

2949032000006

	ا			R	etroac	tive Re	instat	tement			Am
Fori	ģ	90	1	Return of O	raanizat	tion Ever	nt Ero	m Incom	no Tav	OMB No	1545-0047
For	m 😈				_		-			1 20	07
			Un	der section 501(c), 52)(1) of the Interr ust or private fo		e Code (exce	pt black lung	0-0-1	- Dublic
		the Treasury	I ▶ ⊤	he organization may h		•		v state reportir	ng regiurements		o Public ection
		nue Service		year, or tax year beg		July 1	, 2007, an		June 30	, 20 08	JOCIO11
		Г	Please				, 2001, 411	<u>a citaing</u>	D Employer ide		mber
_		L	use IRS	City and County of Corporation	or San Franc	isco Finance			94	3137786	3
=	Name o	, I,	abel or l	Office of the Cont	roller, City I	Hall Room 316	et addres	s) Room/suite	E Telephone nu	ımber	
=	Initial re	· 1	type See	1 Dr. Carlton B. G	oodlett Plac				(415)	554-59	956
==	Termina) S	Specific nstruc-	San Francisco, CA	94102			7/1	F Accounting metho	d Cash	Accrual
		ed return	tions				<u> </u>	UT	Other (sp		
5,	Applicati	ion pending		tion 501(c)(3) organizati				,	ot applicable to sec		
			trus	ts must attach a comple	eted Schedule	A (Form 990 or 99	10-EZ).	1 ''	group return for af	_	Yes 🗹 No
G_	Websit	e· ► N/A						1 ''	enter number of a ffiliates included?		Yes No
J	Organia	zation type (c	heck or	niy one) >	4) ◄ (insert n	no) 🔲 4947(a)(1)	or 527		attach a list See ii		res 🗀 no
				rganization is not a 509				H(d) is this a	separate return filed t	by an	
1	receipts	are normally	not mor	re than \$25,000 A return					ion covered by a gro		Yes 🗸 No
	to file a	return, be sur	e to file	a complete return					xemption Number		
	Gross	receipts Ad	id lines	6b, 8b, 9b, and 10b t	to line 12 ▶	11.183.0	00		▶ √ If the orgoinable If		
_	art I			penses, and Char							
	1			ufts, grants, and sim							
	а		_	donor advised fund			1a				
	ь	Direct pub	olic su	pport (not included	on lı	ļ	1b				
	С	Indirect pa	ublic s	support (not included	d on	 	1c	_			
	d	Governme	ent cor	ntributions (grants) (not incluaed	ion line la)	1d				
	е	•		1a through 1d) (cash		noncasi)	. <u>1e</u>		4 400 000
	2			revenue including go		es and contract	s (from Pa	rt VII, line 93)	3		1,183,000
^	3		•	es and assessments					4		
	4	Interest or	n savır	ngs and temporary on terest from securiti	cash investm	F UNIX			5		
	5 6a	Gross ren		nterest from securiti	RECE	IVED)	6a				
	b	Less rent		sasna		-1 4 - 4 1	6b			2511/55	$\overline{}$
		Net rental	incon	ne or (loss) Subtrac	t In 1964 fib	7 2018			6c KE	CEIVE	
Ð	7	Other inve	estmer	nt income (describe	N.) 67		ळ
enne	8a	Gross am	ount fi	rom sales of assets	otheR-B	A SAID GH	(B) Other	」。 DCT	1 5 2019	
Rev		than inver	ntory		<u>UG1</u>	JEN	8a		10		<u> </u> %
	1			er basis and sales exp	enses, L		8b		- GG	DEN, U	T
	ł			ttach schedule)			8c				
	l .	_		Combine line 8c, c					8d		
	9	•		d activities (attach sche	edule) If any a		aming, che	ck nere ► L			
	а			not including \$		of _	9a				
	ь			ported on line 1b) enses other than fu	indraising ev	nenses	9b				
	}		-	ioss) from special e	-	-			9c		
	10a			nventory, less return		1	10a				
	b	Less cost		•			10b				
			_	ss) from sales of invent	tory (attach sc	hedule) Subtrac	t line 10b fr	rom line 10a	10c		
	11	Other reve	enue (f	from Part VII, line 10	03)	•			11		
	12			Add lines 1e, 2, 3, 4,		9c, 10c, and 1	<u> </u>		12		1,183,000
φ	13	_		es (from line 44, colu					13	11	1,183,000
benses	14	-		d general (from line		(C))	•		14		
9	15	Fundraisin	ng (froi	m line 44, column ([ン))				15		

