### Retroactive Reinstatement

				•
	990	. !		
orm	330	- 1	Return of Organization	Exe

**Return of Organization Exempt From Income Tax** 

2008

Departn	nent of	the	Treasury
nternal	Revent	ue S	ervice

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting recomments.

Open to Public

OMB No 1545-0047

- ne				<del></del>	<del></del>					
<u>A</u>	For t	the 2008 ca	alendar	year, or tax year beginn	ing July 1	, 2008, a	and ending		e 30	, 20 09
В	Check if	f applicable	Please	City and County of S	an Francisco Financ	e		1	D Employ	er identification number
_		s change	use IRS label or	Corporation	an managed managed	_		F	94	3137786
_		change	print or	Office of the Controll	er, City Hall Room	316 ·ss)	Room/suite	;	E Telepho	one number
		_	type See	1 Dr. Carlton B. Good			1	ľ	(415)	554-5956
$\overline{}$	Initial r		Specific	•			<del></del>		( 410 /	
$\overline{}$	Termin		Instruc- tions					}	• •	0 400 000
님	Amend	led return	E Non	ne and address of principal of	foor A N B				G Gross rec	
Ш	Applicat	ion pending	i		ficer Anna Van Deg	jna	. (	1	•	for affiliates? Yes No
_				as above			$-\Lambda H$	1		acluded? Yes No
<u>.</u>		xempt status		501(c) ( 4 ) ◀ (insert no )	4947(a)(1) or 52	<u></u>	-U	if "No	," attach a	list (see instructions)
J		site: ► N/		<del></del>	<del></del>			H(c) Group ex		
				ration Trust Association	Other ▶	L Year	of formation	1991	M State of	legal domicile CA
2	art I	Summ	ary			_J				
	1	Briefly de	escribe	the organization's miss	ion or most significa	nt activities	The org	anization	is a pass	-through entity
		that prov	vides fi	inancial assistance to	the City and County	of San Fra	incisco ("	City") by fi	inancing	the acquisition or
ဦ		construc	ction o	f facilities, equipment	and other assets fo	r the City's	general g	overnmen	tal purpo	ses.
E.	1									
Activities & Governance	2	Check this	box ▶ [	if the organization disco	ntinued its operations or	disposed of	r	of its ass	ets	
Ğ	1			ng members of the gove					3	3
တ	ı			pendent voting member		W 1			4	3
ij.				employees (Part Viline		ody (i art v	'		5	0
Ę				volunte sterile to the state of					6	0
⋖						0 "	<b>C</b> \		7a	0
	/a	Not uprof	ss unre	elated Res Ges Wer Up usines staxable income	from Form 990-T line	2, column (l	<b>(</b> )		7b	
	-	ivet uniten	ated bu	015-1 7 2019	110111 1 01111 990-1, 111	16 04		Prior Yea	<del></del>	Current Year
en i	_	<b>.</b>		40			<u> </u>			- Current real
	8	Contribut	ions ar	nd grants (Part VIII, line	1h)		-	44.44	02.000	0.400.000
ē				revERRIBRANCH			<u> </u>	11,10	83,000	9,190,000
Revenue				me (Part <b>Oilli Dail</b> in (A			<u> </u>			
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, Total revenue—add lines 8 through 11 (must equal Part VIII, colu								
	12	lotal reve	nue—a	dd lines 8 through 11 (mi	ust equal Part VIII, col	umn (A), line	12)	11,18	83,000	9,190,000
	13	Grants ar	nd simil	lar amounts paid (Part I	X, column (A), lines	1–3)				
	14	Benefits p	paid to	or for members (Part I)						
Expenses	15	Salaries, c	other co	empensation, employee be	enefits (Part IX, colum	n (A), lines 5-	–10)			
ber	16a	Profession	nai fund	draising fees (Part IX, col	umn (A), line 11e)					
$\Xi$	ь	Total fund	Iraising	expenses (Part IX, colum	nn (D), line 25) ▶					
				(Part IX, column (A), line		rS.		11,18	33,000	9,190,000
	18	Total exp	enses	Add lines 13-17 (must	equat Pall X Colum	n (A), line 2:	5) [	11,18	33,000	9,190,000
	19	Revenue I	ess exp	Add lines 13-17 (must benses Subtract line	rom Line (15C - 15	,,	,		0	0
o sa					INS			Beginning of	Year	End of Year
Net Assets or Fund Balances	20	Total assa	ets (Par	rt X, line 16)	OCT 152019			385,76	0,000	394,011,000
Ass Ba	21			Part X, line 26)	ULI AU	-		385,76		394,011,000
ž š	22			nd balances Subtract I	ne 21 from line 20	A.			0	0
	rt II		ature E		OGDEN, UTA					<u> </u>
		Under pen	nalties of	periury. I declare that I have ex	amined this return, including	ng accompanyı	ng schedules	and statemen	its, and to ti	he best of my knowledge
		and belief	, it is true	correct, and complete Decla	aration of preparer (other t	han officer) is t	based on all	information of	which prep	arer has any knowledge
Sig	n	k /	$\cup$					1	10/3	119
Hei		Signa	ture of o	fficer		***		Date	<del>/ /</del>	
IC	C	, ,		in Degna, Assistant S	Secretary					
		<b>   </b>		name and title			<del></del>		<del></del> -	
		у туре	or print (	tarric and title		Date	Check	if Ta		
		Preparer's signature				Date	self-	(s	ee instruction	ntifying number ns)
Paid		aignature	PF	RUDENCE PUGEDA		8/13/19	empio	yed ▶ 🔲 `		,
rep	arer's	Fuer's a								00444443
	Only	Firm's nan		MACIAO CINTA	O'CONNELL LLP			EIN	▶ 68	0300457
		address, a	and ZIP +		#300, SACRAMENT			Phone no	<u>► (916)</u>	928-4600
Лау	/ the	IRS discus	ss this	return with the preparei	r shown above? (see	instructions	s)			✓ Yes No

