**SCANNED DEC 1 0 2019** 

Use Only

if self-employed) address, and ZIP + 4

### Retroactive Reinstatement

2949331380107

OMB No 1545-0047

Open to Public

## **Return of Organization Exempt From Income Tax**

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

Inspection 2009, and ending Δ For the 2009 calendar year, or tax year beginning July 1 June 30 20 10 D Employer identification number Please City and County of San Francisco Finance Check if applicable use IRS Address change
Name change 3137786 Corporation label or E Telephone number print or Room/suite Office of the Controller, City Hall Room 316 type 1 Dr. Carlton B. Goodlett Place 415) 554-5956 🗓 Initial return Specific San Francisco, CA 94102 Terminated tions G Gross receipts \$ 7,150,000 Amended return F Name and address of principal officer Anna Van Degna Application pending H(a) Is this a group return for affiliates? Yes No same as above H(b) Are all affiliates included? Yes No Tax-exempt status 4947(a)(1) or 527 501(c) ( 4 ) 
 (insert no ) If "No," attach a list (see instructions) Website: ► N/A H(c) Group exemption number ▶ 1991 M State of legal domicile CA Form of organization 🔟 Corporation 🔲 Trust 🔲 Association 🔲 Other 🕨 L Year of formation Part I Summary Briefly describe the organization's mission or most significant activities The organization is a pass-through entity that provides financial assistance to the City and County of San Francisco ("City") by financing the acquisition or Governance construction of facilities, equipment and other assets for the City's general governmental purposes. Check this box ▶ ☐ if the organization discontinued its operations or dis % of its net assets Number of voting members of the governing body (Part William 1. 3 Activities & 3 4 Number of independent yoting members of the governing body (f .... ..., ..... .b) Total number of employees (Part V, line 2a)

Total number of volunteers (estimate if necessary)

Total gross unrelated business being from Fart VIII, column (C), line

b Net unrelated business taxable income from Form 990 P, line 34 5 0 6 0 7a 0 7b OCT 1 7 2019 Prior Year **Current Year** NCT 1 5 2019 Contributions and grants (Part VIII line 1h) Program service revenue (Part VIII line 2g) 9,190,000 7,150,000 Investment income (Fart VIII, Column (A), lines 3, GCDERCUTAH 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,190,000 7,150,000 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ ..... 9.190.000 7,150,000 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 7,150,000 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 9,190,000 Revenue less expenses Subtract line 18 from line 12 P S Beginning of Current Year End of Year 394,011,000 378,846,000 20 Total assets (Part X, line 16) 394,011,000 378,846,000 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 22 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is truff, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian Signature of officer Here Anna Van Degna, Assistant Secretary Type or print name and title Check if Date Preparer's identifying number Preparer's self-(see instructions) signature employed ▶ □ PRUDENCE PUGEDA Paid 8/13/19 P00444443 Preparer's **MACIAS GINI & O'CONNELL LLP** ▶ 68 0300457

May the IRS discuss this return with the preparer shown above? (see instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

3000 S STREET #300, SACRAMENTO, CA 95816

Cat No 11282Y

Phone no ► ( 916 )

✓ Yes 🗌 No Form 990 (2009)

928-4600



_	rt III Statement of Program Service Accomplishments	Page 2
1	Briefly describe the organization's mission  See Schedule O	
	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
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	☐ Yes ☑ No
4	If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services.	OV OVDODEGE
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code ) (Expenses \$ 7,150,000 including grants of \$ ) (Revenue \$	
	The Corporation serves as a lease-financing vehicle for the City functioning principally as a pass-thro	
	entity. The Corporation uses lease revenue bonds to finance the acquisition or construction of prope and equipment, which are in turn leased to the City and County of San Francisco under the terms of	ту
	Indentures and Lease Agreements.	
4h	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	
70	(Code) (Expenses \$\psi including grants of \$\psi) (nevertice \$\psi)	
4c	(Code. ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		·

 4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$

 4e Total program service expenses ▶ 7,150,000

DKOR

Pa	rt IV Checklist of Required Schedules			
	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		<b>/</b>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3_		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		<b>√</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		✓
9	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," complete Schedule D, Part IV	9		✓_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	_	✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	<b>/</b>	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI			
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	120	. ✓	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  Yes No  124   V			
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E.	13		<b>✓</b>
14a		14a		<b>V</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_	✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<b>√</b>
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	200		<u> </u>