Payments to affiliates (attach schedule) 16 17 17 Total expenses. Add lines 16 and 44, column (A)

Net Assets 18 Excess or (deficit) for the year Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A))

20 Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year Combine lines 18, 19, and 20

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

18

19

20

21

Form **990** (2007)

11,183,000

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	Statement of All organizations m Functional Expenses organizations and s		947(a)(1) nonexempt o			
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
2a	Grants paid from donor advised funds (attach schedule)					
	(cash \$)			İ		
	If this amount includes foreign grants, check here 🕨 🗌	22a				
2b	Other grants and allocations (attach schedule)			ļ		
	(cash \$)	001				
	If this amount includes foreign grants, check here 🕨 🗌	22b				
3	Specific assistance to individuals (attach schedule)	23				
4	Benefits paid to or for members (attach schedule)	24				
5a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a				
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
С	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
6	Salaries and wages of employees not included on lines 25a, b, and c	26				
7	Pension plan contributions not included on lines 25a, b, and c	27				
3	Employee benefits not included on lines 25a – 27	28				
9	Payroll taxes .	29				
0	Professional fundraising fees	30				
ŀ	Accounting fees .	31				
2	Legal fees .	32				
3	Supplies .	33				
ŀ	Telephone .	34				
5	Postage and shipping	35				
6	Occupancy	36				
,	Equipment rental and maintenance .	37				
i	Printing and publications .	38				
)	Travel	39				
)	Conferences, conventions, and meetings	40				
l	Interest	41	10,896,000	10,896,000		
2	Depreciation, depletion, etc (attach schedule)	42				
3	Other expenses not covered above (itemize):					
а	Amortization	43a	287,000	287,000		
b	••••	43b				
С	•	43c				
d		43d				
e		43e				
f		43f				
g		43g				
l	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	11 183 000	11 183 000		
	Costs. Check ▶ ☐ If you are following SOP	44	11,183,000	11,183,000		

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

W	nat is the organization's primary exempt purpose? ▶	Pass-thru entity for SF City and County financings	Program Service
All of	organizations must describe their exempt purpose achiev	rements in a clear and concise manner State the number ments that are not measurable (Section 501(c)(3) and (4)	Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	The Corporation serves as a lease-financing vehicl pass- through entity. The Corporation uses lease reconstruction of property and equipment, which are San Francisco under the terms of Indentures and L	revenue bonds to finance the acquisition or in turn leased to the City and County of	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	11,183,000
b			
	70) If this amount includes foreign grants, check here ▶ □	
c	(Grants and allocations \$		
·			
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d			
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	<u> </u>
е	Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here	,]
f	(Grants and allocations \$ Total of Program Service Expenses (should equal III	, <u></u>	11,183,000
•	Total of Flogram delvice Expenses (should equal in	, i, column (<i>b)</i> , i regiant services,	11,100,000

Form 990 (2007)

