Form 990
Department of the Trees.

Return of Organization Exempt From Income Tax

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

Open to Public

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Sign		artment of the		► The organization may		r private foundation) of this return to satisfy st	ate reporting regi		Open to Public Inspection
\$5	_			ar year, or tax year beginnir		2012 and ending			mapection
ARKDATE OCT	В	Check If	Tc	, , , , ,	5 - <u></u>				ation number
₹m	ā	pplicable							
™		Address change	_	and County of San		•			
		Name change Initial	-	e of the Controller,	•	n 316			37786
6 -		return Termin-	1	Carlton B. Goodlet			nte E Telepho		54-5956
		ated Amended		Francisco, CA 94102	2		G Gross rece		5,936,000.
T 18 6102		return Applica- tion						a group reti	
— 2		pending	F Name ar	nd address of principal officer	ANNA VAN D	EGNA		iliates?	Yes X No
<u> </u>				AS C ABOVE			H(h) Are all	affiliates inclu	ded? Yes No
Z Q			pt status	501(c)(3) X 501(c) (4) ◀ (insert no	4947(a)(1) or	5\$7 If "No,	," attach a li	st (see instructions)
- 7 ear			► N/A	¥ 0	A	Other		exemption	
0 4 0 0			ganization Z	X Corporation Trust	Association	Other ▶ L	Year of formation	1991 W	State of legal domicile CA
Statute Cleared 6	تــــــــــــــــــــــــــــــــــــــ			e the organization's mission of	or most significant ac	tivities THE ORGA	NIZATION	IS A	
8 8	nce	P		ROUGH ENTITY TH					HE CITY
36	Governance	2 Ch	eck this box	if the organization	n discontinued its opi	erations or disposed of r	" Officef	its net asset	ts
4	ove	3 Nu		ing members of the governing		\ / / /		3	3
0	∞ರ			ependent voting members of		. Y .		4	3
25	vities			of individuals employed in cal		t v, line 2a)		5	0
2019	Activi	7 a To	tal unrelated	S YOUTH GET E (45) WHATE IT nece	VIII. column (C)line :	12		7a	0.
0	Ă	b Ne	t unrelated b	business taxable income from				7b	0.
				OCT 1 7 2019 Janus (Part VIII, line 1h)	142 -	OSC - 15	Prior Ye		Current Year
3EC	ne				OCT	1 5 2019	6 000	0.	<u> </u>
<u> </u>	Revenue	9 Pro 10 Inv	ogram servic	CE BYENIE (RANNI) (D. He 29) Comie (Rencyll) Echlymn (A), lin	•		6,098	0.	5,936,000.
딥	æ	11 Otl	ner revenue	(Part VIII, column (A), lines 5,	6d. 8c. 9c. 1 ପ୍ରାଲ୍ୟ ପା	7 ⊐fke) i iTΔH		ŏ.	0.
SCANNED				add lines 8 through 11 (must			6,098	,000.	5,936,000.
Ž.	1	13 Gra	ants and sim	nilar amounts paid (Part IX, co	olumn (A), lines 1-3)			0.	<u> </u>
			•	o or for members (Part IX, col			ļ	0.	0.
,.	ses		•	compensation, employee ber indraising fees (Part IX, colum	•	1 (A), lines 5-10)		0.	0.
	Be			ng expenses (Part IX, column	• • •	0.			<u>_</u>
	Exp			s (Part IX, column (A), lines 1	- · · · · · · · · · · · · · · · · · · ·		6,098,	,000.	5,936,000.
		18 Tot	al expenses	Add lines 13-17 (must equa	Part IX, column (A),	line 25)	6,098,	000.	5,936,000.
	\dashv	19 Re	venue less e	expenses Subtract line 18 fro	m line 12			0.	0.
	Assets or d Balances	00 T					Beginning of Curr		End of Year 327,301,000.
	sse Bala			art X, line 16) (Part X, line 26)			345,281,		327,301,000.
	₩ 7			und balances Subtract line 2	1 from line 20		<u> </u>	0.	0.
			Signature						
				declare that I have examined this					owledge and belief, it is
	true,	correct, a	nd complete (Declaration of preparer (other tha	in officer) is based on al	I information of which prep	arer has any knowle	dge	
	C:		· ——	X //			Date	D/3/1	77
	Sign Here	1.	Anna	a Van Degna, Assistan	it Secretary			, ,	
			·	rint name and title					
			int/Type prepa		Preparer's sign		Date	Check	PTIN
	Paid	_		PUGEDA		E PUGEDA	09/16/19		P00444443
	Prepa Voc. (O'CONNELL	րրե	Firm'	s EIN ▶ 6	8-0300457
	Use (niy Fir	m s address þ	3000 S STREET SACRAMENTO, C	, STE 300 A 95816		Dhan	ne no 916	5-928-4600
	 Mav	the IRS	discuss this i	return with the preparer show		ctions)		<u> </u>	X Yes No
•				or Paperwork Reduction Act			•		Form 990 (2012)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION



Check it Schedule Contains a response to any question in this Part III		990 (2012) CITY AND COUNTY OF SAN FRANCISCO FINANCE 94-3137786 Page 2
1 Beefly describe the organization's imasion THE ORGANIZATION PROVIDES ASSISTANCE TO THE CITY AND COUNTY OF SAN FRANCISCO ("CITY") BY FINANCING THE ACQUISITION OR CONSTRUCTION OF FACILITIES SQUIPMENT AND OTHER ASSISTS FOR THE CITY'S GENERAL GOVERNMENTAL PURPOSES. THE ORGANIZATION, WHICH IS A PASS-THROUGH 2 Dot the organization undertake any significant program services during the year which were not listed on the pinc Form 180 or 950-22. If "Vis," describe these new services on Schedule O 3 Dot the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses Section 501(c)(6) and 501(c)(6) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, af my for seach program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(6) and 501(c)(6) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, af my for seach program service expendence are required to report the amount of grants and allocations to others, the total expenses, and revenue, af my for seach program service expenses. \$ 5, 936, 000. THE CORPORATION SERVES AS A LEASE-FINANCING VEHICLE FOR THE CITY FUNCTIONING PRINCIPALLY AS A PASS-THROUGH ENTITY. THE CORPORATION USES LEASE REVENUE BOINS 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. 46 (cute	Pa	
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GOVERNMENTAL PURPOSES. THE ORGANIZATION, WHICH IS A PASS-THROUGH 2 Did the organization understate any significant program services during the year which were not listed on the prior Form 950 or 950-E2? If Yes, 'describe these new services on Schedule 0 Did the organization or space conducting, or make significant changes in how it conducts, any program services? Yes IX No If Yes,' describe these changes on Schedule 0 Describe the organization of sporgam service accomplishments for each of its three largest program services, as measured by expenses Section 501(6)(8) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reviews, and say, for each program service sported. 4a (cost) (supervises 5,936,000, "eaching grants of \$) (supervises 5,936,000,) THE CORPORATION SERVES AS A LEASE FINANCING VEHICLE FOR THE CITY FUNCTIONING PRINCIPALLY AS A PASS-THROUGH ENTITY. THE CORPORATION 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. 4b (Cote) ((supervises 5) ((
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	<u>4e</u> _	Total program service expenses ► 5,936,000. Form 990 (2012)

232002 12-10-12

		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			х
_	If "Yes," complete Schedule A	2		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	-		^
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	٦		
4		4		
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	ŀ		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a		х
L	Part VI Did the organization report an amount for investments - other secunties in Part X, line 12 that is 5% or more of its total	110		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ī	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	406	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		х
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.0		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		\mathbf{x}_{-}
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, Parts II and IV	15		X
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, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			y
4.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		Х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	1. 100 to the analysis and the organization attach a copy of the addition interiors statements to the court.		990	(2012)

232003 12-10-12

31 Did the organization liquidate, terminate, or dissolve and cease operations?

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, Part II, III, or IV, and Part V line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2012)

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35a

35b

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					uge -
_	Check if Schedule O contains a response to any question in this Part V					
_					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	l o		1.00	
b		1b	0	1	1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and rej		ole gaming	1		
	(gambling) winnings to prize winners?		0 0	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other an	uthori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	coun	t)?	4a		X
b	If "Yes," enter the name of the foreign country					l
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Art	ccoun	its	Í		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	orga	nization solicit	ł		1
	any contributions that were not tax deductible as charitable contributions?			6a_		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or	gifts			l
	were not tax deductible?			6b	<u> </u>	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).					 -
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices p	rovided to the payor?	7a	\vdash	<u> </u>
	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	s requ	ired	_		ĺ
	to file Form 8282?			7c_		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		<u> </u>	<u> </u>	
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		•	7e	\vdash	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		20	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7 <u>g</u> 7h	\vdash	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			- '''	\vdash	_
Ū	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at all			8		·
9	Sponsoring organizations maintaining donor advised funds.	.y	ourning the year	<u> </u>		
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		1
11	Section 501(c)(12) organizations. Enter			1		
а	Gross income from members or shareholders	11a				ļ
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b		·		ı
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	,	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		
				Form	990 ((2012)