	· ·
Form	990 (2008) Page
Par	Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission See Schedule O
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 ☑ No.
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes . No If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code ) (Expenses \$ 9,190,000 including grants of \$ ) (Revenue \$ ) The Corporation serves as a lease-financing vehicle for the City functioning principally as a pass-through entity. The Corporation uses lease revenue bonds to finance the acquisition or construction of property and equipment, which are in turn leased to the City and County of San Francisco under the terms of Indentures and Lease Agreements.
	(O )
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$ ) (Revenue \$ )

of \$ ) (Revenue \$ )
9,190,000 (Must equal Part IX, Line 25, column (B))

4e Total program service expenses ▶ \$

Form 990 (2008) **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 5 notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete 6 Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 7 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? If "Yes," 8 complete Schedule D. Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," 9 complete Schedule D, Part IV 10 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D. Parts VI, VII, VIII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this return 120 that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a 14a Did the organization maintain an office, employees, or agents outside of the US? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 to individuals located outside the United States? If "Yes," complete Schedule F, Part III 17 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G. Part III 19 204 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 21 Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24a 24b-24d and complete Schedule K If "No," go to question 25 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified 25b person from a prior year? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

27

### Part IV Checklist of Required Schedules (continued)

- 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee.
  - a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
  - **b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
  - c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV
- 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- 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
- 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1
- 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2
- 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Par VI

		_	
		Yes	No
or			
ty			
-,			
	28a	_	_
11	28b		<b>√</b>
а			
a	28c		✓
1	29		<b>✓</b>
d			
	30		✓_
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	31		<b>✓</b>
е	32		1
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IS	33		✓_
I,		,	
	34	✓	
е	35 <i>(</i>	<b>R</b>	✓
d			
_	36		
n			
rt			
	37		_✓_