Pa	art IV	Balance Sheets (See the instructions	s.)			-
	Note:	Where required, attached schedules and amounts column should be for end-of-year amounts only	within the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing.			45	
	46	Savings and temporary cash investments		·	46	
		· ·				
	47a	Accounts receivable .	47a			
	b	Less. allowance for doubtful accounts ,	47b		47c	
			<u></u>			
	48a	Pledges receivable	48a		40	
	b	Less allowance for doubtful accounts .	48b	<u> </u>	48c	<u>. </u>
	49	Grants receivable			49	
	50a	Receivables from current and former officer	s, directors, trustees, and		50a	
	١.	key employees (attach schedule)	/an defined under control		1	
	D	Receivables from other disqualified persons 4958(f)(1)) and persons described in section 495	1		50b	
	510	Other notes and loans receivable (attach	Jo(c)(J)(D) (attach Schoolic)			
S	Jia	schedule) .	51a			
Assets	Ь	Less allowance for doubtful accounts .	51b		51c	
ĕ	52	Inventories for sale or use		·	52	
	53	Prepaid expenses and deferred charges			53	
	54a	Investments—publicly-traded securities	► ☐ Cost ☐ FMV		54a	
	b	Investments—other securities (attach sched	ule) ▶ ☐ Cost ☐ FMV		54b	
	55a	Investments-land, buildings, and	1 1			
		equipment basis	55a			
	b	Less. accumulated depreciation (attach	EEL		55c	
		schedule)	55b		56	
	56	Investments—other (attach schedule) .	157a	<u> </u>	30	
		Land, buildings, and equipment basis .	0.4			
	D	Less accumulated depreciation (attach schedule)	57b		57c	
	58	Other assets, including program-related inve				
		(describe ► Capital lease receivable and	assets)	313,330,000	58	385,760,000
	59	Total assets (must equal line 74) Add lines	45 through 58	313,330,000	59	385,760,000
	60	Accounts payable and accrued expenses		63,235,000	60	102,291,000
	61	Grants payable .	,		61	
	62	Deferred revenue			62	
ities	63	Loans from officers, directors, trustees, an	d key employees (attach		- 60	
		schedule) .		250,095,000	63 64a	283,469,000
Liabi	1	Tax-exempt bond liabilities (attach schedule		250,035,000	64b	203,403,000
_	i	Mortgages and other notes payable (attach Other liabilities (describe ▶	scneaule))		65	
	65	Other liabilities (describe		· · · · · · · · · · · · · · · · · · ·		
	66	Total liabilities. Add lines 60 through 65		313,330,000	66	385,760,000
	Orga	anizations that follow SFAS 117, check here	and complete lines			
S		67 through 69 and lines 73 and 74				
ဥ	67	Unrestricted .			67	
ä	68	Temporarily restricted			68	
ä	69	Permanently restricted			69	-
Net Assets or Fund Balances	Orga	anizations that do not follow SFAS 117, chec complete lines 70 through 74	k here ▶ ☑ and			
ō	70	Capital stock, trust principal, or current fund	ds l		70	
sts	71	Paid-in or capital surplus, or land, building,			71	.
SSE	72	Retained earnings, endowment, accumulate			72	
Ϋ́Α	73	Total net assets or fund balances. Add lin				
ž		70 through 72 (Column (A) must equal line	19 and column (B) must		72	•
	74	equal line 21) Total liabilities and net assets/fund balanc	es. Add lines 66 and 73	313,330,000	73	385,760,000
						220,. 22,300