Ρa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>√</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a	✓	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> .	24d 25a		<b>✓</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		✓_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  .	28a 28b		✓ ✓
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>√</u>
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		<b>✓</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	`_	✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		✓_
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	34	✓	
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.	35⁄2		✓_
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 N/A	36		
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, Part VI	37		✓_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	/	

Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Г		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	İ		
	U.S. Information Returns. Enter -0- if not applicable			}
þ	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		-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	]		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		- J-2	
За	Instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return? .	3a		✓_
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O .	3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	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			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e		!
	benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	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	-9		
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
	Did the organization make any taxable distributions and a section 1999	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person-	9b		1
	Section 501(c)(7) organizations. Enter	l	l	
	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b		- 1	
	dross receipts, included on Form 350, Fait VIII, line 12, for public use of club facilities	- 1	- 1	
	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders	- 1		
	dross meetre wern members of shareholders	-		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	12a		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A. Governing Body and Management			
	1 1		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			لــــــا
	any other officer, director, trustee, or key employee?	2		<b>\</b>
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		<b>√</b>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		<b>-</b>
6	Does the organization have members or stockholders?	6		<b>/</b>
	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	7b		<b>√</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ü	the year by the following			1
-	The governing body?	8a	1	
	Each committee with authority to act on behalf of the governing body? N/A	8b		
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-			_ <del>`</del>
	enue Code)	,,,,a,		
			Yes	No
40-	Dans the assessment of heavy level should be about any horsestant of the base of	10a		<u> </u>
	Does the organization have local chapters, branches, or affiliates?	100		
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	40h		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		,	
	form?	11	<b>✓</b>	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		1	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>-</b>	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		,	
	rise to conflicts?	12b	<b>✓</b>	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	<b>√</b>	
13	Does the organization have a written whistleblower policy?	13	<b>✓</b>	
14	Does the organization have a written document retention and destruction policy?	14	<b>✓</b>	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official N/A	15a		
b	Other officers or key employees of the organization .	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		}	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		j	1
	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			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply	- *		
	☐ Own website ☐ Another's website ☑ Upon request			
1 <b>9</b> Des	scribe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of in	iteres	t	
	policy, and financial statements available to the public	,		
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization ► Anna Van Degna, (415) 554-7500			
	1 Dr. Carlton B. Goodlett Place. San Francisco. CA 94102			· • • • •

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

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

(A)	(B)			(4	C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (	chec	k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Marc Stad, President 1 Dr. Carlton B. Goodlett Place, San	0.1 hrs.	1						0	0	0
Pamela S. Jue, CFO  1 Dr. Carlton B. Goodlett Place, San Francisc	0.1 hrs.	1						0	0	0
Pamela S. Jue, Secretarty  1 Dr. Carlton B. Goodlett Place, San Francisc	0.1 hrs.	_ <u>√</u>						0	0	0
		Ī								
	1									
	-									

Part VII	Section A. Officers, Directors, Tru	ustees, Key	Emp	oloy			d Hig	hes			s (co	
	(B)	<b>.</b> .		•	C) 			(D)	(E)		(F)	
	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportabli compensativ from relate organizatio (W-2/1099-M	on d ns	Estimated amount of other compensation from the organization and related organizations
												<del></del>
		-										
		-										
											-	
		•										
16 Total								<b></b>	0		0	0
	umber of individuals (including but in the compensation from the organization		to th	ose	liste	ed a	above	) wi	no received m	ore than \$10	10,00	Yes No
	organization list any <b>former</b> office ee on line 1a? <i>If "Yes," complete</i> S							oye	e, or highest o	compensated	t	3 ✓
4 For any the organized	r individual listed on line 1a, is the s anization and related organizations ial	sum of repo greater tha	ortabl in \$1:	le co 50,0	003 owb	ens of '	sation 'Yes,"	coi	d other compe mplete Schedu	ensation fron lile J for sucl	1 7	4 🗸
services	person listed on line 1a receive rendered to the organization? If "	or accrue Yes," comp	com plete	pen: Sch	satı edu	on i	from I for s	any uch	unrelated org person	anization fo	r	5 √
	Independent Contractors											2000 (
	te this table for your five highest consation from the organization.	ompensate	d ind	epe	nde ——	ent o	contra	icto	rs that receive	a more than	. <b>\$</b> 10	ot
	(A) Name and business add	dress						_	(B) Description of s	ervices		(C) Compensation
N/A												
			_									
								-				
<u> </u>		ا - سامیامی	'	. 1	:41		ihaa:	1	ad abaua\b	<b>******</b>		
	umber of independent contractors (in nan \$100,000 in compensation from						tnose	IISt	ea above) who	received		