<u>.</u>	OTHY AND COUNTY OF CAN EDANGICO FINANCE 04 2127	706	_	_
	1990 (2012) CITY AND COUNTY OF SAN FRANCISCO FINANCE 94-3137 TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 75 below, and for a		Р	age 6
1 4	To reach the response to lines a through the below, and for a	"No" re	espons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			X
Sec	Check if Schedule O contains a response to any question in this Part VI tion A. Governing Body and Management			
	tion A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year		163	1
ıa	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule Q.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		$\overline{\mathbf{x}}$
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u>X</u> _
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			_
	persons other than the governing body?	7b		<u>X</u> _
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			لـــا
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		<u>X</u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		<u>X</u> _
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
р	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	^	<u> </u>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u>x</u>	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			<u> </u>
·	In Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			i
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		I	Ī
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		<u>X</u> _
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA	-1.1.1		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	anable		
	for public inspection. Indicate how you made these available. Check all that apply			
10	Own website Another's website X Upon request Other (explain in Schedule O)	finan-	ıal	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	imanc	ıaı	
20	statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization	n 🕨		•
_0	ANNA VAN DEGNA 415-554-7500			
	1 DR CARLTON R COODLETT DLACE SAN FRANCISCO CA 94102			

Form **990** (2012)

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

Check if Schedule O contains a response to any question in this Part VII

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
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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

X Check this box if neither the organization n	organization compensated any current officer, director, or trustee									
(A) Name and Title	(B) Average hours per week	box offi	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	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
(1) PAMELA S. JUE PRESIDENT	0.10	X						0.	0.	0.
(2) ARNOLD LAUB	0.10	^		┝	┢	-	\vdash			
CFO	0.10	x						0.	0.	0.
(3) KEN CLEAVELAND	0.10	^			\vdash	1-			•	•
SECRETARY	0.10	х						0.	0.	0.
		-					 			
			_	-		-				
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Form 990 (2012)

<u> Forn</u>	990 (2012)	CITY AN	D COUNTY	OF	S	AN	I F	RA	NC	CISCO FINANCE	94-31	<u> 137'</u>	786	Page 8
Pa	rt VII Section A. Officers,	Directors, Tr	F	oloy	ees,	and	d Hi	ghes	t C	Compensated Employed	s_(continued)			
	(A)		(B)					(D) (E)		(F)		•		
	Name and title		Average hours per	(do not check m			k more than one			Reportable	Reportable	_	Estimated	
			week	4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,						compensation	compensation from related	1		
			(list any	ctor						the	organizations	1	comper	
			hours for related	ndividual trustee or director	8			ated		organization	(W-2/1099-MIS	(C)	from	
			organizations	rustee	Irust		8	Suadu		(W-2/1099-MISC)			organi: and re	
			below	dualt	Institutional trustee	<u></u>	Key employee	sst cor	Ja				organiz	
			line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
				┝	Н		_			 				
	•													
	·											\neg		
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			1	_	Н		\vdash	-				\rightarrow		
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				ĺ										
	-						_	Ш				_		
1b	Sub-total							▶	_	0.		0.		0.
С	Total from continuation s	heets to Part	VII, Section A					ightharpoons		0.		0.		0.
<u>d</u>	Total (add lines 1b and 1c							<u> </u>		0.		0.		0.
2	Total number of individuals			ose	listed	dab -	ove) wh	o re	eceived more than \$100,	000 of reportable			0
	compensation from the org	anization	·			_			_				Ye	$\overline{}$
3	Did the organization list and	y former offic	er, director, or tru	stee	, ke	y em	nplo	yee,	or h	highest compensated er	nployee on	ſ		1. 1
	line 1a? If "Yes, " complete	Schedule J fo	r such individual								-		3	X
4	For any individual listed on		•		-						he organization	,	_	_
	and related organizations g											-	4	<u> </u>
5	Did any person listed on lin		•				-		late	ed organization or individ	dual for services	.	 -	-
Sec	rendered to the organization tion B. Independent Contra		omplete Schedule	J fo	or su	ch r	oers:	on	_				5	<u>x</u>
1	Complete this table for you		compensated ind	epe	nden	ıt co	ntra	actor	s th	nat received more than \$	100,000 of comp	ensat	on from	
	the organization Report co												-	
	Nan	(A) ne and busine	ee addrose	NT/	NTE:	,				(B) Description of s	ervices	Cı	(C) ompensat	tion
		THE ATTU DUSTITE	33 address	MC	NE				\dashv	- Description of a	2741003		omponda-	
	-								+					
					-									
	_								+					
				_										
2	Total number of independe	nt contractors	(including but no	t lır	uted	to t	_		ed	above) who received mo	ore than			
	\$100,000 of compensation	from the orga	inization 🕨			<u> </u>	0						- 004	\
												F	orm 99 0	J (2012)