_	rt IV-A	Reconciliation of Revenue per Aud instructions.)	ited Financial Statem	nents	With Rev	enue pe	r Ret	urn (See the	-
a	Total reve	enue, gains, and other support per audit	ed financial statements				а		11,183,	000
b		included on line a but not on Part I, line			_					
1	Net unrea	alized gains on investments .		b1			1			
2	Donated	services and use of facilities		b2			1			
3	Recoverie	es of prior year grants		b3						
4	Other (sp	ecify)·		b4						
	Add lines	b1 through b4					b		_	
С	Subtract	line b from line a					С			
d	Amounts	included on Part I, line 12, but not on lii	ne a:							
1	Investme	nt expenses not included on Part I, line	6b	d1			4			
2	Other (sp	ecify)								
				d2						
		d1 and d2	•		•		d		44 402 /	222
e		enue (Part I, line 12) Add lines c and d	ditad Einanaial States		Mith Ev		e nor P	<u> </u>	11,183,	000
Рa	rt IV-B	Reconciliation of Expenses per Au		nent	S WITH EX	penses		eturr		000
a		enses and losses per audited financial s					a	-	11,183,	000
b .		included on line a but not on Part I, line	e 17	l ha	1			1		
1		services and use of facilities		b1 b2			1			
2	-	adjustments reported on Part I, line 20	•	b3						
3		eported on Part I, line 20	•	DS			-			
4	• •	ecify)		b4						
	Add lines	b1 through b4					b	<u> </u>		
С	Subtract	line b from line a					С			
d	Amounts	included on Part I, line 17, but not on lii	ne a:							
1	Investme	nt expenses not included on Part I, line	6b	<u>d1</u>			4			
2	Other (sp	ecify)						ļ		
				d2			 -			
е		d1 and d2 censes (Part I, line 17) Add lines c and	d .		•	·	d e		11,183,	000
Pa		Current Officers, Directors, Trustees or key employee at any time during the year							, director, trus	stee,
		(A) Name and address	(B) Title and average hours per week devoted to position		ompensation t paid, enter -0)	benefit pla	ions to er ins & defe sation pla	erred	(E) Expense acc and other allowa	
	rc Stad r. Carlton	B. Goodlett Place, San Francisco, CA	President - 0.1 hrs.		0			0		0
Ba	rry Fishma	ın	CFO & Acting							
1 D	r. Cariton	B. Goodlett Place, San Francisco, CA	Secretary - 0.1 hrs.		0			0		0
								_		