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance		,	,
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		ĺ	ļ
	U.S. Information Returns Enter -0- if not applicable . 1a 0	┨		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	ļ.		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	2b	<del></del>	<del> </del> —
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<del> </del>	
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		✓
b	If "Yes," enter the name of the foreign country. ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			\ <del></del> -
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<del> </del>	<b>/</b>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_	├	✓
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	<u> </u>	ļ <u>.</u>
6a	Did the organization solicit any contributions that were not tax deductible?	6a	├──	✓
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). N/A	ł		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a_		-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		
	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e	ļ	
	benefit contract?	7f	<del></del>	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
••	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			İ
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			ļ
	organization, have excess business holdings at any time during the year?	8	<u> </u>	-
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		<b> </b> -	<b> </b> -
	Did the organization make any taxable distributions under section 4966?	9a 9b	<del>                                     </del>	
	Did the organization make a distribution to a donor, donor advisor, or related person?	30	<del> </del>	
	Section 501(c)(7) organizations. Enter	l		
	Initiation fees and capital contributions included on Part VIII, line 12	ŀ		
	Section 501(c)(12) organizations. Enter	ļ		
	Gross income from members or shareholders	ſ		
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them)	İ	<u> </u>	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes" enter the amount of tax-exempt interest received or accrued during the year.	12a		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-75 below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O See instructions.			
1a	Enter the number of voting members of the governing body	ı		
b	Enter the number of voting members that are independent . 1b 3	1		
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		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓
	Does the organization have members, stockholders, or other persons who may elect one or more members			
-	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following			
а	The governing body?	8a	✓	
	Each committee with authority to act on behalf of the governing body? N/A	8b		
	Does the organization have local chapters, branches, or affiliates?	9a		✓
_	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	10	1	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990			
11	Is there any officer, director or 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 in Schedule O	11		1
500	tion B. Policies			
360	tion b. Folicies		Yes	No
40-	D. H. Ward and J. C. Company of the state of	12a	1	140
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12.0	_	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	1	
	rise to conflicts?	120	•	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	1	
40	describe in Schedule O how this is done	13	7	
13	Does the organization have a written whistleblower policy?	14	<b>✓</b>	
14	Does the organization have a written document retention and destruction policy?			
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			
_		15a		
	The organization's CEO, Executive Director, or top management official? .N/A	15b		
D	Other officers or key employees of the organization?	.55	-	
46-	Describe the process in Schedule O (see instructions)			
ıba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		<b>√</b>
	with a taxable entity during the year?	.54		·
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
<u> </u>	List the states with which a copy of this Form 990 is required to be filed ▶CA			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	)(3)e	only)	
	available for public inspection. Indicate how you make these available. Check all that apply	,,,,,,,,	J, 11 <b>y</b> )	
	Own website Another's website  Upon request			
4 <b>0</b> 0-	<del>-</del>	toro	+	
1.200e	scribe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of it	neres	L	
	policy and financial statements available to the bliblic			
20	policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and rece	ords c	f the	
20	policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and reco organization ► Anna Van Degna, (415) 554-7500	ords c	f the	

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons.

Check this box if the organization did not co		any o	offic	er,	dıre	ctor,	trus	tee, or key em	ployee	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week		<del></del>			that ap		Reportable compensation from	Reportable compensation from related	Estimated amount of other
	Week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Marc Stad, President 1 Dr. Carlton B. Goodlett Place, San	0.1 hrs.	1						0	0	0
Barry Fishman, CFO & Acting Secretary  1 Dr. Carlton B. Goodlett Place, San Francisc	0.1 hrs.	1						0	0	0
Pamela S. Jue, Secretary  1 Dr. Carlton B. Goodlett Place, San Francisc	0.1 hre	1						0	0	0
	_				<u></u>					
						_				
	,									