CITY AND COUNTY OF SAN FRANCISCO FINANCE 94-3137786 Page 9 Form 990 (2012) Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under (B) (A) Related or Unrelated Total revenue business exempt function sections 512, 513, or 514 revenue revenue 1a 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business Code INTEREST AND INVESTMEN 532000 5,936,000.5,936,000 All other program service revenue 5,936,000 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (iı) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code

▶ 5,936,000.5,936,000.

0.

0.

Form 990 (2012)

232009 12-10-12

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions.

Seci	ion 501(c)(3) and 501(c)(4) organizations must comp			npiete column (A).	
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States 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	1			
7	persons described in section 4958(c)(3)(B) Other salaries and wages				
7 8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
b	Legal				
c	Accounting		,		
d		<u> </u>			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel		-		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	_			<u></u>
19	Conferences, conventions, and meetings	5,806,000.	5,806,000.		
20 21	Interest Payments to affiliates	3,000,000.	3,000,000.		<u> </u>
21	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
- •	above. (List miscellaneous expenses in line 24e. If line				[
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				ļ
а	AMORTIZATION	130,000.	130,000.		
b				_	
С					
đ					
е	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	5,936,000.	5,936,000.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet				
		Check if Schedule O contains a response to any	question in this Part X	(A)		/D\
				(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		
	5	Loans and other receivables from current and for	mer officers, directors,	•		
		trustees, key employees, and highest compensa				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualif				
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sections	on 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	-
Ass	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b	 	10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1		245 201 000	12	227 201 000
	13	Investments - program-related See Part IV, line 1	1	345,281,000.	13	327,301,000
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	345,281,000.	15	327,301,000	
-	16	Total assets. Add lines 1 through 15 (must equa	70,814,000.	16 17	63,803,000	
	17	Accounts payable and accrued expenses	70,814,000.	18	03,003,000	
	18	Grants payable			19	
	19	Deferred revenue		274,467,000.	20	263,498,000
	20	Tax-exempt bond liabilities	Devia IV at Calcadivida D	2/4,407,000.	21	203,430,000
es	21	Escrow or custodial account liability Complete F				· · ·
를	22	Loans and other payables to current and former				
Liabilities		key employees, highest compensated employee	s, and disqualmed persons		22	
_		Complete Part II of Schedule L	had three postson		23	
	23	Secured mortgages and notes payable to unrela	·		24	
	24	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay				
İ	25	parties, and other liabilities not included on lines				
			17-24) Complete Falt X Of		25	
	26	Schedule D Total liabilities. Add lines 17 through 25		345,281,000.	26	327,301,000
_	20	Organizations that follow SFAS 117 (ASC 958)	. check here	010/101/0000		<u> </u>
		complete lines 27 through 29, and lines 33 and				
Se	27	Unrestricted net assets			27	
<u>a</u>	28	Temporarily restricted net assets			28	
<u> </u>	29	Permanently restricted net assets			29	
[물		Organizations that do not follow SFAS 117 (AS	SC 958), check here			
[and complete lines 30 through 34.				
S	30	Capital stock or trust principal, or current funds		0.	30	0
ise!	31	Paid-in or capital surplus, or land, building, or eq	uipment fund	0.	31	0
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	•	0.	32	0
ş	33	Total net assets or fund balances	.==, =. =	0.	33	0
- 1	34	Total liabilities and net assets/fund balances	345,281,000.	34	327,301,000	

