866,686.	866,686.		
enu	С	PROGRAM FEES				900099	320,261.	320,261.		
Kevenue	d									
	e									
		All other program service Total. Add lines 2a-2f					2,242,519.			
	<u> </u>	Investment income (includ					-,,			
	U	other similar amounts)	Ũ				178,442.			178,4
	4	Income from investment of					,			,
	5	Royalties								
		,		(i) Rea		(ii) Personal				
	6 a	Gross rents	6a	232,	420.					
	b	Less: rental expenses	6b	137,	984.					
	с	Rental income or (loss)	6c	94,	436.					
	d	Net rental income or (loss	;) <u></u>			►	94,436.			94,4
	7 a	Gross amount from sales of		(i) Securi	ties	(ii) Other				
		assets other than inventory	7a	47,	465.					
	b	Less: cost or other basis								
		and sales expenses			074.					
		Gain or (loss)	7c	,	609.		4 600			
		Net gain or (loss)				▶	-1,609.			-1,6
	8 a	Gross income from fundraisi including \$								
'		including \$ contributions reported on								
		Part IV, line 18		-	8a	47,714.				
	b	Less: direct expenses				209,706.				
		Net income or (loss) from				, •	-161,992.			-161,9
		Gross income from gamir								,
		Part IV, line 19								
	b	Less: direct expenses								
		Net income or (loss) from				>				
		Gross sales of inventory,								
		and allowances								
	b	Less: cost of goods sold								
	с	Net income or (loss) from	sales	of invento	ory	▶				
						Business Code				
e		MISCELLANEOUS REVEN	ÚΕ			900099	13,786.			13,7
/ent	b									
Revenue	c									
1		All other revenue					12 700			
		Total. Add lines 11a-11d					13,786.	2 242 512		102.0
	12	Total revenue. See instruction	ons			🕨	11,584,413.	2,242,519.	0.	123,0

13560511 701245 122956.2

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23-7131784 Page 10

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 (B) (C) (D) (A) 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 515,608 515,608 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 347,844. 91,276. 201,803 54,765. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 3,842,848. 2,226,895. 625,301. 990,652. 7 8 Pension plan accruals and contributions (include 51,176. section 401(k) and 403(b) employer contributions) 92,513 18,259 23,078. 157,838 87,311. 31,152, 39,375. Other employee benefits 9 320,879. 177,501 63,331. 80,047. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 133,771, 133,771, b Legal 82,722. 82,722, С Accounting Lobbying d 374,708. 374,708. Professional fundraising services. See Part IV, line 17 е 30,252. Investment management fees 30,252. f Other. (If line 11g amount exceeds 10% of line 25, g 4,691,621 4,228,396 374,286 88,939. column (A), amount, list line 11g expenses on Sch 0.) 17,487 12,979 856 3,652. Advertising and promotion 12 130,560 91,723 80,538. 302,821 13 Office expenses 167,767, 47,627. 56,083 64,057. Information technology 14 Royalties 15 229,929 29,908, 200,021 16 Occupancy 29,012, 17,161, 6,928 4,923. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 20,102. 20,102. Conferences, conventions, and meetings 19 92,349. 92,349 20 Interest Payments to affiliates 21 51,514 51,514 22 Depreciation, depletion, and amortization 135,189. 135,189 23 Insurance 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 0.) ADMIN FEES 866,686, 848,882, 17,804. а PROG. MATERIAL/SUPPLIES 576,831. 534,616. 160 42,055. b OUTSIDE SERVICES 242,843. 90,231, 152,612. С ALL OTHER EXPENSES 23,837 120,890. 90,329. 6,724. d 16,800 16,800 All other expenses е 13,460,824 9,200,558, 2,236,337 2,023,929. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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132010 12-09-21

Check here

Form 990 (2021)

13560511 701245 122956.2

if following SOP 98-2 (ASC 958-720)

Fa	rt X	Check if Schedule O contains a response or no	to to on	line in this Part V			
		Check in Schedule O contains a response of hit	ne to an		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,945,474.	1	2,705,000
	2	Savings and temporary cash investments	805,049.	2	812,296		
	3	Pledges and grants receivable, net			5,468,589.	3	3,633,680
	4	Accounts receivable, net			1,835,558.	4	1,488,790
	5	Loans and other receivables from any current of				-	· · ·
		trustee, key employee, creator or founder, sub-					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua	•	····· ►		-	
		under section 4958(f)(1)), and persons describe				6	
~	7	Notes and loans receivable, net			37,000.	7	(
Assets	8	Inventories for sale or use			15,738.	8	(
As	9				45,500.	9	78,837
		Land, buildings, and equipment: cost or other			, -		/
	100	basis. Complete Part VI of Schedule D	10a	407,276.			
	b			397,700.	61,091.	10c	9,576
	11	Investments - publicly traded securities		, ,	7,754,456.	11	8,437,601
	12	Investments - other securities. See Part IV, line			.,,	12	-,,
	13	Investments - program-related. See Part IV, line				13	
	14					14	
	15	Intangible assets	30,000.	15	30,000		
	16	Other assets. See Part IV, line 11			18,998,455.	16	17,195,780
	17	Total assets. Add lines 1 through 15 (must eq			1,402,066.	17	1,414,105
	18	Accounts payable and accrued expenses	_,,	18	_,,		
	19	Grants payable			91,312.	19	3,031,312
		Deferred revenue			51,012.		5,001,011
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub-					
Liat		controlled entity or family member of any of the	Г	4,141,498.	22	2 1 / 0 9 1 0	
-	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·	4,141,490.	23	3,149,818
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X	272 600		
				·····	273,690.	25	7 505 225
	26	Total liabilities. Add lines 17 through 25			5,908,566.	26	7,595,235
s		Organizations that follow FASB ASC 958, ch	eck her				
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.			0 054 550		0 505 04
alar	27			2,851,570.	27	2,595,214	
ñ	28	Net assets with donor restrictions	10,238,319.	28	7,005,331		
ŭ		Organizations that do not follow FASB ASC	958, che	ck here 🕨 📃			
μ Γ		and complete lines 29 through 33.					
<u>8</u> 0	29	Capital stock or trust principal, or current fund				29	
sei	30	Paid-in or capital surplus, or land, building, or e	equipme	nt fund		30	
t As	31	Retained earnings, endowment, accumulated i		F		31	
Net	32	Total net assets or fund balances			13,089,889.	32	9,600,545
	33	Total liabilities and net assets/fund balances			18,998,455.	33	17,195,780