Part VII Section A. Officers, Directors, Tre	ustees, Key	/ Emp	loy	ees,	an	a Hig	nes	Compensate		ntinuea)
(A)	(B)							(D)	(E)	(F)
Name and title	Average hours per week	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
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		<u> </u>								
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			-	-				•		
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	<u> </u>									
16 Total	·	L	L	L		1	<b>•</b>	0	0	0
<ul> <li>Total number of individuals (including thos organization ► 0</li> </ul>	e in 1a) wh	o rec	eive	ed n	nore	e thar	\$1	00,000 in repo	ortable compens	ation from the Yes No
3 Did the organization list any <b>former</b> office employee on line 1a? If "Yes," complete S							oye	e, or highest o	compensated	3 🗸
<b>4</b> For any individual listed on line 1a, is the sthe organization and related organizations individual.										4 1
5 Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp plete S	oens S <i>ch</i>	satio edu	on f le J	rom : for s	any uch	unrelated org person	anization for	5 🗸
Section B. Independent Contractors										
1 Complete this table for your five highest compensation from the organization	ompensate	d indi	epe	nde	nt c	contra	icto	rs that receive	d more than \$10	00,000 of
(A) Name and business add	dress							(B) Description of s	ervices	(C) Compensation
N/A										
								<u> </u>		
								<del> </del>		
2 Total number of independent contractors compensation from the organization ► N		hose	ın '	1) w	ho	receiv	ved	more than \$10	00,000 in	

Pari	VII	Statement of Re	venue						
		Statement of He	venue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, g and similar amounts not inclu Noncash contributions include	grants, ded above	1a 1b 1c 1d 1e 1f					
	2a b	Total. Add lines 1a–1f Interest and Investme			Business Code 532000	9,190,000	9,190,000		
Program Service Revenue	c d e f	cd							
S.	g	Total. Add lines 2a-2f			<b>•</b>	9190000			İ
	3 4 5	Investment income (incother similar amounts) Income from investment of Royalties	f tax-exen		d proceeds				
	6a b c	Gross Rents Less rental expenses Rental income or (loss) Net rental income or (lo	(i) Real		(ii) Personal				
	7a	Gross amount from sales of assets other than inventory	(i) Secur	ities	(ii) Other				
		Less cost or other basis and sales expenses							
	d	Gain or (loss) Net gain or (loss)			<b>•</b>			· · · · · · · · · · · · · · · · · · ·	
r Revenue	8a	Gross income from events (not including \$ of contributions reported See Part IV, line 18							
Other		Less. direct expenses Net income or (loss) fro	om fundra	. <b>b</b> using e	vents .				
	9a	Gross income from gam See Part IV, line 19	ing activi	ties a					
		Less: direct expenses Net income or (loss) fro	m gamın	<b>b</b> g activ	ities ►			wa.,	
	b	Gross sales of inverteurns and allowances Less cost of goods so Net income or (loss) from	ld . n sales of	a b					
		Miscellaneous Reve			Business Code	-		<del></del>	
	11a b c								
	d	All other revenue			<b></b>	l l			ı
	e 12	Total. Add lines 11a–17 Total Revenue. Add line 9c, 10c, and 11e		g, 3, 4, 	-	9,190,000	9,190,000		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col	umn (A) but are no	t required to comp	piete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				_
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		`		
11	Fees for services (non-employees)				
	Management .				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17			· · · · · · · · · · · · · · · · · · ·	
f	1				
q	Other .				
12	Advertising and promotion .				
13	Office expenses .				
14	Information technology .				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	8,842,000	8,842,000		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	-			
23	Insurance .			···	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Amortization	348,000	348,000		
b		٠ ,		_	
				_	
c d				-	
e		·			
	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	9,190,000	9,190,000		
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

