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

Department of the Treasury

Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

DLN: 93493129019738 OMB No 1545-0047

> Open to Public Inspection

For the 2016 ca	lendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017	
Check if applicable ☐ Address change ☐ Name change ☐ Initial return Final ☐eturn/terminated ☐ Amended return ☐ Application pending	C Name of organization CALIFORNIA TRAVEL AND TOURISM COMMISSION Doing business as VISIT CALIFORNIA Number and street (or P O box if mail is not delivered to street address) S55 Capitol Mall No 1100 City or town, state or province, country, and ZIP or foreign postal code Sacramento, CA 95814	D Employer identification number 68-0408095 E Telephone number (916) 444-4429
	City or town, state or province, country, and ZIP or foreign postal code	C Construction 6-4 13 E43 E43
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COLUMN TO THE STATE OF THE STAT		P# /

Form	990 (2016)				Page 2
Par	Stateme	ent of Program Service Acc	complishments		
	Check if S	Schedule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe t	he organization's mission			
			ITH A MISSION TO DEVELOP AND MAI IFORNIA TOP-OF-MIND AS A PREMIEF		
2	Did the organizat	tion undertake any significant pro	gram services during the year which v	vere not listed on	
	the prior Form 99	90 or 990-EZ?			☐ Yes ☑ No
	If "Yes," describe	these new services on Schedule	0		
3	Did the organizat	tion cease conducting, or make si	gnificant changes in how it conducts, a	any program	
		these changes on Schedule O			☐ Yes ☑ No
4	Describe the orga Section 501(c)(3	anızatıon's program service accon	nplishments for each of its three large required to report the amount of grai ervice reported	st program services, as measu nts and allocations to others, th	red by expenses ne total
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data	, , ,	,	, , , , , , , , , , , , , , , , , , , ,	,
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program s (Expenses \$	ervices (Describe in Schedule O) including i		(Revenue \$)
46	Total program	service expenses ▶			

Yes

Page 3

No

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Nο

Nο

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No

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Nο

Nο

Nο

Nο

No

No

Nο

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Nο

No

Nο

Form 990 (2016)

or X as applicable

Section 501(c)(3) organizations.

Form 990 (2016) **Checklist of Required Schedules** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

b Was the organization included in consolidated, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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Yes