Form 990 (2021)

132011 12-09-21

Form	1990 (2021) SAN FRANCISCO PARKS ALLIANCE	23-713178	4	Pa	_{ae} 12
	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,	584,	413.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,	460,	824.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,	876,	411.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,	089,	889.
5	Net unrealized gains (losses) on investments	5	-1,	447,	842.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		165,	091.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	9,	600,	545.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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 the				
	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 Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Ν

Nam	e of t	the organization						Employer	r identification number				
			ANCISCO PARKS A						23-7131784				
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.					
The c	rgan	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)							
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	า 990).)								
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).						
7		An organization that norma	lly receives a substar	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general j	public described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college				
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the r	name, city	, and state of	the college	eor				
		university:											
10	Х	An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from				
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment				
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.				
		See section 509(a)(2). (Con	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on				
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.					
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting				
		organization. You must o	complete Part IV, Se	ections A and B.									
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	/ing				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,				
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .						
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III					
		functionally integrated, or	Type III non-functior	nally integrated supporting	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
g		vide the following information			(iv) is the orac	anization listed							
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of		(vi) Amount of other support (see instructions)				
		organization		above (see instructions))	Yes	No	support (see ir	istructions	support (see instructions)				
Tota													

OMB No. 1545-0047

2021

Open to Public

Inspection

		AN FRANCISCO P				23-7131	i ugo 🗖
Pa	ITT II Support Schedule for	-					-
	(Complete only if you checked			° °	on failed to qualify u	under Part III. If the	organization
_	fails to qualify under the tests	listed below, plea	se complete Part	III.)			
	ction A. Public Support		1			1	1
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						<u> </u>
4 5	The portion of total contributions						
Ŭ	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)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support			-	-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 \dots						
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.)						
	Total support. Add lines 7 through 10					10	
12 13	Gross receipts from related activities, First 5 years. If the Form 990 is for th		,	fourth or fifth tax		12	
13	organization, check this box and stor						
Se	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	%
15	Public support percentage from 2020					15	%
16a	1 33 1/3% support test - 2021. If the o					nore, check this bo	x and
	stop here. The organization qualifies						
k	33 1/3% support test - 2020. If the c	organization did no	ot check a box on				
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	-		• • • •			▶∟
k	o 10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						. —
•-	organization meets the facts-and-circu						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	ind see instructions	<u>s</u>

Schedule A (Form 990) 2021

132022 01-04-22

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.)

Section A. Public Support Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 12,336,504 20,026,411 15,786,539 11,996,446. 9,218,831 include any "unusual grants.") 69,364,731. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 2,361,182 2,293,283 2,059,397. 1,242,108, 2,242,519 10,198,489. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organ-4 ization'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 14,697,686, 22,319,694 17,845,936 13,238,554. 11,461,350 79,563,220. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 4,400,000. 4,202,385 2,296,098 4,149,650. 16,300,291. 1,252,158 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 31 945 250 240 282 185. c Add lines 7a and 7b 4,400,000. 4,202,385 2,296,098 4,181,595 1,502,398 16,582,476. 62,980,744. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 14,697,686 22,319,694 17,845,936 13,238,554 11,461,350 79,563,220. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 410,862. 502,122 578,614 533,669 130,263. 2,155,530. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 578,614 2,155,530. 502,122 533,669 130,263 410,862 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital 5,080,168 476,613 848.821 9,624 61,500, 6,476,726. assets (Explain in Part VI.) 20,279,976. 23,374,921. 19,228,426. 13,378,441. 88,195,476. 11,933,712. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 71.41 % 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 71.68 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 2.44 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 % 2.44 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2021 132023 01-04-22

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1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.)

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10b | Schedule A (Form 990) 2021

Schedule A (Form 990) 2021	
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Yes

1

2

No

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

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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (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.	
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,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the even even institution (a)	-1		

ation(s) organ Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on 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	2		
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	1	1	1	Check the box next to the metho	od that the organization use	d to satisfy the Integral Par	t Test during the year	r (see instructior
--	---	---	---	---------------------------------	------------------------------	-------------------------------	------------------------	--------------------

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌] The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).
-----	--	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b Schedule A (Form 990) 2021

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Sche	dule A (Form 990) 2021 SAN FRANCISCO PARKS ALLIANCE			23-7131784	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust or	n Nov. 20, 1970 (<i>explain i</i>	n Part VI). See instr	uctions.
	All other Type III non-functionally integrated supporting organizations mus				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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 (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
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 Y	'ear
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	ally integra	ted Type III supporting or	ganization (see	

instructions).

Schedule A (Form 990) 2021

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1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
е	Excess from 2021			-	
				- 50	hedule A (Form 990) 2021

SAN FRANCISCO PARKS ALLIANCE

Current Year

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

23-7131784 Page **8**

art 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	
2017 AMOUNT: \$ 5,080,168.	
2018 AMOUNT: \$ 476,613.	
2019 AMOUNT: \$ 835,584.	
2021 AMOUNT: \$ 47,714.	
MISC. REVENUE	
2019 AMOUNT: \$ 13,237.	
2020 AMOUNT: \$ 9,624.	
2021 AMOUNT: \$ 13,786.	
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the amount of

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

23 - 7131784

SAN FRANCISCO PARKS ALLIANCE				
Organization type (che	Organization type (check one):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not 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 fou				

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

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

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

Schedule B (Form 990) (2021)

SAN FRAN	CISCO PARKS ALLIANCE		23-7131784
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$206,370.	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,167,091.	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		\$459,682.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$980,861.	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		\$273,690.	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		\$1,444,040.	Person X Payroll Image: Complete Part II for noncash contributions.)