Pa	irt X	Balance Sheet	, <u>.</u>				
		•	(A) Beginning of year		End	( <b>B)</b> of year	
	1	Cash—non-interest-bearing		1			
	2	Savings and temporary cash investments .		2			
	3	Pledges and grants receivable, net		3	*		
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		6			
S	7	Part II of Schedule L  Notes and loans receivable, net		7			
Assets	7 8	Inventories for sale or use		8			
As	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment cost basis 10a					
		Less accumulated depreciation Complete Part VI of Schedule D		10c	·		
	11	Investments—publicly traded securities .		11			
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11	385,760,000	13	3	94,011	1,000
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	385,760,000	16	3	94,011	1,000
	17	Accounts payable and accrued expenses	102,291,000	17	1	00,685	5,000
	18	Grants payable		18			
	19	Deferred revenue		19			
İ	20	Tax-exempt bond liabilities	283,469,000	20	2	93,326	3,000
es	21	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key cmployees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities Complete Part X of Schedule D .		25			
	26	Total liabilities. Add lines 17 through 25	385,760,000	26	3	94,011	1,000
alances		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.					
lan	27	Unrestricted net assets .		27			
Ва	28	Temporarily restricted net assets .		28			
nd	29	Permanently restricted net assets .		29	<del></del>		
or Fund Ba		Organizations that do not follow SFAS 117, check here ▶ ✓ and complete lines 30 through 34.	*		<b>.</b>		
Net Assets	30	Capital stock or trust principal, or current funds		30			
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
t A	32	Retained earnings, endowment, accumulated income, or other funds		32			
Se	33	Total net assets or fund balances .		33		<u> </u>	
	34	Total liabilities and net assets/fund balances	385,760,000	34		94,011	1,000
Ρa	rt XI	Financial Statements and Reporting				Tv	No.
1	Acco	ounting method used to prepare the Form 990   Cash  Accrual	☐ Other			Yes	No
	Were	e the organization's financial statements compiled or reviewed by an ind		? .	2a	<del> </del>	<b>/</b>
		e the organization's financial statements audited by an independent according			2b	<b>/</b>	<del> </del>
С		es" to lines 2a or 2b, does the organization have a committee that assumes					,
	the a	audit, review, or compilation of its financial statements and selection of an in	dependent accountant	?	<u>2c</u>	+-	<del>                                     </del>
3а		result of a federal award, was the organization required to undergo an	audit or audits as set	torth	,		1
h		Single Audit Act and OMB Circular A-133? es," did the organization undergo the required audit or audits?			. 3a . 3b	+-	_
U		os, the the organization undergo the required addit of addits.	• •	•	. [30		

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No 1545-0047
2008

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Nam	e of the organization			Employer	identification number
City	and County of San Francisco Finance C	orporation		94	3137786
Ра	Organizations Maintaining Do the organization answered "Yes		Fund		
		(a) Donor advised funds		( <b>b)</b> Fund	is and other accounts
1	Total number at end of year .				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and funds are the organization's property, sub	ect to the organization's exclusive legal o	control	17	Yes No
6	Did the organization inform all grantees, dused only for charitable purposes and not impermissible private benefit?				ay be ☐ Yes ☐ No
Dа		plete if the organization answered "Yes	" to Fi	orm 990	
	Purpose(s) of conservation easements hel			01111 000	, 1 411 14, 1110 7.
1	☐ Preservation of land for public use (e.g. ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a–2d if the organization he	, recreation or pleasure)	ion of a tion of	certified	cally important land area historic structure servation easement
	on the last day of the tax year			<del></del>	I
					Held at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation e			2b 2c	
C	Number of conservation easements on a			2d	
ď	Number of conservation easements include Number of conservation easements modified to the conservation of the conservation easements and the conservation easements are conservation easements.		r termi		the organization during
3	the taxable year ▶				the organization during
4	Number of states where property subject				
5	Does the organization have a written police enforcement of the conservation easement	ts it holds?			☐ Yes ☐ No
6	Staff or volunteer hours devoted to monitor				
7	Amount of expenses incurred in monitoring				• \$
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				☐ Yes ☐ No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conservations.	he text of the footnote to the organization			
Pa		ections of Art, Historical Treasures, overed "Yes" to Form 990, Part IV, line 8		ner Simil	ar Assets.
1a	If the organization elected, as permitted usert, historical treasures, or other similar assignments in Part XIV, the text of the footnot	ets held for public exhibition, education, or	resea	irch in fur	
b	If the organization elected, as permitted un historical treasures, or other similar assets provide the following amounts relating to	held for public exhibition, education, or rihese items.			herance of public service,
	(i) Revenues included in Form 990, Part V	/III, line 1 .		•	\$
	(ii) Assets included in Form 990, Part X			. •	\$
2	If the organization received or held works following amounts required to be reported		lar ass	sets for f	inancial gain, provide the
а	Revenues included in Form 990, Part VIII,	line 1		•	\$
b	Assets included in Form 990, Part X			•	\$