Yes

Yes

Yes

Yes

Yes

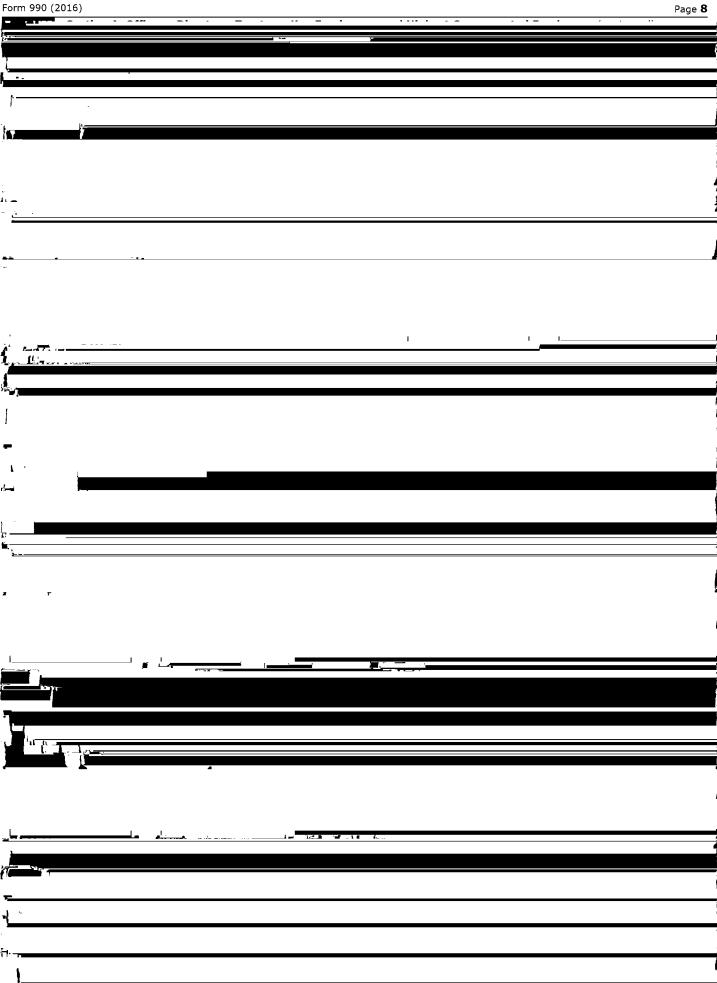
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
P	Did the expenientian maintain an economic account other than a refunding exercise at any time distinct the year			-
<u> </u>	f. ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
1.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 80		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
·	(gambling) winnings to prize winners?	1c	Yes	
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	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		110
	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		No
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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a		
	provided to the payor?	7h		
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1 01111	n 990 (2016)		Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 2 through 7b below, and for a "No" response 2 through 7b below, and for a "No" response 2 through 7b below, and for a "No" response 2 through 7b below, and for a "No" response 2 through 7b below, and for a "No" response 2 through 7b below, and for a "No" response 2 through 7b below, and for a "No" response 2 through 7b below, and for a "No" response 2 through 7b below 7b	ponse to i	ines
	Check if Schedule O contains a response or note to any line in this Part VI		✓
Se	ection A. Governing Body and Management		
	• •	Yes	No
1a	a 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		
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· 50	ection C. Disclosure		
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17	CA		
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply		
	Own website Another's website Upon request Other (explain in Schedule O)		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year		
	State the name, address, and telephone number of the person who possesses the organization's books and records		
20	MATTHEW SABBATINI-DILEGAME 555 Capitol Mall Suite 1100 SACRAMENTO, CA 95814 (916) 444-4429		
20		Form 99	0 (2016)

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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	<u>. </u>
Section	A, Offi <u>cers. Dire</u> ctors <u>, Trustees, Key Employees</u> . and Highest Compensated Employees	
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Part VIII	Statement of Revenue				
	Check if Schedule O contains a response or note to an	y line in this Part VII	ı		🗆
		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections

revenue for state businesses, \$10 3 billion in local and state taxes and employed 1 1 million Californians. Visit California was established in 1998 as a coalition of travel industry interests with the objective of developing marketing programs that keep California top-of-mind as a premier travel destination.	

-OIIII 990 (2016)							Page 10
Part IX Statement of Functional Expense Section 501(c)(3) and 501(c)(4) organizations must co		lumns All o	other or	janizat	ions must compl	ete column (A)	
Check if Schedule O contains a response or	note to any	line in this	Part IX				🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expe	enses	Pro	(B) ogram service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizate domestic governments. See Part IV, line 21.	ions and				,		
2 Grants and other assistance to domestic individua IV, line 22	ls See Part						
3 Grants and other assistance to foreign organizatio governments, and foreign individuals See Part IV and 16							
4 Benefits paid to or for members							
5 Compensation of current officers, directors, truste	es, and	1	,805,703				
\							
Russ Cox 	1 00	×				0	0 0
Sima Patel	1 00	×				0	0 0
Steve Arnold	1 00	×				0	0 0