Page	6
raye	v

Yes No Yes Yes No Yes Yes No Yes		330 (2301)			<u>_</u>	ugo e
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II-A or III-B, related to each other through family or business relationships? If "Yes," aftach a statement that include A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," aftach a statement that include A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," aftach a statement developed. A Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or traushle, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions of the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions of officer, director, trustee, or key employee received compensation or other benefits it described below) during the year, list the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions of the person below and address. **West No.***	Pa	art V-A Current Officers, Directors, Trustees, and Key Employees (contin	nued)		Yes	No
employees listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part III-A or III-B, related to each other through family or business relationship(s) SC Do any officers, directors, trustees, or key employees listed in Form 990. Part V-A, or highest compensated employees listed in Schedule A, Part III-A or III-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization form any other organization have a written conflict of interest policy? If Yes, "attach a statement that includes the information described in the instructions of the definition of "related organization" is traited a statement that includes the information described in the instructions. Total	75a					
relationships? If "ves," attach a statement that identifies the individuals and explains the relationship(s) C Do any officers, directors, trustees, or key employees listed in Form 990. Part V-A, or highest compensated employees listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization from any other organizations, whether tax exempt or taxable, that are related to the organization from any other organizations whether tax exempt or taxable, that are related to the organization from any other organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Denefits (described below) during the year list that person below and enter the amount of compensation or other benefits (described below) during the year list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (B) Leans and Advances (B) Leans and Advances (C) Compensation	b	employees listed in Schedule A, Part I, or highest compensated professional	al and other independent			
compensated employees listed in Schedule A, Part I, or highest compensation from any other independent contractors listed in Schedule A, Part III-A or III-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization.' If "Yes," attach a statement that includes the information described in the instructions. A Does the organization have a written conflict of interest policy? Port V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list this person below and enter the amount of compensation or other benefits in the appropriate columns for the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation or Other Benefits (if any former officer, director, trustee, or key employee received compensation or other benefits (if early former officer). (B) Loans and Advances (C) Compensation (C)				75b		✓
the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions. d Does the organization have a written conflict of inferest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions) (A) Name and address (B) Loans and Advances (C) Compensation (C) Compensation (C) Compensation (G)	c	compensated employees listed in Schedule A, Part I, or highest compensate independent contractors listed in Schedule A, Part II-A or II-B, receive compensate	ed professional and other pensation from any other			
If "Yes," attach a statement that includes the information described in the instructions. ## O Does the organization have a written conflict of interest policy? ## Part VI			> See the instructions for	75c		1
Part VI Other Information (See the Instructions.) Part VI Other Information (See the Instructions.) (8) Loans and Advances (9) Compensation or Other benefits (seconded below) during the year, let that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions			ctions.			
officer, director, trustee, or key employee received compensation or other benefits in the appropriate column See the instructions.) (a) Name and address (b) Loans and Advances (c) Compensation					✓	
(A) Name and address (B) Loans and Advances (If not pad. enter -0.)	Pa	officer, director, trustee, or key employee received compensation or other ben-	efits (described below) during	the y	ear, lis	ormer st that
Part VI Other Information (See the instructions.) Part VI Other Information (See the instructions.) 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year? 9 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization ➤ City and County of San Francisco and check whether it is ✓ exempt or nonexempt state. 80a ✓ 81a Enter direct and indirect political expenditures (See line 81 instructions.) 81a		(A) Name and address (If not page 1) (B) Loans and Advances (If not page 2)	aid, benefit plans & deferred	accou	int and	other
Part VI Other Information (See the instructions.) 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b If "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a If "Yes," enter the name of the organization City and County of San Francisco and check whether it is I exempt or nonexempt and check whether it is I exempt or nonexempt	N/A					
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detailed statement of each change 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 16 "Yes," attach a conformed copy of the changes 78 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 18 b If "Yes," has it filed a tax return on Form 990-T for this year? 19 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 10 State organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 10 b If "Yes," enter the name of the organization 20 City and County of San Francisco 30 and check whether it is 2 exempt or nonexempt 31 Enter direct and indirect political expenditures (See line 81 instructions.)	Pa	·	<u></u>	r	Yes	No
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 78 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if "Yes," has it filed a tax return on Form 990-T for this year? 78 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization ► City and County of San Francisco and check whether it is ✓ exempt or □ nonexempt 81a Enter direct and indirect political expenditures (See line 81 instructions.)	76		ctivities? If "Yes," attach a	76		
If "Yes," attach a conformed copy of the changes 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization City and County of San Francisco and check whether it is exempt or nonexempt 81a Enter direct and indirect political expenditures (See line 81 instructions.)	77	5	ted to the IRS?			1
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79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization ▶ City and County of San Francisco and check whether it is ✓ exempt or □ nonexempt 81a Enter direct and indirect political expenditures (See line 81 instructions.)	b	·	•			
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common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt or organization? b If "Yes," enter the name of the organization ▶ City and County of San Francisco and check whether it is ✓ exempt or □ nonexempt 81a Enter direct and indirect political expenditures (See line 81 instructions.)		-	·	79		✓
b If "Yes," enter the name of the organization ► City and County of San Francisco and check whether it is ✓ exempt or □ nonexempt 81a Enter direct and indirect political expenditures (See line 81 instructions.)	80a					
and check whether it is ☑ exempt or ☐ nonexempt 81a Enter direct and indirect political expenditures (See line 81 instructions.)		organization?		80a	✓	
81a Enter direct and indirect political expenditures (See line 81 instructions.)	b	b if "Yes," enter the name of the organization ▶ Oily and check whether it is 🕖 over	empt or nonevernet			
		a Enter direct and indirect political expenditures (See line 81 instructions.)		81h		