D	•
Page	4

。Par	t III Organizations Maintaini	ng Collections	of Art, H	istorica	l Treasures	or O	ther Similar /	Assets (continued)
3	Using the organization's accession items (check all that apply)	and other record	s, check	any of th	ne following t	hat ar	e a significant	use of its collection
а	Public exhibition		d	L L	oan or excha	nge p	rograms	
b	Scholarly research		е	□ 0	ther			
С	☐ Preservation for future generat	ions						
4	Provide a description of the organiz Part XIV	ation's collections	s and exp	olaın how	they further	the o	rganization's ex	kempt purpose in
5	During the year, did the organization sassets to be sold to raise funds rathe	r than to be mainta	ained as p	part of the	organization	s colle	ection?	Yes No
Par	Trust, Escrow and Custo Part IV, line 9, or reported					n ansv	wered "Yes" to	o Form 990, 
1a	Is the organization an agent, trusted included on Form 990, Part X?	e, custodian or ot	her interr	nediary f	or contribution	ons or	other assets r	oot Yes No
b	If "Yes," explain the arrangement in	Part XIV and cor	nplete the	e followir	ng table		1	
						-	<u> </u>	Amount
C	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e	_	
f	Ending balance	•				1f	<u> </u>	
2a b	Did the organization include an amount of "Yes," explain the arrangement in	Part XIV						☐ Yes ☐ No
Par	t V Endowment Funds. Co						990, Part IV, I	
	ļ	(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years bac	ck (e) Four years back
1a	Beginning of year balance		<u> </u>					
b	Contributions .							
С	Investment earnings or losses							
d	Grants or scholarships	<del></del>					-	
е	Other expenditures for facilities and programs .							
f g	Administrative expenses . End of year balance							
2	Provide the estimated percentage of	f the year end ba	lance hel	d as				
а	Board designated or quasi-endowm	ent ▶	%					
b	Permanent endowment ▶	%						
С	Term endowment ▶%	)						
3a	Are there endowment funds not in thorganization by	e possession of th	ne organiz	ation tha	t are held and	d adm	inistered for the	Yes No
	(i) unrelated organizations .							3a(ı)
	(ii) related organizations				50			3a(II)
b	If "Yes" to 3a(II), are the related org							3b
4	Describe in Part XIV the intended us					-+ V I	ino 10	
Pal	t VI Investments – Land, Bu							
	Description of investment	(a) Cost or ot (investm			st or other s (other)	(c) L	Depreciation	(d) Book value
1a	Land							
b	Buildings		-					
С	Leasehold improvements							
d	Equipment							
	Other			<u></u>				
Tota	I. Add lines 1a-1e (Column (d) should e	qual Form 990, Pa	π X, colur	nn (B), lin	e 10(c))		<u> </u>	

Part VII Investments—Other Securit	ion Con Form 000 Por	t V line 12	Page
		(c) Method of valuation	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	Cost or end-of-year market value	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
	•••		
	•••		
	•••		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)			
		t V line 12	
Part VIII Investments—Program Rela			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
		<u> </u>	
Capital Lease Receivable - Current	21,100,000	Cost	
Restricted Assets	96,487,000	Cost	
Capital Lease Receivable - Noncurrent	272,191,000	Cost	
Unamortized Bond Issuance Costs	4,233,000	Cost	
355000000000000000000000000000000000000			
I otal. (Columñ (b) should equal Form 990, Part X, col. (B) line 13.)	394,011,0	00 1	
Part IX Other Assets. See Form 990,		· · · · · · · · · · · · · · · · · · ·	
	(a) Description	(b) Bo	ook value
			-
	·		
	····		
<u></u>			
Total. (Column (b) should equal Form 990, Part X,		<u> </u>	
Part X Other Liabilities. See Form 99	0, Part X, line 25.		
(a) Description of liability	(b) Amount		
Federal income taxes			
		_	
***************************************		_	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	i		
Lotal II foliumo (ni spould equal Form 990) Part X col. (R) line 25 1			
In Part XIV, provide the text of the footnote to the uncertain tax positions under FIN 48		statements that reports the organization's liab	oility for