Form	990	(2016)							Page 11
Pa	rt X	Balance Sheet							
		Check if Schedule O contains a response or not	te to any line in th	nis Part IX					. 🗆
					(A) Beginning of	year		(B) End of y	ear
	1	Cash-non-interest-bearing					1		
	2	Savings and temporary cash investments .		[2	1,225,495	2		8,399,104
	3	Pledges and grants receivable, net					3		
	4	Accounts receivable, net		[8	3,768,239	4		7,554,253
	5	Loans and other receivables from current and for trustees, key employees, and highest compensations of Schedule L					5		
	6	Loans and other receivables from other disquali section $4958(f)(1)$), persons described in sectio contributing employers and sponsoring organiza	n 4958(c)(3)(B),	and			_		
ts	7	voluntary employees' beneficiary organizations Part II of Schedule L	(see instructions)) Complete			6		
ssets	7	Notes and loans receivable, net		<u> </u>			7		
As	8	Inventories for sale or use		<u> </u>		620 540	8		656 700
	9	Prepaid expenses and deferred charges		<u> </u>		629,540	9		656,708
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	8,179,446		1 000 060	10.		2 270 621
Nar	ne of	on 501(c)(4), (5), or (6) organizations. Complete F	Part III			Employe	r iden	tification nun	nber
Nar CAL	ne of IFORN	the organization IA TRAVEL AND TOURISM COMMISSION		tion FO1(c) o		68-04080	195		nber
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Nar CAL Par	ne of IFORN I I-A Prov	the organization IA TRAVEL AND TOURISM COMMISSION	mpt under sec		r is a section	68-04080	195		nber
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Par 12 3 Par 1 2 3 4a b	Province of IFORN Province IFORN If "Y IFORN If "Y IFORN If "Y IFORN If IF	Complete if the organization is exervide a description of the organization's direct and tical expenditures Inter hours Complete if the organization's direct and tical expenditures Inter hours Complete if the organization is exerver the amount of any excise tax incurred by the certhe amount of any excise tax incurred by organization incurred a section 4955 tax, did it is a correction made? Yes," describe in Part IV Complete if the organization is exerver the amount directly expended by the filing organization activities In the amount of the filing organization's funds contributions In the amount of the filing organization is funds organization activities In exempt function expenditures Add lines 1 and the filing organization fileForm 1120-POL for the contribution of the properties and the promptly of the organization made payments For each organization of olitical contributions received that were promptly did or a political action committee (PAC) If additional contributions received that were promptly did or a political action committee (PAC) If additional contributions received that were promptly did or a political action committee (PAC) If additional contributions received that were promptly did or a political action committee (PAC) If additional contributions received that were promptly did or a political action committee (PAC) If additional contributions received that were promptly did or a political action committee (PAC) If additional contributions received that were promptly did or a political contributions received that were promptly did or a political action committee (PAC) If additional contributions received that were promptly did or a political action committee (PAC) If additional contributions received that were promptly did or a political contributions received that were promptly did or a political contributions received that were promptly did or a political contributions received that were promptly did or a political contributions received that were promptly did or a political action comm	mpt under second indirect political mpt under second indirect political mpt under second indirection manager to file Form 4720 for mpt under second indirection for section tributed to other and year?	campaign activition 501(c)(3 r section 4955 s under section 4 for this year? Stion 501(c), even the rorganizations for the rorganization for t	r is a section es in Part IV). 955 except section unction activities or section 527 e OL, line 17b 7 political organ the filing organ the political organ antion in Part IV	on 501(ces britished)	c)(3)	\$ \$ Yes \$ Yes th the filing Also enter the	□ No □ No amount egregated

Form	990 (2016)		Page 12
Pai	t XI Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	112,543,543
2	Total expenses (must equal Part IX, column (A), line 25)	2	114,401,021
3	Revenue less expenses Subtract line 2 from line 1	3	-1,857,478
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,538,379
5	Net unrealized gains (losses) on investments	5	-8,686
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,672,215
1	Accounting method used to prepare the Form 990		Yes No
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Additional Data

Software ID:

Software Version: **EIN:** 68-0408095

California is the premier travel destination in the United States. attracting 269 million visitors in 2016. In 2016, the state's travel industry generated \$126.3 billion in

Name: CALIFORNIA TRAVEL AND TOURISM COMMISSION

Form 990 (2016) Form 990, Part III, Line 4a:

Name and Title	Average Position (do not check more	(D) Reportable	(E) Reportable	(F) Estimated
<u> </u>				
m. c				
1				
Total number of conservation easemer	its	2a		
Total number of conservation easemer		2a 2b		
Total acreage restricted by conservation				
Total acreage restricted by conservation Number of conservation easements on	on easements a certified historic structure included in (a) cluded in (c) acquired after 8/17/06, and not on a hi	2b 2c		
Total acreage restricted by conservation Number of conservation easements on Number of conservation easements inconstructure listed in the National Register	on easements a certified historic structure included in (a) cluded in (c) acquired after 8/17/06, and not on a hi	2b 2c storic 2d	ganization during t	he
Total acreage restricted by conservation Number of conservation easements on Number of conservation easements inconstructure listed in the National Register Number of conservation easements metax year	on easements a certified historic structure included in (a) cluded in (c) acquired after 8/17/06, and not on a hi r	2b 2c storic 2d	ganızatıon durıng t	he
Total acreage restricted by conservation Number of conservation easements on Number of conservation easements inconstructure listed in the National Register Number of conservation easements matax year Number of states where property subj	an easements a certified historic structure included in (a) cluded in (c) acquired after 8/17/06, and not on a hi r odified, transferred, released, extinguished, or term ect to conservation easement is located colicy regarding the periodic monitoring, inspection,	2b 2c 2d unated by the org		
Total acreage restricted by conservation Number of conservation easements on Number of conservation easements inconstructure listed in the National Register Number of conservation easements metax year Number of states where property subjugges the organization have a written pand enforcement of the conservation of	an easements a certified historic structure included in (a) cluded in (c) acquired after 8/17/06, and not on a hi r odified, transferred, released, extinguished, or term ect to conservation easement is located colicy regarding the periodic monitoring, inspection,	2b 2c 2d storic 2d innated by the organizated by th	ations,	. □ No
Total acreage restricted by conservation Number of conservation easements on Number of conservation easements inconstructure listed in the National Register Number of conservation easements metax year ▶	an easements a certified historic structure included in (a) cluded in (c) acquired after 8/17/06, and not on a hi r odified, transferred, released, extinguished, or term ect to conservation easement is located coolicy regarding the periodic monitoring, inspection, easements it holds?	astoric 2d annated by the organizated by the organ	ations, Ves ation easements di	i □ No uring the yeai

		90, Part VII - Compensation of				rus	tee	s, K	ey E	Employees, Hig	hest	_	
Co	Compensated Employees, and Indep Name and Title		Average hours per week (list any hours	Position that pers	in (do an on on is	e bo both	che x, u n an	eck m Inless office ustee	er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
			for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	1
	: Woode		1 00	X						0	0		0
Gary Chief		Officer/Treasurer	1 00	X		×				0	0		0
Gene Zanger Commissioner			1 00	x						0	0		0
		ngham Marketing	1 00	X		x				0	0		0
a b c	items	s (check all that apply) Public exhibition Scholarly research Preservation for future generations				d e			an o her	r exchange prograr	ms		
4	Part :			·						_			
5	During the year, did the organization solicit or receive donations of art, historiassets to be sold to raise funds rather than to be maintained as part of the organization.										r □ Yes	□ No	
Par	t IV	Escrow and Custodial Arrang					D-		1	- 0		000 Pr	_

F.S	o <u>rm 990, Part VII - Co</u> m	<u>pensation of Officers.</u>	<u> Directors.Trustees. Kev</u>	Employees, Highest			
	The percentages on lines 2a	, 2b, and 2c should equal 10	0%				
3а	Are there endowment funds organization by	not in the possession of the	organization that are held an	d administered for the		Yes	No
	(i) unrelated organizations				3a(i)		
	(ii) related organizations				3a(ii)		
b	If "Yes" on 3a(11), are the re	lated organizations listed as	required on Schedule R? .		. 3b		
4	Describe in Part XIII the inte	ended uses of the organization	on's endowment funds				
Pai	rt VI Land, Buildings,	and Equipment.					
	Complete If the or	ganization answered 'Yes	' on Form 990, Part IV, lır	ne 11a. See Form 990, Pa	rt X, line 10		
	Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d) Bo	ok valu	е
1a	Land						

Schedule D (Form 990) 2016

1,698,326

1,093,608

3,279,621

487,687

303,673

1,025,194

3,570,958

▶

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

b Buildings

c Leasehold improvements

d Equipment . . . **e** Other . . .