FORM :							<del>,</del>	Page 3
Par	t VII	Statement of Revenue			,			
				- <del></del>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
its ts	1a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	h	Membership dues .	1b	-	1 (			[
S, E	ء ا	Fundraising events	1c		1			
ii ii	4	Related organizations	1d					İ
S, E	٦	<del>-</del>	1e		1			
Ö	ء ا	Government grants (contributions).	<u>'</u>					
he but	<b>'</b> '	All other contributions, gifts, grants,	1f		}			ł
重	_	and similar amounts not included above		. <del></del>	1			
a Sor	g	Noncash contributions included in lines 1a- Total. Add lines 1a-1f	11 \$	<b></b>				
	<del>-</del> "	Total: Add illies Ta-Ti	$\overline{}$	Business Code		<del></del> -		
ᇐ		Interest and Investment Incom	}	532000	7,150,000	7,150,000		
eve	2a	interest and investment incom	}	532000	7,150,000	7,150,000		
e H	b		}					
ξ	C							
လိ	d		}	<del></del>				<del></del>
E	e	All all						
Program Service Revenue	T	All other program service revenue	າ .		715000			ļ
<u> </u>	g	Total. Add lines 2a-2f		<u> </u>	7150000			
	3	Investment income (including divi- other similar amounts)	dends	, interest, and				
	4	Income from investment of tax-exemp	ot bond	proceeds 🕨				
	5	Royalties .		<b>&gt;</b>				
	ł	(i) Real		(ii) Personal				
	6a	Gross Rents			ļ			
	b	Less <sup>-</sup> rental expenses						
	C	Rental income or (loss)		_				l
	d	· · · · · · · · · · · · · · · · · ·		<u> </u>				
	7a	Gross amount from sales of assets other than inventory	es	(II) Other				
	ь	Less cost or other basis						
	_	and sales expenses .						
	c	Gain or (loss)						
	ď			. •			-	
venue	8a	Gross income from fundraisii				1	- <u>-</u>	
Ķ		ovents (not including \$						
æ		of contributions reported on line 16 See Part IV, line 18 .	1					
ē	<b>.</b>	Less direct expenses	a b	-				
Other Re		Net income or (loss) from fundrais		vents			<del></del>	
_			Ī				<del></del>	
	9a	Gross income from gaming activities						
		See Part IV, line 19	a					
		Less: direct expenses .  Net income or (loss) from gaming	b L	ties 🕨				<u> </u>
			٢					
	ıua	Gross sales of inventory, les				İ	•	
		returns and allowances	a			-		
		Less: cost of goods sold	_ b L	rv 🕨	-	<del></del>		
j		Net income or (loss) from sales of in Miscellaneous Revenue	TVEITE	Business Code		-		i
		<del></del>		Dusiness Code		<del></del>		
ļ	11a		····					<del>_</del>
	b		····				<del></del>	
	С			_				
	d	All other revenue	Ĺ					
		Total. Add lines 11a-11d		<b>&gt;</b>		•		
	12	Total revenue. See instructions		<b>&gt;</b>	7,150,000	7,150,000		

### Part IX Statement of Functional Expenses

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

	All other organizations must complete co	lumn (A) but are no	ot required to comp	olete columns (B),	(C), and (D).
	o not include amounts reported on lines 6b, o, 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			<u>.</u>	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22		- 12		
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	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	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		<del>-</del>		
	Legal				<del></del>
	Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
_	Other	<u>.</u>			
	Advertising and promotion				
13	Office expenses				<u> </u>
14	Information technology				
15	Royalties .				
16	Occupancy			·	<del></del>
17	Travel .				<del></del>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	0.700.000	0.700.000		<del></del>
20	Interest .	6,788,000	6,788,000		
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	362,000	362,000		
þ					<del></del>
С					
d					<del></del> -
е				_	
f	All other expenses Add lines 1 through 24f	7150000			
25 26	Total functional expenses. Add lines 1 through 24f  Joint costs. Check here ▶ ☐ if following	713000	<del></del> +		
~	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation	7,150,000	7,150,000		