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Name of organization

Page **2**

Employer identification number

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Data received
1	PUBLICLY TRADED SECURITIES		
		\$100,0	001. 06/29/22
(a) No. ·om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Data received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. °om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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Schedule B (Form 990) (2021) Name of organization

Employer identification number

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Name of or	rganization		Employer identification number				
SAN FRAN	CISCO PARKS ALLIANCE		23-7131784				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	ons to organizations described in s	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.) > \$				
(a) No.		·					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gi	ift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
Γ	· · · ·						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
F		(a) Transfor of ai					
	(e) Transfer of gift						
Ļ	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
		[
(a) Na							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
1 01 1 1							
F		(e) Transfer of gi	ift				
ŀ	Transferee's name, address, ar		Relationship of transferor to transferee				
		·					
(a) No. from							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gi	ift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
F							

Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)

30 2021.05080 SAN FRANCISCO PARKS ALLIA 122956.1

SCHEDULE C	Po	olitical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047
(Form 990)	For Org	anizations Exempt From Income	Tax Under section 6	$(0.1(c))$ and sociation 52°	7	2021
	-	if the organization is described		.,		
Department of the Treasury Internal Revenue Service		To the organization is described			90-EZ.	Open to Public Inspection
		Form 990, Part IV, line 3, or For			ian Activi	•
-		plete Parts I-A and B. Do not com			ign Activ	
)1(c)(3)) organizations: Complete P	•	Do not complete Part I	I-B.	
 Section 527 organization 				·		
If the organization answ	wered "Yes," or	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lin	e 47 (Lobbying Activi	ities), the	n
 Section 501(c)(3) org 	anizations that I	nave filed Form 5768 (election und	ler section 501(h)): Coi	mplete Part II-A. Do no	t complet	te Part II-B.
	•	nave NOT filed Form 5768 (election	. ,	, ,		•
-		Form 990, Part IV, line 5 (Proxy	Tax) (See separate ir	nstructions) or Form 9	990-EZ, P	Part V, line 35c (Proxy
Tax) (See separate inst		iono: Complete Dort III				
Name of organization	i, or (o) organizat	ions: Complete Part III.		F	mnlover	identification number
name er ergamzation	SAN FRANCIS	SCO PARKS ALLIANCE		-		23-7131784
Part I-A Comple		anization is exempt under	r section 501(c) o	or is a section 527		
•		•				
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.		
2 Political campaign					▶\$	
3 Volunteer hours for	political campai	gn activities				
-	-	anization is exempt under		-	. .	
	•	incurred by the organization under				
		incurred by organization managers				
		n 4955 tax, did it file Form 4720 fc				Yes No
b If "Yes," describe in						
		anization is exempt under	r section 501(c), e	except section 50	01(c)(3).	
1 Enter the amount d	irectly expended	I by the filing organization for secti	ion 527 exempt function	on activities	▶\$	
2 Enter the amount o	f the filing organ	ization's funds contributed to othe	er organizations for sec	ction 527		
exempt function ac	tivities				▶\$	
-	-	. Add lines 1 and 2. Enter here and			. .	
					▶\$	
		• • • • • • • • • • • • • • • • • • • •				
		ployer identification number (EIN) tion listed, enter the amount paid t				
		omptly and directly delivered to a s				
political action com	mittee (PAC). If	additional space is needed, provid	e information in Part I	V		
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid from filing organization funds. If none, enternation	i's con r -0 f d	e) Amount of political ntributions received and promptly and directly elivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2021

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	SAN FRANCISCO PAF				L31784 Page 2
Part II-A Complete if the org section 501(h)).	anization is exem	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
	tion bolongo to on offil	inted aroun (and list in	Dort IV apph offiliated	aroup mombor's name	addroop FIN
· <u> </u>	re of excess lobbying e	• • •	Part IV each affiliated of	group member's name	e, address, Elin,
	tion checked box A an	• •	visions apply		
	ts on Lobbying Exper			(a) Filing	(b) Affiliated group
(The term "expend	ditures" means amou	nts paid or incurred.)		organization's totals	totals
1a Total lobbying expenditures to influ	uence public opinion (g	rassroots lobbying)		0.	
b Total lobbying expenditures to influ	0.				
c Total lobbying expenditures (add li	nes 1a and 1b)			0.	
d Other exempt purpose expenditure				13,460,824.	
e Total exempt purpose expenditure	s (add lines 1c and 1d)			13,460,824.	
f Lobbying nontaxable amount. Ente	er the amount from the	following table in both	i columns.	823,041.	
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable amo	ount is:		
Not over \$500,000	20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (en	,		·····	205,760.	
h Subtract line 1g from line 1a. If zer	,		F	0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than ze		ý		Г	
reporting section 4911 tax for this			0	L	Yes No
(Some organizations the second s		raging Period Under	• •	f the five columns be	low
		ate instructions for lin			10w.
	· · · ·	ditures During 4-Yea	,		
Calendar year	() 0010	# 1 0010	() 0000	(1) 0001	
(or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	998,899.	1,000,000.	1,000,000.	823,041.	3,821,940.
b Lobbying ceiling amount	,	, ,	, ,	,	, ,
(150% of line 2a, column(e))					5,732,910.
c Total lobbying expenditures					
d Grassroots nontaxable amount	249,725.	250,000.	250,000.	205,760.	955,485.
e Grassroots ceiling amount		,	,		
(150% of line 2d, column (e))					1,433,228.
· · · · · · · · · · · · · · · · · · ·					
f Grassroots lobbying expenditures					
				Sabadu	la C (Farm 000) 2021

Schedule C (Form 990) 2021

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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	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.				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: Volunteers?					
b	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?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	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					
	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	tion		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
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		3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is	
1	Dues, assessments and similar amounts from members		. 1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year					
	Total					
3						
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditure next year?		. 4			
5	Taxable amount of lobbying and political expenditures. See instructions	<u></u>	5			
Par	t IV Supplemental Information					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