Page	4

	dule D (Form 990) 2008			Page 4
,Pa	t XI Reconciliation of Change in Net Assets from Form 990	to Financial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	9,190,000
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	9,190,000
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	0
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments .		7	
8	Other (Describe in Part XIV)	•	8	
9	Total adjustments (net) Add lines 4-8		9	
10	Excess or (deficit) for the year per financial statements. Combine lines	s 3 and 9	10	0
Pai	t XII Reconciliation of Revenue per Audited Financial St	atements With Revenu	e pei	
1	Total revenue, gains, and other support per audited financial stateme	nts	1	9,190,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a	4	
b	Donated services and use of facilities	2b	4	
Ç	Recoveries of prior year grants .	2c	4	
d	Other (Describe in Part XIV)	2d		<u>-</u>
е	Add lines 2a through 2d .		2e	
3	Subtract line 2e from line 1 .	,	3	
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	_	
b	Other (Describe in Part XIV)	_4b		-
_	Add lines 4a and 4b	40)	4c	+
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, lines and the state of th		5	9,190,000
Pa	t XIII Reconciliation of Expenses per Audited Financial S	tatements with Expen		
1	Total expenses and losses per audited financial statements		1	9,190,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1	ı	
а	Donated services and use of facilities	2a	_	
b	Prior year adjustments .	2b		
C	Losses reported on Form 990, Part IX, line 25	2c	_	
d	Other (Describe in Part XIV)	2d	┵	-
e	Add lines 2a through 2d		2e	'
3	Subtract line 2e from line 1		3	_
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	_[	
b	Other (Describe in Part XIV)	4b	<u> </u>	-
С	Add lines 4a and 4b	•	4c	<del></del>
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Pa	rt I, line 18)	5	9,190,000
	t XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5 2b, Part V, line 4, Part X, Part XI, line 8; Part XII, lines 2d and 4b, and		na 4,	Part IV, lines 1b
		••••		

Schedule D (Form	m 990) 2008	Page 5
Part XIV	Supplemental Information (continued)	
***************************************		
	······································	
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# SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

City and County of San Francisco Finance Corporation

OMB No 1545-0047

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)

Open to Public Inspection 2008

Employer identification number

3137786

94

Yes No Yes No (h) On behalf of issuer ŝ ŝ (g) Defeased ш Yes Yes (f) Description of purpose ŝ ŝ ۵ ۵ Yes Yes ŝ ŝ O ပ (e) Issue price Yes Yes ŝ ŝ (d) Date issued œ ω Yes Yes (c) CUSIP # 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 tax-exempt bonds? Were the bonds issued as part of a current refunding issue? records to support the final allocation of proceeds? Does the organization maintain adequate books and Has the final allocation of proceeds been made? 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 1 Total proceeds of issue A See attached schedule refunding issue? Part III Part I Part II

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

financed property which may result in private business use?

Are there any lease arrangements with respect to the

N

Cat No 50193E

Schedule K (Form 990) 2008

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Schedule K (Form 990) 2008

Part III Private Business Use (Continued)	i									285
	'	A		В	S			٥		
3a Are there any management or service contracts with	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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?										
4 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 ▶		%		%		%		%		%
5 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 ▶		%		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%		8
the proc										
Part IV Arbitrage (Optional for 2008)										
	'	٧		8	S			۵		ш
1 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	ON ON	Yes	No.	Yes	No.	Yes	ON.	Yes	NO N
2 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>b</b> Name of provider										
c Term of GIC .										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate? .						·				
			:					,	Schedule K (F	Schedule K (Form 990) 2008

### SCHEDULE O ·(Form 990)

### Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Employer identification number