Form **990** (2012)

Form	(1990 (2012) CITY AND COUNTY OF SAN FRANCISCO FINANCE	94-	3137786	Pag	_{le} 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,936						
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,936	, 00					
3	Revenue less expenses Subtract line 2 from line 1	3			<u>0.</u>				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.				
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	\			_				
_	column (B))	10			<u>0.</u>				
Pa	Part XII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII			Yes	No				
1	Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	_ [165	110				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		$\overline{\mathbf{x}}$				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	lon a							
	separate basis, consolidated basis, or both		<u> </u>		- 1				
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,							
	consolidated basis, or both]				
	Separate basis Consolidated basis X Both consolidated and separate basis		ļ		- 1				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>				
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O			- 1				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audi	·						
	Act and OMB Circular A-133?		3a		<u> </u>				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audıt	: [
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b_						
			Form	990 (2012)				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

CITY AND COUNTY OF SAN FRANCISCO FINANCE

Employer identification number

Pa		d Funds or Other Similar Funds	
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds 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 donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
•	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Pa		ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		istorically important land area
	Protection of natural habitat	· ===	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year		
	day of the tax your		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
-	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d			ure
ŭ	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased extinguished or terminated by the	
·	year >		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	· · · · · · · · · · · · · · · · · · ·	•
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		luring the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement, and balance sheet, and
_	include, if applicable, the text of the footnote to the organization		
	conservation easements		•
Par	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		•
h	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, ed		
	relating to these items	,	,,
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treations	asures or other similar assets for financia	
~	the following amounts required to be reported under SFAS 1:		ga; provide
_	Revenues included in Form 990, Part VIII, line 1	TO VICE GOOD FORKING TO THESE REITS	▶ \$
a h	Assets included in Form 990, Part X		► \$ ► \$
b	ASSERT INCLUDED IN FORM SOO, FAIL A		F +

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

		COUNTY O						94-31		
Pa	rt III Organizations Maintaining Co	ollections of A	rt, Hist	orical Tre	easures,	or Other	Simila	r Asset	s (contin	ued)
3	Using the organization's acquisition, accessio	n, and other record	ds, checl	k any of the	following th	at are a sig	Inificant L	ise of its o	collection	items
	(check all that apply)									
а	Public exhibition		d 🔲	Loan or exc	change prog	ırams				
b	Scholarly research		e 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explai	n how th	ney further th	he organizat	tion's exem	npt purpo	se in Part	XIII	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or otl	her sımılar a	assets			
	to be sold to raise funds rather than to be mai	ntained as part of t	the orga	nization's co	llection?				Yes	No.
Pa	rt IV Escrow and Custodial Arrang	ements. Comp	lete if the	e organizatio	on answered	d "Yes" to F	orm 990	, Part IV, I	ıne 9, or	
	reported an amount on Form 990, Part	X, line 21								
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for	contribution	s or other a	ssets not ir	ncluded		_	
	on Form 990, Part X?				•				Yes	No No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	llowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d_			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on For	rm 990, Part X, line	21?						Yes	No
_	If "Yes," explain the arrangement in Part XIII (
Par	t V Endowment Funds. Complete if	the organization ar	nswered	"Yes" to Fo	rm 990, Par					
		(a) Current year	(b) F	Prior year	(c) Two ye	ars back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance		L		ļ				 	
b	Contributions									
С	Net investment earnings, gains, and losses				ļ					
d	Grants or scholarships		ļ		├ ──-				<u> </u>	
е	Other expenditures for facilities								1	
	and programs		ļ		<u> </u>			-		
f	Administrative expenses									
g	End of year balance				<u> </u>				<u> </u>	
2	Provide the estimated percentage of the curre	nt year end balanc	e (line 1	g, column (a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the possess	sion of the organiza	ation tha	it are held ar	nd administe	ered for the	organiza	ation	г	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ıı), are the related organizations I	•							3b	
Dan	Describe in Part XIII the intended uses of the c									
Par	1 , 3 , 1					1 , , ,		<u></u> 1	(4) D	
	Description of property	(a) Cost or o			or other (other)		cumulate reciation	ea	(d) Book	value
	ld	basis (investr	nent)	Dasis	(Outer)	- Geb	- SCIALION			
	Land				-	+		-		
	Buildings					+		+		
	Leasehold improvements					+				
	Equipment	<u> </u>				 		_		
	Other			<u> </u>	<u> </u>	L				0.
rolai	. Add lines 1a through 1e (Column (d) must ea	uai Form 990. Part	x. colun	nn (6). iine 1-	UIC).)					