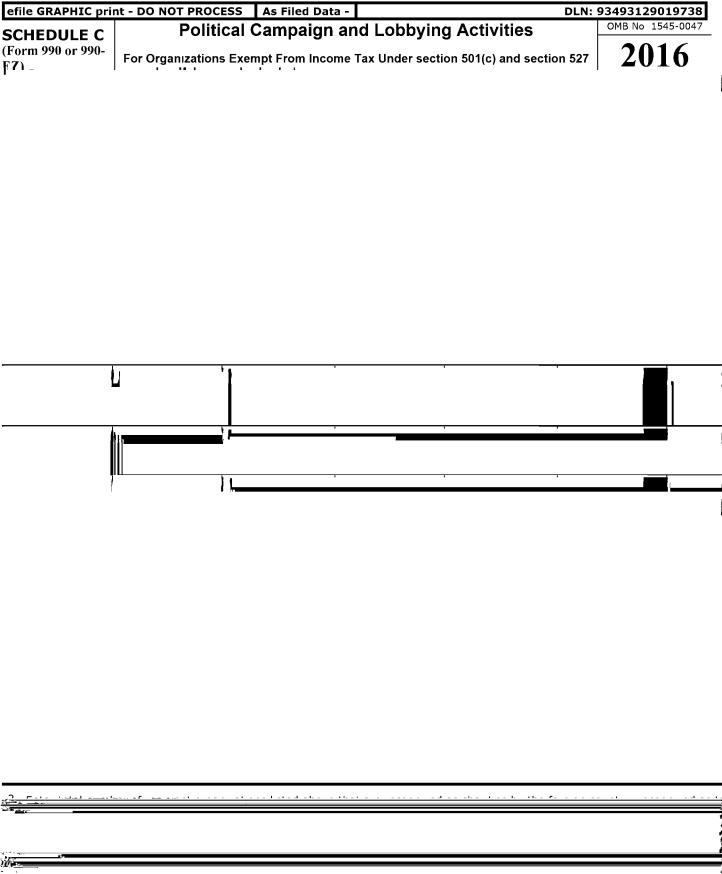
2,001,999

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4,664,566

Name and Title	I ndependent₎Cont Average	Position (do not chec		(D) eportable	(E) Reportable	(F) Estimated
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	mplete if the organi		es' on Form	990, Part IV,	, line 12a.	
Total revenue, gains, and other sup	port per audited finan	cıal statements	es' on Form	990, Part IV,	, line 12a.	112,534,85
Total revenue, gains, and other sup Amounts included on line 1 but not	port per audited finand on Form 990, Part VII	cial statements I, line 12			1	112,534,85
Total revenue, gains, and other sup Amounts included on line 1 but not Net unrealized gains (losses) on inv	port per audited finand on Form 990, Part VII restments	cial statements I, line 12	 2a	990, Part IV, 	1	112,534,85
Total revenue, gains, and other sup Amounts included on line 1 but not Net unrealized gains (losses) on inv Donated services and use of facilities	port per audited finan on Form 990, Part VII vestments es	cial statements I, line 12	2a 2b		1	112,534,85
Total revenue, gains, and other sup Amounts included on line 1 but not Net unrealized gains (losses) on inv Donated services and use of facilities Recoveries of prior year grants .	port per audited finan on Form 990, Part VII vestments es	cial statements I, line 12	2a 2b 2c		1	112,534,85
Total revenue, gains, and other sup Amounts included on line 1 but not Net unrealized gains (losses) on inv Donated services and use of facilitie Recoveries of prior year grants . Other (Describe in Part XIII) .	port per audited finan on Form 990, Part VII vestments es	cial statements I, line 12	2a 2b		1	
Total revenue, gains, and other sup Amounts included on line 1 but not Net unrealized gains (losses) on inv Donated services and use of facilitie Recoveries of prior year grants . Other (Describe in Part XIII) .	port per audited finan on Form 990, Part VII restments	cial statements I, line 12	2a 2b 2c		586	-8,68
Total revenue, gains, and other sup Amounts included on line 1 but not Net unrealized gains (losses) on invident Donated services and use of facilities Recoveries of prior year grants. Other (Describe in Part XIII). Add lines 2a through 2d Subtract line 2e from line 1	port per audited finan on Form 990, Part VII restments es	cial statements I, line 12	2a 2b 2c		2e	-8,68
Total revenue, gains, and other sup Amounts included on line 1 but not Net unrealized gains (losses) on inv Donated services and use of facilitie Recoveries of prior year grants . Other (Describe in Part XIII) . Add lines 2a through 2d	port per audited finan on Form 990, Part VII restments es	cial statements I, line 12	2a 2b 2c		2e	-8,68
Total revenue, gains, and other sup Amounts included on line 1 but not Net unrealized gains (losses) on invidented services and use of facilities. Recoveries of prior year grants. Other (Describe in Part XIII). Add lines 2a through 2d	port per audited finan on Form 990, Part VII restments es	cial statements I, line 12	2a 2b 2c		2e	-8,68 112,543,54
Total revenue, gains, and other sup Amounts included on line 1 but not Net unrealized gains (losses) on invidented services and use of facilities. Recoveries of prior year grants. Other (Describe in Part XIII). Add lines 2a through 2d	port per audited finan on Form 990, Part VII restments es	cial statements I, line 12	2a 2b 2c		2e	-8,68