132043 11-03-21

(Forn	HEDULE D n 990)	Complete if the or Part IV, line 6, 7, 8, 9, 1	al Financial Statem ganization answered "Yes" on For 0, 11a, 11b, 11c, 11d, 11e, 11f, 12a Attach to Form 990.	m 990,		OMB No. 1545-004	
	ment of the Treasury Revenue Service		990 for instructions and the latest	information.		Inspection	•
-	e of the organizati				Employer	identification num	ber
		SAN FRANCISCO PARKS ALLIAN				23-7131784	
Par	t I Organiza	ations Maintaining Donor Advis	ed Funds or Other Similar F	unds or Ac	counts.	Complete if the	
	organizatio	on answered "Yes" on Form 990, Part IV, I					
			(a) Donor advised funds	(b) Funds and	d other accounts	
1	Total number at e	nd of year					
2	Aggregate value o	of contributions to (during year)					
3	Aggregate value o	of grants from (during year)					
4	Aggregate value a	at end of year					
5	Did the organization	on inform all donors and donor advisors ir	writing that the assets held in donc	or advised func	s		
	are the organization	on's property, subject to the organization'	s exclusive legal control?			Yes	No
6	Did the organization	on inform all grantees, donors, and donor	advisors in writing that grant funds	can be used o	nly		
	for charitable purp	poses and not for the benefit of the donor	or donor advisor, or for any other pu	irpose conferri	ng		
	impermissible priv	vate benefit?				Yes	No
Par	t II Conserv	vation Easements. Complete if the c	rganization answered "Yes" on Forr	n 990, Part IV,	line 7.		
1		servation easements held by the organiza					
	X Preservation	n of land for public use (for example, recre	ation or education)	ation of a histo	rically impor	tant land area	
		of natural habitat	Preserva	ation of a certi	fied historic s	structure	
	X Preservation	n of open space					
2	•	a through 2d if the organization held a qua	ified conservation contribution in th	e form of a cor			
	day of the tax yea	r.			Held a	at the End of the Tax Y	'ear
а	Total number of c	onservation easements			2a	1	
b	J. J				2b	0.55	
С	Number of conser	rvation easements on a certified historic s	ructure included in (a)		2c		
d		rvation easements included in (c) acquired	-				
	listed in the Nation	nal Register			2d		
3	Number of conser	rvation easements modified, transferred, r	eleased, extinguished, or terminated	by the organiz	zation during	the tax	
	year 🕨						
4	Number of states	where property subject to conservation ea	asement is located	1			
5	Does the organiza	ation have a written policy regarding the p	eriodic monitoring, inspection, hand	ing of			
	,	forcement of the conservation easements					No
6	Staff and voluntee	er hours devoted to monitoring, inspecting	, handling of violations, and enforcir	ng conservatio	n easements	during the year	
	▶						
7	Amount of expense	ses incurred in monitoring, inspecting, har	dling of violations, and enforcing co	nservation eas	ements durii	ng the year	
	▶\$						
8		rvation easement reported on line 2(d) abo	• •				
		n)(4)(B)(ii)?				Yes	No
9	In Part XIII, descri	be how the organization reports conserva	tion easements in its revenue and ex	pense statem	ent and		
	balance sheet, and	d include, if applicable, the text of the foo	note to the organization's financial	statements that	t describes t	he	
	organization's acc	counting for conservation easements.		AH 011 0		-1-	
Par		ations Maintaining Collections of		or Other S	imilar Ass	ets.	
		if the organization answered "Yes" on For					
1a	If the organization	elected, as permitted under FASB ASC 9	58, not to report in its revenue state	ment and bala	nce sheet w	orks	
	of art, historical tre	easures, or other similar assets held for p	blic exhibition, education, or resear	ch in furtheran	ce of public		
	service, provide in	Part XIII the text of the footnote to its fina	ancial statements that describes the	se items.			
b	If the organization	elected, as permitted under FASB ASC 9	58, to report in its revenue statemer	nt and balance	sheet works	of	
	art, historical treas	sures, or other similar assets held for publ	c exhibition, education, or research	in furtherance	of public ser	rvice,	
	provide the follow	ing amounts relating to these items:					
	(i) Revenue inclu	uded on Form 990, Part VIII, line 1			▶ \$		

	(ii) Assets included in Form 990, Part X		\$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial g				
	the following amounts required to be reported under FASB ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$	
b	Assets included in Form 990, Part X		\$	

LHA For Paperwork Reduction Act Notice, see the Instructions for For	r m 990.
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2021.05080	SAN	FRANCISCO	PARKS

Schedule D (Form 990) 2021

ALLIA 122956.1

Sche		CO PARKS ALLIAN					23-713		Р	age 2
Par	t III Organizations Maintaining Co	llections of Art	, Historical Tre	easures, or	Othe	r Simil	ar Assets	s (conti	nued)	
3	Using the organization's acquisition, accession	n, and other records	, check any of the	following that	make s	ignifican	t use of its	-		
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	m					
b	Scholarly research	е		010						
с	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explain	how they further the	ne organizatio	n's exe	mpt pur	ose in Part	XIII.		
5	During the year, did the organization solicit or									
-	to be sold to raise funds rather than to be mair			-				Yes		No
Par	t IV Escrow and Custodial Arrange									
	reported an amount on Form 990, Part			ano no lo d	100 01		oo, r arrr,			
1a	Is the organization an agent, trustee, custodiar		any for contribution	s or other ass	ets not	includer	1			
ia	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII ar						····· ∟		L	
D			Swillig table.					Amoun	t	
•	Paginning balance					10		, arrioarr		
	Additions during the year									
	Additions during the year									
	Distributions during the year					<u>1</u>				
	Ending balance Did the organization include an amount on For					··		Yes		No
	If "Yes," explain the arrangement in Part XIII. C					• • • • •	L		-	
Par										
		(a) Current year	(b) Prior year	(c) Two year			e years back	(e) Fou	r vears	hack
4.0		50,000.	50,000.	., ,	,000.	(a) 1110	50,000.	(0) 1 00		000.
	Beginning of year balance	50,000.	50,000.	50	,000.		50,000.		<u> </u>	
b	Contributions			2	,445.		4,603.			
c	Net investment earnings, gains, and losses			2	,445.		4,005.			
	Grants or scholarships									
е	Other expenditures for facilities				445		4 602			
-	and programs			2	,445.		4,603.			
t	Administrative expenses	F0.000	F0 000	50	000		F0 000		F 0	000
g	End of year balance	50,000.	50,000.		,000.		50,000.		50,	000.
2	Provide the estimated percentage of the current	nt year end balance)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment 100	%								
С	Term endowment									
	The percentages on lines 2a, 2b, and 2c shoul									
3a	Are there endowment funds not in the possess	sion of the organizat	ion that are held a	nd administer	ed for th	ne organ	ization			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	d on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the o		/ment funds.							
Pai	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. S	See Form 990,	Part X,	, line 10.				
	Description of property	(a) Cost or ot basis (investm	• •	t or other (other)	• •	Accumula epreciatio		(d) Boo	k valu	е
1a	Land									
	Buildings									
	Leasehold improvements			64,636.		55	5,200.		9,	436.
	Equipment			342,640.		342	2,500.			140.
	Other									
	. Add lines 1a through 1e. (Column (d) must equ		(column (R) line 1	0c.)			🕨		9,	576.
							Schoduk			