Pa	irt X	Balance Sheet			- <u>-</u>
			(A) Beginning of year		(B) End 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	<del></del>
	5	Receivables from current and former officers, directors, trustees, key			j
		employees, and highest compensated employees. 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 Part II of Schedule L		<del>-</del> 6	
Ø	,	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	····
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			_
	Ь,	Less. accumulated depreciation . 10b		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	394,011,000	13	378,846,000
	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)	394,011,000	16	378,846,000
	17	Accounts payable and accrued expenses .	100,685,000	17	93,760,000
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	293,326,000	20	285,086,000
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	<del></del>
Liabilities	22	Payables to current and former officers, directors, trustees, key			
iab		employees, 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 to unrelated third parties		24	<u> </u>
	25	Other liabilities Complete Part X of Schedule D	204 044 000	25	270 046 000
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.	394,011,000	26	378,846,000
auc	27	Unrestricted net assets		27	
Balano	28	Temporarily restricted net assets		28	
פַ	29	Permanently restricted net assets		29	
Fund	23	Organizations that do not follow SFAS 117, check here ▶ ☑			
ğ		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds .		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds	_	32	
Se	33	Total net assets or fund balances		33	
_	34	Total liabilities and net assets/fund balances	394,011,000	34	378,846,000

Page	1	2
raue		•

Pa	t XI Financial Statements and Reporting				
			Yes	No	
1	Accounting method used to prepare the Form 990   Cash  Accrual  Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
_	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<b>V</b>	
b	Were the organization's financial statements audited by an independent accountant?	2b	<b>V</b>	<u> </u>	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?				
,	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a consolidated basis, separate basis, or both	1			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?	3a		✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b			

Form **990** (2009)

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Nam	e of the organization			Emplo	yer identifica	tion number
City	and County of San Francisco Finance Co	orporation		94		3137786
Pa	rt I Organizations Maintaining Do the organization answered "Yes	nor Advised Funds or Other Similar " to Form 990, Part IV, line 6.	Fun	ds or	Accounts	s. Complete If
		(a) Donor advised funds		(b) F	unds and oth	er 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, subj				r advised	☐ Yes ☐ No
6	Did the organization inform all grantees, do used only for charitable purposes and not purpose conferring impermissible private by	for the benefit of the donor or donor advi	grant sor, c	funds or for a	can be ny other	☐ Yes ☐ No
Pa		olete if the organization answered "Yes"	' to F	orm 99	0. Part IV	
1	Purpose(s) of conservation easements held Preservation of land for public use (e g Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organiz easement on the last day of the tax year	by the organization (check all that apply), recreation or pleasure) Preservati	on of	an histo	orically imp	ortant land area
	casement on the last day of the tax year				Hold at the	End of the Tax Year
				2a	<del>- </del> -	E LIIO OI LIIE TAX TEAT
<b>a</b>	Total number of conservation easements			2a 2b		
þ	Total acreage restricted by conservation ea		٠			<del>-</del> .
¢	Number of conservation easements on a c	• •		2c	<del></del>	<del></del>
þ	Number of conservation easements include	ed in (c) acquired after 8/17/06		2d		
3	Number of conservation easements modified the tax year ▶	ed, transferred, released, extinguished, or	term	inated	by the org	anization during
4	Number of states where property subject t	o conservation easement is located >			_	
5	Does the organization have a written policy violations, and enforcement of the conserv	regarding the periodic monitoring, inspec				☐ Yes ☐ No
6	Staff and volunteer hours devoted to moni	toring, inspecting, and enforcing conserva	ation (	easeme	ents during	the year
7	Amount of expenses incurred in monitoring  \$ \\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	g, inspecting, and enforcing conservation	easer	ments c	during the	year
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	d on line 2(d) above satisfy the requirement	nts of	f sectio	n	Yes No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conserva	ne text of the footnote to the organization				
Pa		ections of Art, Historical Treasures, overed "Yes" to Form 990, Part IV, line 8.		ner Sin	nilar Asse	ts.
1a	If the organization elected, as permitted un art, historical treasures, or other similar asseprovide, in Part XIV, the text of the footnot	ets held for public exhibition, education, or i	resea	ırch ın fı	urtherance	
b	If the organization elected, as permitted un historical treasures, or other similar assets provide the following amounts relating to the	held for public exhibition, education, or renese items			rtherance	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		ar ass	sets for		
а	Revenues included in Form 990, Part VIII, I	ine 1			▶ \$	
b	Assets included in Form 990, Part X				▶ \$	