Part VII Investments - Other Securities. Se	ONII OF SAN	12	INANCE 34	-313//00 Page 3
(a) Description of security or category (including name of security)	(b) Book value		valuation Cost or end	d-of-year market value
(1) Financial derivatives	, , , , , , , , , , , , , , , , , , ,	- - ` 		
(2) Closely-held equity interests				
(3) Other				
(A)				
	· · · · · · · · · · · · · · · · · · ·			
(B)				
(C)		 		 -
(D)				·
_ (E)				
(F)				
(G)	. —			
(H)		-		
(l)				
Total. (Col (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. S				
(a) Description of investment type	(b) Book value	(c) Method of	valuation Cost or end	l-of-year market value
(1) CAPITAL LEASE RECEIVABLE				
(2) - CURRENT	22,545,000			
(3) RESTRICTED ASSETS	55,446,000	. COST		
(4) CAPITAL LEASE RECEIVABLE				
(5) - NONCURRENT	239,998,000	. COST		
(6) UNAMORTIZED BOND ISSUANCE				
_ (7) COSTS	4,535,000	. COST		
(8) RESTRICTED ASSETS -				
(9) NONCURRENT	4,777,000	. COST		
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	327,301,000			
Part IX Other Assets. See Form 990, Part X, line	15			
	Description			(b) Book value
(1)				
(2)				<u>-</u> -
(3)			<u></u>	
_ (4)				•
_ (5)		-		
(7)				
(8)	·			
(9)			 	
(10)	· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) must equal Form 990, Part X. col. (B) line	1E)			
Part X Other Liabilities. See Form 990, Part X.	ine 25			
(a) December of helphy	1	(b) Book value	T	
(1) Federal income taxes		(-)	1	
			┪	
(2)			-	
(3)			┨	
(4)			┥ .	
(5)			- ·	
(6)			-	
(7)		-	-	
(8)			4	
(9)			4	
(10)			1	
(11)			1	
Total. (Column (b) must equal Form 990, Part X. col. (B) line	25.)	·	<u> </u>	
2. FIN 48 (ASC 740) Footnote in Part XIII, provide the tex	t of the footnote to the c	organization's financia	statements that repo	rts the organization's
liability for uncertain tax positions under FIN 48 (ASC 7	40) Check here if the te	xt of the footnote has	been provided in Part	: XIII

Sche	dule D (Form 990) 2012 CITY AND COUNTY OF SAN FRAN			3137786 Page 4
_	t XI Reconciliation of Revenue per Audited Financial Statemen	its With Revenue p	er Return	
1	Total revenue, gains, and other support per audited financial statements		1	5,936,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	5,936,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,936,000.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses	per Returi	
1	Total expenses and losses per audited financial statements •		1	5,936,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d,		2e	0.
3	Subtract line 2e from line 1		3	5,936,000.
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 XIII)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)		5	5,936,000.
Pa	t XIII Supplemental Information			
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	, lines 1a and 4, Part IV, I	ines 1b and 21	b, Part V, line 4, Part
X, lın	e 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to	provide any additional inf	formation	
	·			
	•			
	•			
			_	
)		Schoo	lule D (Form 990) 2012

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

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 in Part VI.

► Attach to Form 990. ► See separate instructions.

2012

OMB No 1545-0047

Open to Public Inspection

eparate instructions.