Schedule D (Form 990) 2021

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23-7131784 Page **3**

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
I) Financial derivatives			
Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(G) (H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of yoar market value
		(c) Method of Valdation. Cost of end	-OF-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX Other Assets.	I		
Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line	l 11d. See Form 990, Part X, line 15.	
Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line ⁻ Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (a) (2) (a) (3) (4) (5) (a) (6) (b) (7) (a) (8) (a) (9) (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes"	Description		
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (1) Federal income taxes (2) (3) (4) (5)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		

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

Schedule D (Form 990) 2021

X

132053 10-28-21

Sche	dule D (Form 990) 2021 SAN FRANCISCO PARKS ALLIANCE	23-7131784	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.	<u> </u>
	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	10,910,664.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a -1,447,842.		
b	Donated services and use of facilities 2b 456,655.		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	-991,187.
3	Subtract line 2e from line 1	3	11,901,851.
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 30, 252.		
b	Other (Describe in Part XIII.) 4b -347,690.		
	Add lines 4a and 4b	4c	-317,438.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		11,584,413.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	14,400,008.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 456,655.		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 512,781.		
е	Add lines 2a through 2d	2e	969,436.
3	Subtract line 2e from line 1	3	13,430,572.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	30,252.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,460,824.
Pa	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part X, line 2;	Part XI,

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PART	v,	LINE	4:
------	----	------	----

TO BE USED FOR OPERATIONS

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL

REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE

SECTION 23701D. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN

THE ACCOMPANYING FINANCIAL STATEMENTS. IN ADDITION, CONTRIBUTIONS TO THE

ORGANIZATION QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION AND THE

ORGANIZATION IS CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE

FOUNDATION UNDER SECTION 509(A). MANAGEMENT BELIEVES THE ORGANIZATION HAS

NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2022.

132054 10-28-21

Schedule D (Form 990) 2021

ART XI, LINE 4B - OTHER ADJUSTMENTS:		
FUNDRAISING EXPENSES	-209,706.	
RENTAL EXPENSES	-137,984.	
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-347,690.	
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
FUNDRAISING EXPENSES	209,706.	
RETURN OF GRANT	165,091.	
RENTAL EXPENSES	137,984.	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	512,781.	
		Deliverta I. D. (Essue 200) 0(

Schedule D (Form 990) 2021

132055 10-28-21

13560511 701245 122956.2

SCHEDULE G	Suppleme	ental Information Regarding	Func	Iraisi	ing or Gaming A	ctivities	OMB No. 1545-0047		
(Form 990)									
Department of the Treasury	Open to Public								
Internal Revenue Service		o to www.irs.gov/Form990 for inst	ruction	s and	the latest information		Inspection		
Name of the organization		SCO PARKS ALLIANCE				23-713	identification number		
Part I Fundrais		Complete if the organization answ	orod "V	'es" or	Form 990 Part IV li				
	complete this par								
 a Mail solicitat b Internet and c Phone solicit d In-person sol 2 a Did the organization key employees list 	ions email solicitations tations licitations in have a written o ed in Form 990, P	s f X Solicita g	ation of ation of I fundra I (incluc professi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?	X			
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fundraiser is t	o be		
(i) Name and address or entity (fund	s of individual	(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount pa to (or retained l fundraiser listed in col. (by) to (or retained by)		
COLLECTIVE AGENCY			Yes	No					
BROOKLYN AVE, OAKL		TELEMARKETING	_	x	1,290,106.	33,80	51. 1,256,245.		
BEDFORD GROVE - 35: STREET, SAN FRANCIS		TELEMARKETING		x	162,500.	20,7	50. 141,750.		
BUILDINGBLOX - 653	,				102,500.	20,7	141,750.		
DRIVE, DAVIS, CA	95616	TELEMARKETING		x	125,180.	23,50	101,680.		
VENTURESPARK - 225	6 WOLFBERRY								
WAY, SANTA ROSA, C		TELEMARKETING		x	0.	48,00	-48,000.		
CCS - COMMUNITY CO					0.				
SERVICE - 527 MADI:	SON AVE SIR	TELEMARKETING		X		248,5	-248,597.		
	ch the organizatio	on is registered or licensed to solicit	contrib	▶ utions	1,577,786. or has been notified	374,70 it is exempt fror			
Or licensing.									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

132081 10-21-21

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			PARTY FOR THE		NONE	(add col. (a) through	
			PARKS / DINNER PAR			col. (c)	
a			(event type)	(event type)	(total number)	coi. (c))	
Revenue	1	Gross receipts	318,777.			318,777	
	2	Less: Contributions	271,063.			271,063	
	3	Gross income (line 1 minus line 2)	47,714.			47,714.	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs	99,553.			99,553	
	7	Food and beverages	82,209.			82,209	
	8	Entertainment	17,450.			17,450	
	9	Other direct expenses	10,494.			10,494 209,706	
	10	10 Direct expense summary. Add lines 4 through 9 in column (d)					
	11 Net income summary. Subtract line 10 from line 3, column (d)					-161,992	

\$15,000 on Form 990-EZ, line 6a.