٥.								
	onedule D (Form 990) 2009  Part III Organizations Maintaining Collections of	Δrt His	tori	cal Treasures	or Other Similar As	sets (		Page 1
3								
a b c	b Scholarly research c Preservation for future generations	d e						
4 5	Part XIV	ations of	art, h	nistorical treasures	, or other similar		rpose	e in □ No
Pa	Part IV Escrow and Custodial Arrangements. Col IV, line 9, or reported an amount on Form 9	mplete if	the	organization ans				
	la Is the organization an agent, trustee, custodian or othe included on Form 990, Part X?			•	s or other assets not		es [	□ No
b	b If "Yes," explain the arrangement in Part XIV and comp	plete the f	Ollov	ving table	Ar	nount		
	c Beginning balance				1c 1d			
	d Additions during the year				1e			-
e •	e Distributions during the year f Ending balance .				1f			
2a		Part X, lır	ne 21	? .			'es [	No
	Part V Endowment Funds. Complete if the orga	inization	ans	wered "Yes" to	Form 990, Part IV	line 1	0.	
	(a) Current year	(b) Prior	year	(c) Two years ba	ck (d) Three years back	(e) Fo	ır years	back
1a	a Beginning of year balance							
b	b Contributions					<b>├</b>		
C	c Net investment earnings, gains, and losses							
d	d Grants or scholarships					ļ		
е	e Other expenditures for facilities and programs .							
f g	f Administrative expenses . g End of year balance .							
2	Provide the estimated percentage of the year end balai	nce held	as					
а	a Board designated or quasi-endowment ▶	%						
b	<b>b</b> Permanent endowment ▶ %							
C	c Term endowment ▶ %							
3a	a Are there endowment funds not in the possession of the	organızat	tion t	hat are held and a	administered for the		V	-14
	organization by					20/3	Yes	No
	(i) unrelated organizations		•		•	3a(i)	1	+
b	(ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as	required	on S	chedule R?	•	3a(ii) 3b		+

Part VII Investments—Other Securities	See Form 990 Part X	line 12		rage
(a) Description of security or category	(b) Book value	T	(c) Method of value	uation
(including name of security)	(5) 55011 1235		Cost or end-of-year m	
Financial derivatives				
Closely-held equity interests				
Other			<u> </u>	
		ļ <u>-</u> -		<u>***</u>
	·- <del></del>			
		<u></u>		<del></del>
		·	***	
			<u>-</u>	
		<del></del>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII Investments—Program Relat	ed. See Form 990, Part X	, line 13.		
(a) Description of investment type	(b) Book value		(c) Method of value Cost or end-of-year m	
Capital Lease Receivable - Current	19,455,000	Cost		
Restricted Assets	89,871,000	Cost	<u> </u>	
Capital Lease Receivable - Noncurrent	265,321,000	Cost		
Unamortized Bond Issuance Costs	4,199,000	Cost	<del></del>	
				· · · · · · · · · · · · · · · · · · ·
	<del> </del>			<u> </u>
	<del>                                     </del>	-		
	-			
	(a) Description	,		(b) Book value
	<del></del>			
Total. (Column (b) must equal Form 990, Part X, col			. ▶	
Part X Other Liabilities. See Form 990	), Part X, line 25.			
1. (a) Description of liability	(b) Amount	_		
Federal income taxes	<del>-</del>			
==		-		
	-			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶				
2. FIN 48 Footnote. In Part XIV, provide the text of	of the footnote to the organiz	ation's fina	ancial statements that	reports the
organization's liability for uncertain tax positions	under FIN 48			

	1 2 3 4 5 6 7 8	7,150,000 7,150,000 0
	3 4 5 6 7	
	4 5 6 7	
	5 6 7	
	6 7	
	7	
	<del></del>	
<u> </u>	<u> </u>	
	<u> </u>	
	9	
lines 3 and 9	10	
ments With Revenue	per Retu	
	1	7,150,000
. 1	ļ. <b>!</b>	
·	-	
<del></del>	-	
	-	
<u>'d  </u>		
	<del></del>	
1	3	
	l l	
<del></del>	-	
,D		
1	<b></b>	
		7,150,000
ments with Expense	s per ne	7,150,000
•		7,150,000
<b>1</b>		
	<b>{</b>	
	{ <b>                                     </b>	
:a	20	
•		
1	3	
ı_		
	{ <b>                                     </b>	
·D	1	
	<del></del>	
ne 18)	5	7,150,000
		a second