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (E) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer from the from related week (list compensation and a director/trustee) from the any hours organization organizations for related (W-2/1099-(W-2/1099organization and emptor Former Individual trustee or director Institutional MISC) MISC) related organizations below dotted organizations line) compens in ed 40 00 Jennifer Montero 118,608 11,605 Director of Americas 40 00 Leona Reed 185,130 39,049 Associate Vice President of Global Marketing



Schedule C (Form 990 or 990-EZ) 2016		Page 2
Part II-A Complete if the organization is exempt under section 501(c)(3) and file section 501(h)).	ed Form 5768 (election	on under
A Check ► ☐ If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	group member's name, ad	dress, EIN,
B Check ▶ ☐ If the filing organization checked box A and "limited control" provisions apply		
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
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Part II-B	rm 990 or 990-EZ) 2016 Complete if the organization is exempt under section 501(c)(3) and has NOT filed [[] [] [] [] [] [] [] [] [] [] [] [] []	Page 3
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instructions,	on row (II) Do not list any individuals that are not listed on Form 990, Part VII	

SCHEDULE D

DLN: 93493129019738

OMB No 1545-0047

Supplemental Financial Statements

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

Attach to Form 990.

(Form 990)

	tment of the Treasury al Revenue Service Information about Schedule	Attach to Form 990. D (Form 990) and its instructions is at ww	w.irs.gov		pen to F Inspect	
Na	me of the organization			oloyer identifica		
CAL	IFORNIA TRAVEL AND TOURISM COMMISSION		68-0	1408095		
Pa		Advised Funds or Other Similar Funded ed "Yes" on Form 990, Part IV, line 6.	s or Acc	counts.		
		(a) Donor advised funds	(b)	Funds and other	accounts	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor funds are the organization's property, subject to		r advised		☐ Yes	
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			ırpose	☐ Yes	□No
Pa	•	te if the organization answered "Yes" on F	orm 990	, Part IV, line 7	'	
1	Purpose(s) of conservation easements held by th					
	☐ Preservation of land for public use (e g , red	· _		ically important l		
	☐ Protection of natural habitat	☐ Preservation of	f a certifie	d historic structu	re	
	☐ Preservation of open space					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in the	form of a	Held at the E	nd of the	Vear
а	Total number of conservation easements		2a	rield at the L	na or the	Tear
b	Total acreage restricted by conservation easemen	nts	2b			
С	Number of conservation easements on a certified	historic structure included in (a)	2c			
d	Number of conservation easements included in (c structure listed in the National Register) acquired after 8/17/06, and not on a historic	2d			
3	Number of conservation easements modified, tra tax year ▶	nsferred, released, extinguished, or terminated	by the org	ganızatıon durıng	the	
4	Number of states where property subject to cons	ervation easement is located >				
5	Does the organization have a written policy regar and enforcement of the conservation easements		— ing of viola	ations,		No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, and enforcing	g conserv			
0	<u> </u>				-	
7	Amount of expenses incurred in monitoring, insperience \$	ecting, nandling of violations, and enforcing cor	iservation	easements durin	g tne year	
8	Does each conservation easement reported on lir and section $170(h)(4)(B)(II)^7$	ne 2(d) above satisfy the requirements of section	n 170(h)(4)(B)(ı) □ Y €	es 🗌	No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financial s				
Par		tions of Art, Historical Treasures, or C ed "Yes" on Form 990, Part IV, line 8.	Other Si	milar Assets.		
1a	If the organization elected, as permitted under S art, historical treasures, or other similar assets h provide, in Part XIII, the text of the footnote to it	eld for public exhibition, education, or research	ın further			of
b	If the organization elected, as permitted under S historical treasures, or other similar assets held f following amounts relating to these items					
((i) Revenue included on Form 990, Part VIII, line 1			> \$		
(i	ii)Assets included in Form 990, Part X			▶ \$		_
2	If the organization received or held works of art, following amounts required to be reported under		financial g	ain, provide the		
а	Revenue included on Form 990, Part VIII, line 1			> \$		
b	Assets included in Form 990, Part X			▶ \$		