		+·-,,								
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
eve										
Ξ	1	Gross revenue								
Direct Expenses	2	Cash prizes								
	3	Noncash prizes								
	4	Rent/facility costs								
_	5	Other direct expenses								
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No					
	7 Direct expense summary. Add lines 2 through 5 in column (d)									
8 Net gaming income summary. Subtract line 7 from line 1, column (d)										
9	9 Enter the state(s) in which the organization conducts gaming activities:									
a	a Is the organization licensed to conduct gaming activities in each of these states?									
b If "No," explain:										
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?										
b	b If "Yes," explain:									

132082 10-21-21

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	SAN FRANCISCO PARKS AL	LIANCE	23-713178	4	Page 3
11	Does the organization conduct ga	ming activities with nonmember	s?		Yes	No
12			member of a partnership or other entity formed			
					Yes	No No
	Indicate the percentage of gamin			مرا	I	
						<u>%</u> %
			nization's gaming/special events books and records	······		70
17		e person who prepares the orga	mzation's gaming/special events books and records	•		
	Name					
	Address 🕨					
15a	Does the organization have a cor	tract with a third party from who	m the organization receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gam	ing revenue received by the orga	anization \blacktriangleright \$ and the amou	nt		
	of gaming revenue retained by th					
c	If "Yes," enter name and address	of the third party:				
	Name 🕨					
	Address					
16	Coming manager information:					
10	Gaming manager information:					
	Name 🕨					
	Gaming manager compensation	► \$				
	Description of services provided	▶				
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
	•	state law to make charitable dis	stributions from the gaming proceeds to			
	retain the state gaming license?				Yes	No No
b			istributed to other exempt organizations or spent in			
_	organization's own exempt activit					
Pa			ons required by Part I, line 2b, columns (iii) and (v); a	nd Part III, lin	es 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide any ad	ditional information. See instructions.			
0.011		LIGE OF MEN HIGHERE DAT				
SCH	EDULE G, PART I, LINE 2B,	LIST OF TEN HIGHEST PAI	D FUNDRAISERS:			
(I)	NAME OF FUNDRAISER: COLL	CTIVE AGENCY				
(I)	ADDRESS OF FUNDRAISER: 6	0 BROOKLYN AVE, OAKLAND	, CA 94606			
(I)	NAME OF FUNDRAISER: BEDF	ORD GROVE				
(I)	ADDRESS OF FUNDRAISER: 3	525 ORTEGA STREET, SAN F	RANCISCO, CA 92122			
<u></u>						
	NAME OF FUNDRAISER: CCS	- COMMUNITY COUNSELING S		<u></u>		
1320	33 10-21-21		41	Schedule G (I	Form	990) 2021

(I) ADDRESS	5 OF FUNDRAISE	R: 527 1	MADISON A	VE 5TH H	FL, NEW	YORK,	NY	10022	 	 	
132084 11-18-21										Schedu	le G (Form 990

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2021.05080 SAN FRANCISCO PARKS ALLIA 122956.1