Form	990 (2007)			Р	age 7
Par	t VI Other Information (continued)			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment or at substantially less than fair rental value?	or facilities at no charge	82a		✓
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II				
	(See instructions in Part III)	82b			
	Did the organization comply with the public inspection requirements for returns and		83a	✓	
	Did the organization comply with the disclosure requirements relating to quid pro q		83b		
	Did the organization solicit any contributions or gifts that were not tax deductible		84a		
b	If "Yes," did the organization include with every solicitation an express statement gifts were not tax deductible?	that such contributions or	84b		
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members? N/A		85a		
b	Did the organization make only in-house lobbying, expenditures of \$2,000 or less' If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h belo received a waiver for proxy tax owed for the prior year		85b		
С	Dues, assessments, and similar amounts from members	85c			
d	Section 162(e) lobbying and political expenditures .	85d	ļ		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	,		
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	05~		
_	Does the organization elect to pay the section 6033(e) tax on the amount on line		85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to act to its reasonable estimate of dues allocable to nondeductible lobbying and poli				
	following tax year?		85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 $\mathrm{N/A}$	86a			
b	Gross receipts, included on line 12, for public use of club facilities	86b			
87	501(c)(12) orgs. Enter. a Gross income from mombers or sharoholders N/A	87a	ł		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b			
00a	At any time during the year, did the organization own a 50% or greater interest in partnership, or an entity disregarded as separate from the organization under Reg 301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88a		√
b	At any time during the year, did the organization, directly or indirectly, own a comeaning of section 512(b)(13)? If "Yes," complete Part XI	ontrolled entity within the	88b		✓
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during section 4911 ▶, section 4912 ▶, section				
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 e	xcess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a p		89b		
	a statement explaining each transaction	•	990		<u> </u>
С	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Enter Amount of tax on line 89c, above, reimbursed by the organization				'
е	All organizations. At any time during the tax year, was the organization a party transaction?	o a prohibited tax shelter	 89e		7
f	All organizations Did the organization acquire a direct or indirect interest in any appli	cable insurance contract?	89f		✓
	For supporting organizations and sponsoring organizations maintaining donor				
5	supporting organization, or a fund maintained by a sponsoring organization, have at any time during the year? N/A		89g		
90a	List the states with which a copy of this return is filed ▶ CA				
	Number of employees employed in the pay period that includes March 12 instructions)	2, 2007 (See 90b			0
91a	The books are in care of Anna Van Degna Te	elephone no (415) P + 4 941		4-750	00
h	At any time during the calendar year, did the organization have an interest in or a si	onature or other authority			
5	over a financial account in a foreign country (such as a bank account, securities			Yes	No
	account)?		91b		✓
	If "Yes." enter the name of the foreign country ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 and Financial Accounts	, Report of Foreign Bank			ı

Form 990	(20	07)						P	age 8
Part \	VI	Other Information (continued)		-				Yes	No
92 S	f "Y Sect	ny time during the calendar year, did the calendar year, did the calendar year, did the calen," enter the name of the foreign country tion 4947(a)(1) nonexempt charitable trusts enter the amount of tax-exempt interest re	filing Form 990	ın lıeu of Form			91c		✓
		Analysis of Income-Producing Act			ix year_	92			
				ousiness income	Excluded by sect	tion 512, 513, or 514		(E)	
Note: E indicate		er gross amounts unless otherwise		T		(D)		elated	
			(A) Business code	(B) Amount	(C) Exclusion code	Amount		npt fun ncome	
		gram service revenue erest and Investment Income					1	1,183	3.000
a .		Crost and investment income		 					,
b.									
C.			-						
d.	_								
e. f	N/04	dicare/Medicaid payments							
		. ,							
_		es and contracts from government agencies mbership dues and assessments		1					
		rest on savings and temporary cash investments							
		idends and interest from securities				-			
		rental income or (loss) from real estate							
		ot-financed property							
		debt-financed property							
		rental income or (loss) from personal property							
		er investment income							
100	Gain	or (loss) from sales of assets other than inventory							
		income or (loss) from special events							
		ess profit or (loss) from sales of inventory							
		er revenue a							
b.								_	
С.			. ·						
di.									
е.									
104	Sub	ototal (add columns (B), (D), and (E)) .		<u> </u>	<u> </u>		•	1,183	
		al (add line 104, columns (B), (D), and (E))			•	-	1	1,183	3,000
		105 plus line 1e, Part I, should equal the			<i>(</i> 2				
Part V	Щ								
Line N ▼	lo.	Explain how each activity for which income of the organization's exempt purposes (oth	er than by provid	ling funds for such	purposes)				ment
93a		The organization provides assistance to							
		acquisition or construction of facilities,							
		The organization, which is a pass-thru e							
	j	of property or equipment which are, in t					ymen	ts tha	ıt *
Part I		Information Regarding Taxable Subs		isregarded Entit	ies (See the l	instructions.)		(E)	
	Nam P		(B) Percentage of nership interest	(C) Nature of ac	ctivities	(D) Total income		(E) d-of-ye assets	
N/A			%						
			%						
			%			<u> </u>			
			%						
Part >	X	Information Regarding Transfers Associ	ciated with Pers	sonal Benefit Co	ntracts (See ti	he instructions.)		· · · · · · · · · · · · · · · · · · ·	
(a) [Did t	the organization, during the year, receive any funds, di	rectly or indirectly, t	o pay premiums on a	personal benefit	t contract?	□ Ye	s 🗸	No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