S <del>c</del> hedule D (Fori	m 990) 2009  Supplemental Information (continued)	Page 5
Part XIV	Supplemental Information (continued)	_
•		
	•	
		••-•

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

Name of the organization

Part I

۵

ပ

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

▶ Attach to Form 990. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Yes No (h) On behalf of issuer 3137786 (g) Defeased Yes No 94 (f) Description of purpose (e) Issue price (d) Date issued (c) CUSIP # (b) Issuer EIN City and County of San Francisco Finance Corporation A See attached Schedule (Part III - N/A no private B business use. Compilance monitored). (a) Issuer name Bond Issues

ш											
Part II	☐ Proceeds										
		¥		8		ပ		٥		Ш	
<b>-</b>	Total proceeds of issue										
<b>7</b>	Gross proceeds in reserve funds										,
ω <sub>T</sub>	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds										
ro S	Issuance costs from proceeds .										
9	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds		,								
8	Year of substantial completion										
		Yes	No	Yes	No No	Yes	S N	Yes	No	Yes	No
6	Were the bonds issued as part of a current refunding issue?		-,								
<b>6</b>	Were the bonds issued as part of an advance refunding issue?										
<u>+</u>	Has the final allocation of proceeds been made?										
12 C	12 Does the organization maintain adequate books and										
=	records to support the final allocation of proceeds?										
Part	Part III Private Business Use										
		٨		В		ပ		a		Ш	

1 Was the organization a partner in a partnership or a	Yes	No	Yes	Yes No Yes No Yes No Yes	Yes	No	Yes
member of an LLC, which owned property financed by							
tax-exempt bonds?							
2 Are there any lease arrangements with respect to the							
financed property which may result in private business use?							
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	structions for	. Form 990.			Cat No 50193E	50193E	

Schedule K (Form 990) 2009

ŝ

Yes

ŝ

Yes

ŝ

Yes

ŝ

Yes

ŝ

Yes

N
Ø,
ä
Q.

Schedule K (Form 990) 2009

3a Are the											
			A		8	S		٥		ш	
respect	Are there any management or service contracts with respect to the financed property which may result in private business use?	Yes	S.	Yes	o N	Yes	N N	Yes	ON	Yes	S S
<b>b</b> Are the finance use?	Are there any research agreements with respect to the financed property which may result in private business use?										
c Does the or othe service the final	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 private 501(c)(3	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 ▶		%		%		%		%		%
<b>5</b> Enter th busines activity 501(c)(3)	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 o	Total of lines 4 and 5		%		%		%		%		%
7 Has the and pro	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								.,		
Part IV	Arbitrage										
		-	A		8	S			٥	<b>U</b>	
1 Has a land Pe with re-	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	Yes	o Z	Yes	S N	Yes	<b>0</b>	Yes	S N
2 Is the t	is the bond issue a variable rate issue?										
3a Has the identification of the state of th	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?					-					
<b>b</b> Name	Name of provider										
<b>c</b> Term o	Term of hedge										
4a Were	Were gross proceeds invested in a GIC?										
b Name of pro	Name of provider Term of GIC										
d Was th market	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were a availab	Were any gross proceeds invested beyond an available temporary period?										
6 Did the	Did the bond issue qualify for an exception to rebate?										

### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

City and County of San Francisco Finance Corporation

### Supplemental Information to Form 990

3137786

Employer identification number

94

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

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 (11 & 11A): 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.
Part VI (19): The organization's governing documents are available on the City and County of San Francisco website.

Name of the organization  Employer identification number	Schedule Ó (Form 990) 2009		Page 2
	Name of the organization	Employer identification number	•
		<u>i</u>	
	······································		
	······································		
	•••••••••••••••••••••••••••••••••••••••		,
	***************************************		
	***************************************		
	······		
	•		•
		•	
	·····		
	••••••••••••••••••••••••••••••••		
		***************************************	
	••••••••••••••••••••••••••••••••		

## SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990.

See separate instructions.