SAN FRANCISCO PARKS ALLIANCE 23-7131764 Part General Information or Grafts and Assistance? Image: Constraint of the grants or assistance in the grants or assistance and the selection or thera used to award the grants or assistance for monitoring the use of grant funds in the United States. Image: Constraint of	SCHEDU (Form 990		Go	irants and Oth vernments, an ete if the organization	d Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Name of the organization Employer identification numbers Part1 General Information on Grants and Assistance 23-7131784 1 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 orteria used to award the grants or assistance and Donest to Complete if the organization answered "Ves" 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. 1 (a) Name and address of organization (b) EIN (c) IRC Section (d) Amount of cash grant (g) Method of valuation the process of grant tasks. 1 (a) Name and address of organization (b) EIN (c) IRC Section (d) Amount of cash grant (g) Method of valuation the process of grant tasks. 1 (a) Name and address of organization (b) EIN (c) IRC Section (d) Amount of cash grant (g) Description of or valuation the process of grant tasks. 2 SAN FRANCISCO RECEARTION AND PARES (b) EIN (c) EI				Co to your ir	•		action		-
Part I General Information on Grants and Assistance 1 Does the organization maintain records to subtantiat the amount of the grants or assistance, the grantese' eligibility for the grants or assistance? Image: Comparison of the organization's procedures for monitoring the use of grant funds in the United States. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part I can be duplicated if additional space is needed. (f) Method of or government. (g) Description of increasing assistance of comparization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part I can be duplicated if additional space is needed. (g) Amount of increasing assistance of comparization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part I can be duplicated if additional space is needed. 1 (a) Name and address of organization organization (b) EIN (c) Anount of cash grant of assistance of organization answered "Yes" on Form 990, Part IV, line 21, for any assistance or government. SAN FRANCISCO RECERATION AND PARKE Description of if applicable (g) Amount of cash grant of assistance of comparization assistance or assistance	Name of t	0			s.gov/Form35010				Employer identification number
1 Describe organization maintain records to substantiate the amount of the grants or assistance, the grantes or assistance, and the selection orticria used to award the grants or assistance? Image: Comparization proceedings for monitoring the use of grant funds in the United States. 2 Describe in Park IV the organizations proceedings for monitoring the use of grant funds in the United States. Image: Comparization proceedings for monitoring the use of grant funds in the United States. Perting in Park IV the organizations and Domestic Organizations and Domestic Organization answered "Vest" on Form 990, Part IV, line 21, for any receipting that received more than \$5,000. Part I (an be duplicated if additional space is needed. 1(a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash grant (f) Method of "Multitod foock, FM, appraisal, other of assistance (g) Description of organization assistance (h) Purpose of grant or assistance SAN FRANCISCO ERCERATION AND PARKS EXERCISCO ERCERATION AND PARKS EXERCISCO C C A 94117 94-6000417 514, 608. 0. PROJECT ASSISTANCE SAN FRANCISCO, C A 94117 94-6000417 514, 608. 0. PROJECT ASSISTANCE Quarter of the distance Image: Quarter of the organization or assistance Image: Quarter of the organization organization or assistance Image: Quarter of the organization or assistance Quarter of the organization Image: Quarter of the organization or assi	Part I			.£					23-7131764
Concidence of a sexial degrants or assistance? Concidence for monitoring the use of grant funds in the United States. Complete if the organization's procedures for monitoring the use of grant funds in the United States. 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 duplicable in (1) Amount of (1) Method of and address of organization (b) FIN (c) IRC section (1) Amount of (1) Method of assistance in oncash assistance in the duplicable in (1) Applicable in (1) Amount of assistance in oncash assistance in the one of the once of the on				amount of the grants	or assistance the	grantoos' oligibility	for the grants or assis	stance, and the selecti	on
2 Describe in Part U 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 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. 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of any sistance (f) Mathod of noncash of the received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Mathod of noncash of the received more than \$5,000. Part IV, line 21, for any recipient of or gaveriment (g) Description of noncash of the received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. SAN FRANCISCO EXERCENTION AND PARKS (b) EIN (c) IRC section (f) applicable (g) Amount of assistance (g) Description of noncash assistance (h) Purpose of grant or assistance SAN FRANCISCO EXERCENTION AND PARKS page 6000417 514, 608. 0. PROJECT ASSISTANCE BAN FRANCISCO, CA 94117 94-6000417 514, 608. 0. PROJECT ASSISTANCE Gave from the received more recei									
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. (1) Mathed of the organization answered "Yes" on Form 990, Part IV, line 21, for any organization answered "Yes" on Form 990, Part IV, line 21, for any organization answered "Yes" on Form 990, Part IV, line 21, for any organization answered "Yes" on Form 990, Part IV, line 21, for any organization or government 1(a) Name and address of organization (b) EIN (c) IPC Section (f) amount of cash grant (e) Amount of moncash assistance (f) Mathed of moncash assistance (f) Purpose of grant and park shares BEPARTMENT - 501 STANTAN STREET - SAN FRANCISCO, CA 94117 94-6000417 514, 608. 0. PROJECT ASSISTANCE Image: Complex Co	2 Des	scribe in Part IV the organization's p	procedures for monitor	oring the use of grant	funds in the United	l States.			
Tel Nelle and address of organization or government (b) Ein (b) Pin Section (ff applicable) (b) Andon to (cash grant (c) Andon to assistance valuation (book, stratting to the pin assistance (b) Pin Section to onceash assistance SAN FRANCISCO RECREATION AND PARKS DEPARTMENT - 501 station (b) Pin Section to onceash assistance San Section to onceash assistance (b) Pin Section to onceash assistance (b) Pin Section to onceash assistance (b) Pin Section t		Grants and Other Assistance to	o Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	′es" on Form 990, Part	t IV, line 21, for any
DEPARTMENT - 501 STANYAN STREET - SAN FRANCISCO, CA 94117 94-6000417 514,608. 0. PROJECT ASSISTANCE Image: Stand St	1 (a)		(b) EIN			noncash	valuation (book, FMV, appraisal,		
	DEPARTM	ENT - 501 STANYAN STREET -			514,608.	0.			PROJECT ASSISTANCE
	2 Ente	er total number of section 501(c)(3)	and government or	anizations listed in the	i e line 1 table	I	I	I	1.
					·····				0.

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

Schedule I (Form 990) 2021

SAN FRANCISCO PARKS ALLIANCE

23-7131784

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 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 required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

SFPA DOES NOT HAVE A TRADITIONAL GRANTMAKING PROGRAM, BUT RATHER MAKES

GRANT PAYMENTS TO SPECIFIC ORGANIZATIONS AS NECESSARY FOR ADMINISTRATION OF

ITS PROGRAMS. SFPA WORKS CLOSELY WITH THE CITY OF SAN FRANCISCO REC & PARKS

DEPARTMENT ON A VARIETY OF NEW PARK DEVELOPMENT AND EXISTING PARK

ENHANCEMENT PROJECTS. THE CITY AND SFPA WORK TOGETHER ON FUNDRAISING FOR

THESE PROJECTS, AND PAYMENTS BETWEEN THE TWO ORGANIZATIONS SOMETIMES OCCUR

TO FACILITATE PROJECT COMPLETION.

Part IV Supplemental Information

SFPA ALSO ACTS AS FISCAL SPONSOR FOR CERTAIN PROJECTS THAT ARE CONSISTENT

WITH ITS MISSION. WHEN THESE PROJECTS BREAK OFF AND OBTAIN THEIR OWN TAX

EXEMPT STATUS, SFPA DISTRIBUTES THE PROJECT'S ASSETS TO THE NEWLY-FORMED

CHARITABLE ORGANIZATIONS AND DOES NOT CONSIDER IT NECESSARY TO MONITOR THE

ONGOING USE OF THE NEW ORGANIZATION'S FUNDS.

Schedule I (Form 990)