^{*} that are sufficient to meet the debt service requirements on the bonds. The organization is an "affiliate" of the City.

Form 990 (2007) and is supported by the staff of the City's Office of Public Finance. The staff is paid by the City. The organization has no employees.

Part	Information Regarding is a controlling organization			s. Comp	lete only if the c	rganiz	ation
106	Did the reporting organization mathe Code? If "Yes," complete the	ake any transfers to a cont	rolled entity as define	ed in secti	on 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description transfer	of	(E Amount o		fer
а					,		
b							
С							
	Totals		-				
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"				section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description transfer	of	(D Amount o		er
а							
b							
С							
	Totals						
108	Did the organization have a bindir rents, royalties, and annuities des			, covering	the interest,	Yes	No
Please Sign Here	Under penalties of perjury, I declare that I and belief, it is true, correct, and complete Signature of officer Anna Van Degna, Assis Type or print name and title	te Declaration of preparer (other the	g accompanying scheduler nan officer) is based on all	information of	ents, and to the best of of which preparer has a	my knov ny know	vledge /ledge
Paid	Preparer's signature PRUDENCE PUGE	EDA	Date Check self-	k if oyed ▶ □	Preparer's SSN or PTIN (Inst X)
Preparei Use Only	Firm's name (or yours) MACIAS G	GINI & O'CONNELL LLP		EIN		0457	
DOC OIII)	v i ii seli-employed).	REET #300 SACRAMENT	O CA 95816	Phone no	▶ (916) 92	8-4600	`

2007

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information on Tax-Exempt Bonds

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Employer Identification number

Schedule K (Form 990) 2008 Yes No (h) On behalf of issuer ŝ ŝ 3137786 (g) Defeased Yes No Yes Yes 94 (f) Description of purpose å ŝ Ω Δ Yes Yes ŝ ŝ Cat No 50193E ပ ပ (e) Issue price Yes Yes ŝ ŝ (d) Date issued 8 8 Yes Yes (c) CUSIP # For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ŝ ŝ ⋖ (b) Issuer EIN Yes Yes Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by Were the bonds issued as part of a current refunding issue? financed property which may result in private business use? Part III Private Business Use (Optional for 2008) City and County of San Francisco Finance Corporation Does the organization maintain adequate books and Has the final allocation of proceeds been made? records to support the final allocation of proceeds? Are there any lease arrangements with respect to the Proceeds in refunding or defeasance escrows Were the bonds issued as part of an advance Working capital expenditures from proceeds Bond Issues (Required for 2008) Proceeds (Optional for 2008) Capital expenditures from proceeds Gross proceeds in reserve funds (a) Issuer name Year of substantial completion Issuance costs from proceeds Other unspent proceeds Total proceeds of Issue A See attached schedule tax-exempt bonds? refunding issue? Part II Part I က 2 9 œ 6 2 œ ပ ۵ N 4 9 N

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		4		8		U		0		
		2	3							
3a Are there any management or service contracts with respect to the financed property which may result in private business use?	<u>S</u>	2	3	2	S		168	0	168	02
b Are there any research agreements with respect to the financed property which may result in private business use?				. ,=						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%		%
Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%		%
Total of lines 4 and 5		%		%		%		%		%
the proc										
Part IV Arbitrage (Optional for 2008)										
		4		m	- {	U		۵	ш	
Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	Yes	Ŷ.	Yes	2	Yes	o Z	Yes	S N	Yes	Š
Is the bond issue a variable rate issue?										
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
Were any gross proceeds invested beyond an available temporary period?										