Schedule D (Form 990) 2016 Part VII Investments—Other Securit See Form 990, Part X, line 12.	ies. Complete	e ıf the	org	anız	atio	on an	iswe	ered 'Yes' on Forr	n 990, Part IV, l	Page 3 ine 11b.
(a) Description of security (including name of se					(b) Boo		(c)	Method of valuatio	n t value
(1)Financial derivatives (2)Closely-held equity interests (3)Other		: :	•	:		value		2031 01 (or year marke	e variac
(A)										
(B)					+					
(C)					+					
(D)										
(E)										
(F)					+					
(G)										
(H)					+					
Total. (Column (b) must equal Form 990, Part X, col (B)) line 12)				•					
Part VIII Investments—Program Rela See Form 990, Part X, line 13.		ete ıf th	ne or	gan	ızat	ion a	nsv	wered 'Yes' on Fo	rm 990, Part IV,	line 11c.
(a) Description of investm				(b)	Вос	k valu	ıe		Method of valuatio	
Compensated Employees, and Indep	endent.Cont	racto:	rs	(6)				(0)	(5)	
Name and Title	Average hours per week (list any hours for related	Position that personal and	on (do an on on is I a dir	e bo boti ecto	t cho x, u n an or/tr	inless office ustee	er)	compensation from the organization	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	ey employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
Joseph Knight Commissioner	1 00	×						0	0	0
Kevin Fat Commissioner	1 00	х						0	0	0
Michael Colglazier Commissioner	1 00	х						0	0	0
Michael Dunne Commissioner	1 00	×						0	0	0
Noreen Martin Vice Chair of Operations		×		×				0	0	0
Panorea Avdis Commissioner	1 00	×						0	0	0
Paula Beck	1 00	×						l. Q.	Q	0
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)							+			
Total. (Column (b) must equal Form 990, Part X, col (B)	line 13)		•							
Part IX Other Assets. Complete if the or	rganızatıon ans (a) Descript			n F	orm	990,	Par	t IV, line 11d See F		ine 15 Book value
(1) DEPOSITS (2) Capital projects in progress (2)	(_,									125,000 1,903,035
(3)										