132291 04-01-21

SC	HEDULE J	Compens	sation Information	1	OMB No. 1	1545-004	47
	rm 990)	-	ors, Trustees, Key Employees, and Highest		20	71	
			pensated Employees answered "Yes" on Form 990, Part IV, line 23.		20		1
Depa	tment of the Treasury		tach to Form 990.		Open to		ic
	al Revenue Service		0 for instructions and the latest information.		Inspe		
Nam	e of the organization			Employer ide		on nui	nber
		SAN FRANCISCO PARKS ALLIAN	CE	23-713	81784		
Ра	rt I Question	s Regarding Compensation					
_						Yes	No
1a			of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any rele					
	First-class or c		Housing allowance or residence for perso				
	Travel for com		Payments for business use of personal res				
		ation and gross-up payments	Health or social club dues or initiation fee				
		spending account	Personal services (such as maid, chauffe	ir, cnet)			
L.	If any of the house	on line to are checked did the exercited	follow a written policy recording normast as				
D	-	·	follow a written policy regarding payment or		41.		
•		rovision of all of the expenses described at	, , , , , , , , , , , , , , , , , , , ,		. <u>1b</u>		
2			or allowing expenses incurred by all directors,		0		
	trustees, and onice	s, including the CEO/Executive Director, re	garding the items checked on line 1a?		. 2		
3	Indianta which if a	w of the following the organization used to	actablish the companyation of the organization's				
3			establish the compensation of the organization's y boxes for methods used by a related organization of the state organization of the state organization of the state of the				
		ation of the CEO/Executive Director, but exp		51110			
	Compensation		Written employment contract				
	·	ompensation consultant	X Compensation survey or study				
		ther organizations	X Approval by the board or compensation c	ommittoo			
				ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Se	ection A, line 1a, with respect to the filing				
	organization or a re	•••					
а	Receive a severand	e payment or change-of-control payment?			4a		х
b	Participate in or rec	eive payment from a supplemental nonqua	ified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compe	nsation arrangement?		4c		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the ap	plicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizatior	ns must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, dic	I the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:					
а	The organization?				5a		x
b	Any related organiz	ation?			5b		X
	If "Yes" on line 5a o	r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, dic	I the organization pay or accrue any compensatio	n			
	contingent on the r	5					
а	The organization?				6a		X
b	Any related organiz	ation?			6b		X
	If "Yes" on line 6a o	r 6b, describe in Part III.					
7			I the organization provide any nonfixed payments				
					7	Х	
8	Were any amounts	reported on Form 990, Part VII, paid or acc	rued pursuant to a contract that was subject to th	e			
		ption described in Regulations section 53.4			. 8		X
9	If "Yes" on line 8, d	d the organization also follow the rebuttabl	e presumption procedure described in				
	Regulations section	53.4958-6(c)?		<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions	for Form 990.	Schedul	e J (Forn	n 990)	2021

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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-MIS0 compensation	C and/or 1099-NEC	(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			reported as deferred on prior Form 990
(1) DREW BECHER	(i)	159,371.	1,000.	0.	0.	16,884.	177,255.	0.
CEO	(ii)	0.	0.	0.	0.	0.	٥.	0.
(2) JUSTIN PROBERT	(i)	143,600.	1,000.	0.	7,500.	19,417.	171,517.	0.
DIR. OF FINANCE & ACCOUNTI	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SONIA BANKS	(i)	148,108.	1,000.	0.	6,250.	15,432.	170,790.	0.
DIR., EXTERNAL AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PHILIP WINN	(i)	138,760.	1,000.	0.	7,500.	14,270.	161,530.	0.
DIR., PARKS & PLACE	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KEARSTIN KREHBIEL	(i)	139,264.	1,000.	0.	6,600.	10,495.	157,359.	0.
DIR., RESEARCH & DEVELOPME	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

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.

PART I, LINE 7:

ALL SFPA CORE STAFF RECEIVED \$1,000 BONUS PAYMENT IN 2021 CALENDAR YEAR.

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

ZUZ I Open to Public Inspection

Name	of the	organization

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

E	1.1	
Employer	identification	numper
	23-7131784	

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SAN FRANCISCO PARKS ALLIANCE

Pa	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of d noncash contrib	, etermining	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	x	9	100,977.	FMV		
9 10	Securities - Closely held stock						
11							
	Securities - Partnership, LLC, or						
12	trust interests Securities - Miscellaneous						
12	Qualified conservation contribution -						
13							
14	Historic structures Qualified conservation contribution - Other						
14 15							
16 17	Real estate - Commercial						
17 10	Real estate - Other						
18 10	Collectibles	x	1	3,000.	FMV		
19 20	Food inventory		<u>+</u>	5,000.			
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts	x	2	150.	EM17		
25	· · · · · · · · · · · · · · · · · · ·	A	2	150.			
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz	-				0	
	for which the organization completed Form 828	33, Part V, L	onee Acknowledg	ement			1
00-				ente d'in Deut I. Barro d'altress		Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date						v
	exempt purposes for the entire holding period?	,				30a	X
	If "Yes," describe the arrangement in Part II.			f and a second second second 1	tioneQ		
31	Does the organization have a gift acceptance p	•	-	-		31 X	
32a	Does the organization hire or use third parties of		•	· • ·			
	contributions?					32a X	
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	/ tor which column (a) is che	cked,		
	describe in Part II.				_		
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	J.	Schedule I	M (Form 990)) 2021

Schedule M (Form 990) 2021	SAN	FRANCISCO	PARKS	ALLIANCE	
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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF

ITEMS CONTRIBUTED.

SCHEDULE M, LINE 32B:

WE USE OVERFLOW, A THIRD-PARTY APPLICATION TO PROCESS STOCK GIFTS.

Schedule M (Form 990) 2021

Page **2**

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SCHEDULE O (Form 990)

FORM 990

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



23-7131784

PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND ENRICHES SAN FRANCISCO PARKS, RECREATION, AND GREEN OPEN SPACES,

SAN FRANCISCO PARKS ALLIANCE

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADVOCACY: WE PRODUCE EDUCATIONAL EVENTS AND CONTENT TO ENGAGE. EXPAND

AND EDUCATE THE COMMUNITY THAT CARES ABOUT PUBLIC SPACE.

INCLUDING GRANTS OF \$ 0. REVENUE \$ 403,653. EXPENSES \$ 2,668,162.

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:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21 51

Schedule O (Form 990) 2021

Name of the organization SAN FRANCISCO PARKS ALLIANCE		Employer identification numb 23-7131784
PROGRAM SERVICE EXPENSES	3,901,369.	
ANAGEMENT AND GENERAL EXPENSES	0.	
UNDRAISING EXPENSES	0.	
OTAL EXPENSES	3,901,369.	
THER CONSULTING SERVICES:		
PROGRAM SERVICE EXPENSES	327,027.	
IANAGEMENT AND GENERAL EXPENSES	374,286.	
UNDRAISING EXPENSES	88,939.	
TOTAL EXPENSES	790,252.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,691,621.	
CORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	-165,091.	