Open to Public 2009

OMB No 1545-0047

Employer identification number 3137786 94 City and County of San Francisco Finance Corporation

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Schedule R (Form 990) 2009 (f) Direct controlling (f) Direct controlling entity entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) ۷X Y X Public charity status (if section 501(c)(3)) (e) End-of-year assets e 501(c)(1) (d) Exempt Code section (d) Total income Cat No 50135Y (c)
Legal domicile (state or foreign country) (c)
Legal domicile (state
or foreign country) California government services Primary activity Primary activity **Provides local** to its citizens. For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 1 Dr. Carlton B Goodlett Place, San Francisco, CA 94912 (a) Name, address, and EIN of related organization City and County of San Francisco EIN: 94-6000417 (a) Name, address, and EIN of disregarded entity Part II N/A

Page 2	34	() General or managing partner?	Yes No					 , ,≥ ,≥	(H)	Percentage ownership		!		
	<b>Identification of Related Organizations Taxable as a Partnership</b> (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)						Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)		Share of end-of-year assets				
	to Form	(h) Disproportionate allocations?	Yes No					ered "Yes		emoone		 		
	nswered "Yes	(g) Share of end-of-year assets						tax year)	(J)	Share of total income				
	nization ai 'ear.)				-			f the organ	(e)	Type of entity (C corp, S corp, or trust)				
	he orga he tax y	(f) Share of total income						mplete i						
	nplete ıf t during t	Share o						rust (Cor	(p)	Direct controlling entity				
	'artnership (Con as a partnership	(e) Predominant income (related, unrelated, excluded from tax under	sections 512-514)					corporation or 1	(c)	Legal domicile (state or foreign country)				
	<b>Taxable as a P</b> rizations treated	(d) Direct controlling entity						Taxable as a C	(q)	Primary activity				
	ı <b>nizations</b> ated orgar	(c) Legal domicile (state or foreign						nizations nore relate						
	Identification of Related Organizations Taxable as a Partnership (Complete If the organizat because it had one or more related organizations treated as a partnership during the tax year.)	(b) Primary activity						<b>Identification of Related Organizations Taxable as a Corporation or Trust</b> (Complete if the organization ar line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)		of related organization				
n 990) 2009	Identification of because it had	(a) Name, address, and EiN of related organization						Identification (	(a)	Name, address, and EIN of related organization				
Schedule R (Form 990) 2009	Part III	Name, add related		A/N				Part IV	:	Ž	N/A			

Schedule R (Form 990) 2009

# Part V Tre

# Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

Note Complete line 1 if any entity is listed in Darts II III or IV of this schedule		Yes No	•
-	II-IV		
	•	1a /	
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1b <	
c Gift, grant, or capital contribution from other organization(s) .		1c \	
<b>d</b> Loans or loan guarantees to or for other organization(s)	-	1d /	
e Loans or loan quarantees by other organization(s)		1e /	
f Sale of assets to other organization(s)		+ /	
o Purchase of assets from other organization(s)		1g /	
	•	+	
		1 <del>i</del>	
Ecase of lacinities, equipment, of other assets to other organization(s)			
i Tease of facilities equinoment or other assets from other organization(s)		-  -	
J. Ecase of lacinities, equipment, or once assets from order organizations for other organization(s)	•	<del>*</del>	
		7	
m Sharing of facilities, equipment, mailing lists, or other assets	•	1m	
		1n	
n origing of paid employees			
			_
o Reimbursement paid to other organization for expenses		10 🗸	
p Reimbursement paid by other organization for expenses		1p	
a Other transfer of cash or property to other organization(s)		19 /	
r Other transfer of cash or property from other organization(s)		1r   1	
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	ships and transact	ion thresholds	
177	4	13)	
Name of other organization  Tran  typ	a-r)	Amount involved	
(1)			
(2)			
(6)	•		
(4)			
. (5)		·	
(9)	-		

# Part VI Un

# Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

	(b) (c) (d)	(0)	9	ŀ	(e)	ε			Ξ	1
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	ners 1 3)	Share of end-of-year assets	Disproportionate allocations?	s? amount in box 20 of Schedule K-1 (Form 1065)	-	General or managing partner?	
			Yes	٥ N		Yes	No		Yes No	_ ا
										l
										I
										I
										1
										I
										l
										į
			ļ		,			_		
			_							
									<u>-</u>	
							_		_	
							Schedule R (Form 990) 2009	Form (	90) 20(	6