City and County of San Francisco Finance Corporation	
Form 990	
Part III (1): The organization provides assistance to the City and County of San Francisco ("City") by financing the	
acquisition or construction of facilities, equipment and other assets for the City's general governmental purposes. The	
organization, which is a pass-through entity, issues lease revenue bonds to finance the purchase or construction of	
property and equipment which are, in turn, leased to the City. The City is obligated to make rental payments that are	
sufficient to meet the debt service requirements on the bonds. The organization is an "affiliate" of the City 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 VI (8): The organization has no such committee.	
Part VI (10): Authorized representatives of the organization reviewed the Form 990 prior to submission.	
Part VI (12c): Annual conflict of interests disclosure statements are reviewed by authorized organization representatives	i. 
Part VI (19): The organization's governing documents are available on the City and County of San Francisco website.	
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	• • • •
	•
•	
<u> </u>	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
City and County of San Francisco Finance Corporation	94 3137786
<del></del>	
1	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number (F) Direct controlling 3137786 (E) End-of-year assets .. (D) Total income (C) Legal domicile (state (B) Primary activity City and County of San Francisco Finance Corporation Identification of Disregarded Entities (A) Name, address, and EIN of disregarded entity Part I

Marile, audress, and Ein di disregarded eriniy	Filliary activity	Legal dornicile (state or foreign country)	i otal income	End-or-year assets	Direct controlling entity
-N/A					
					_
Part II Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
-Gity-and County of San Francisco, 1-Dr. Carlton B. Goodlett Place,	Provides local	California	501(c)(1)	N/A	N/A
-(EIN) 94-6000417	government services				
	to its citizens.				
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Form 990.	Cat No 50135Y	0135Y	Schedu	Schedule R (Form 990) 2008

Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income		(G) Share of end-of-year assets	(H) Disproportionate allocations?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
							į	Yes No		Yes No
N/A										
			•							
								-		
										-
Part IV Identification	Identification of Related Organizations Taxable as a Corporation or Trust	nization	s Taxable as a (	Corporation or	Trust					
(A) Name, address, and EIN of related organization	of related organization		(B) Primary activity	(C) Legal domicile (state or foreign country)	(D)  Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income		(G) Share of end-of-year assets	(H) Percentage ownership
N/A										
`										
										,
					: :				Schedule R (Form 990) 2008	n 990) 2008

n Related Organizations
With
Transactions
Part V

Note. Complete line 1 if any entity is listed in Parts II III or IV		Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	Parts II-IV?	
a Receipt of (i) interest (ii) annuities (iii) rovalties (iv) rent from a controlled entity		1a /
		1b
c Giff grant or cantal contribution from other organization(s)		10
		7
		2 ,
e Loans or loan guarantees by other organization(s)		) 
f Sale of assets to other organization(s)		# <b>*</b>
g Purchase of assets from other organization(s)		1g /
	•	1h ~
i Lease of facilities, equipment, or other assets to other organization(s)		-i-
		]
j Lease of facilities, equipment, or other assets from other organization(s)		<b>-1</b> j
k Performance of services or membership or fundraising solicitations for other organization(s)		*
l Performance of services or membership or fundraising solicitations by other organization(s)	•	=
m Sharing of facilities, equipment, mailing lists, or other assets		1m ~
n Sharing of paid employees		-
o Reimbursement paid to other organization for expenses		10 \
p Reimbursement paid by other organization for expenses		1p
q Other transfer of cash or property to other organization(s)		19
_		1r /
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	elationships and transac	tion thresholds
(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(c)		
(9)		
	Schedule F	Schedule R (Form 990) 2008

# Part VI Unrelated Organizations Taxable as a Partnership

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

(A) (B) (C) (D)	(8)	(0)	0		(E)	(6)	-	(5)	L	£
Name, address, and EIN of entity	Primary activity	Legal domicile	Are all partners	iners	Share of	Disproo		Code V—UBI	. Geo	era C
		(state or foreign country)	section 501(c)(3)	- m	end-of-year assets	allocations?		amount in box 20 of Schedule K-1	man	managing partner?
			organizati	Suc			_	(Form 1065)		
			Yes	9		Yes No	٥ ۷		Yes	Yes No
									<u> </u>	
						-				
							_			
								Schedule R (Form 990) 2008	066 m	) 2008