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		Steve Arnold	1							
				X				0	0	0
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Schedule D (Fo	orm 990) 2015		Page 5
Part XIII	Supplemental Info	rmation (continued)	
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2016

efile GRAPHIC prin	t - DO NOT P	ROCESS	As Filed Data -		DLI	DLN: 93493129019738			
SCHEDULE F (Form 990)	State	ment of	Activities (Outside the Uni	ted States	OMB No 1545-0047			
(1 01111 000)		► Comple		n answered "Yes" to Form	990,	2016			
		► Att	•	14b, 15, or 16. See separate instructions.		Open to Public			
Department of the Treasury Internal Revenue Service	▶ Informat	ion about Sche	dule F (Form 990) a	and its instructions is at wi	vw.irs.gov/form990.	Inspection			
Name of the organizatior CALIFORNIA TRAVEL ANI		IMISSION			Employer ide	entification number			
					68-0408095				
	Information (, Part IV, line		s Outside the U	Inited States. Comple	te if the organization	answered "Yes" to			
_	the grantees'	eligibility for t		ubstantiate the amount tance, and the selection	•	☐ Yes ☐ No			
2 For grantmaker outside the Unite		Part V the org	ganızatıon's proce	dures for monitoring the	use of its grants and o	other assistance			
3 Activites per Regio	on (The following	g Part I, line 3	table can be dupli	cated if additional space is	needed)				
(a) Region		(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is	a (f) Total expenditures			
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Schedule F (Form 990)	2016							Page 2				
Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.												
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)				
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(7) (8) (9)

(10) (11) (12) (13) (14) (15) (16)

(17) (18) Page **3**

Schedule F (Form 990) 2016

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of cash (f) Amount of (h) Method of (a) Type of grant or assistance (b) Region (a) Description

(a) Type of grant of assistance	(D) Region	recipients	cash grant	disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
(1)							
(2)	•						

			assistance	assistance	(book, FMV, appraisal, other)
(1)					
(2)					

(1)				
(2)				
(3)				

Sche	edule F (Form 990) 2016		Page 4	
Pai	rt IV Foreign Forms			
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐Yes	☑ No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be			
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Schedule F (Form 990) 2016 Page 5
Part V	Provide the information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III. column (c) (estimated number of recipients), as applicable. Also complete this part to provide

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

Additional Data

Software ID: Software Version:

68-0408095 EIN:

CALIFORNIA TRAVEL AND TOURISM COMMISSION

Form 990 Schedule F Part	I - Activities	Outside The U	nited States

Form 990 Schedule F Part 1 - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region

5 Program Services

3 Program Services

East Asia and the Pacific

Greenland)

Europe (including Iceland and

North America (Canada and

region) 4 Program Services

REGIONAL MARKETING/

Advertising

Advertising

REGIONAL MARKETING/

Reginal Marketing/

15,441,653

9,718,599

7 912 265

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) South America 1 | Program Services Regional Marketing/ 1,183,559 Advertising South Asia Regional Marketing/ 500.361 1 Program Services lAdversitina

DLN: 93493129019738 **Compensation Information** OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 2015 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. Open to Public Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Inspection Treasury Internal Revenue Service **Employer identification number** Name of the organization CALIFORNIA TRAVEL AND TOURISM COMMISSION 68-0408095 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions □ Payments for business_use of personal residence

Schedule J (Form 990) 2015	Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.	ed.
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SCHEDULE O (Form 990 or 990-EZ) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Department of the Treasury Department of the Treasury Department of the Treasury Department of the Treasury Attach to Form 990 or 990-EZ. Www.irs.gov/form990.				OMB No 1545-0047 2016 Open to Public Inspection		
	EL AND TOU	RISM COMMISSION plemental Informatio	n		Employer ident 68-0408095	tification number
Return Reference		Explanation				
Form 990, Part VI,	Information is gathered by management, provided to an external CPA to prepare the return, draft is reviewed by management, then provided via email to all voting members of the comm					
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990 Schedule O, Supplemental Information

Return Reference

The Visit California board is responsible for designating the personnel committee which is

Part VI,
Section B,
line 15
Into contract with the CEO. The personnel committee to determine the above and enter into contract with the CEO. The personnel committee then informs the Executive Committee of the new language, but does not need further approval. Employment contracts written by le

gal counsel and are executed by all officers of Visit California

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information

Return Explanation

Reference

Form 990,	The organization's governing documents and financial statements are available upon request
Part VI,	The conflict of interest policy and financial statements are available on our website (i
Section C,	ndustry visitcalifornia com)
line 19	