Schedule K (Form 990) 2012 (i) Pooled financing Yes No Employer identification number ŝ ŝ (h) On behalf of issuer 94-3137786 Yes No Yes No ۵ ۵ Yes Yes (g) Defeased ŝ ŝ O (f) Description of purpose Yes Yes ŝ ŝ 8 œ Cat No 50193E Yes Yes (e) Issue price ŝ ŝ Yes Yes (d) Date issued Are there any lease arrangements that may result in private business use of Does the organization maintain adequate books and records to support the (c) CUSIP # Was the organization a partner in a partnership, or a member of an LLC, Were the bonds issued as part of an advance refunding issue? For Paperwork Reduction Act Notice, see the Instructions for Form 990. Were the bonds issued as part of a current refunding issue? (b) Issuer EIN which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? and County of San Francisco Finance Corporation Working capital expenditures from proceeds Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased See attached schedule Part III-N/A no Gross proceeds in reserve funds C Part V Corrective action established Proceeds in refunding escrows private use Compliance monitored Issuance costs from proceeds Year of substantial completion Private Business Use final allocation of proceeds? bond-financed property? Other unspent proceeds Amount of bonds retired (a) Issuer name Total proceeds of issue Other spent proceeds Bond Issues Proceeds Name of the organization Part III Partl Part II 2 ω 6 우 12 19 N ⋖ 8 N ന 4 ဖ 13 4 15 F 17

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	∢-	1			1	-		
3a Are there any management or service contracts that may result in private business use of bond-financed property?	Yes	N _O	Yes	No	Yes	No	Yes	No
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?						_		
Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		
Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		
Total of lines 4 and 5		8		%		%		
Does the bond issue meet the private security or payment test?								
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		-				-		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
as t ond qui			:					
Part IV Arbitrage								
	4			8		S		
Has the issuer filed Form 8038-T?	Yes	S.	Yes	ON N	Yes	S.	Yes	Š
If "No" to line 1, did the following apply?								
b Exception to rebate?	-							
If you checked "No rebate due" in line 2c, provide in Part VI the date the	_							
Is the bond issue a variable rate issue?								
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b Name of provider	-							
c Term of hedge								
d Was the hedge superintegrated?								
Mas the hadre terminated?								

Schedule K (Form 990) 2012

. Page **3**

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

QMB No 1545-0047

2012
Open to Public Inspection

Name of the organization

CITY AND COUNTY OF SAN FRANCISCO FINANCE

Employer identification number 94-3137786

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
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.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
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.
FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION HAS NO SUCH
COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 11: AUTHORIZED REPRESENTATIVES OF THE
ORGANIZATION REVIEWED THE FORM 990 PRIOR TO SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL CONFLICT OF INTERESTS
DISCLOSURE STATEMENTS ARE REVIEWED BY AUTHORIZED ORGANIZATION
REPRESENTATIVES.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS ARE AVAILABLE ON THE CITY AND COUNTY OF SAN FRANCISO WEBSITE.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

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

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.

2012 Open to Public Inspection OMB No 1545-0047

Name of the organization

CITY AND COUNTY OF SAN FRANCISCO FINANCE

Employer identification number 94-3137786

Part I Identification of Disregarded Entities (Complete if the organization)	ie if the organization answered "Yes"	anization answered "Yes" to Form 990, Part IV, line 33)		-	_		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	
Identification of Related Tax-Exempt Organizations (Complete if 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)	itions (Complete if the organization a	inswered "Yes" to Form 990,	Part IV, line 34 bed	ause it had one o	r more related tax-exem	tā.	
(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	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13) ed
				501(c)(3))		Yes	٩
CITY AND COUNTY OF SAN FRANCISCO - 94-6000417, 1 DR. CARLTON B GOODLETT PLACE, SAN FRANCISCO, CA 94102	PROVIDES LOCAL GOVERNMENT SERVICES TO ITS CITIZENS	CALIFORNIA	501(C)(1)	N/A	N/A		×
For Paperwork Reduction Act Notice, see the Instructions for Form	is for Form 990.				Schedule R (Form 990) 2012	Form 990)	2012

94-3137786

Page 2

Schedule R (Form 990) 2012 CITY AND COUNTY OF SAN FRANCISCO FINANCE

| Identification of Related Organizations Taxable as a Partnership (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.)

(a)	a	(၁)	Đ	(e)	ε	(6)	Ξ	€	9	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportion- ate allocations?		General o managing partner?	General or Percentage managing ownership
		country)		sections 512-514)		dosers	Yes No	K-1 (Form 1065)	Yes	
									\pm	
									-	
									_	
	_									
							_			
							_			
Part IV 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)	ganizations Taxable as	s a Corpo	ration or Trust (Co	implete if the organizati	on answered "Yes	" to Form 990, Pa	rt IV, line 34	t because it had on	e or mo	re related

(a)	(a)	(2)	(9	(e)	(£)	(6)	Ξ	Ξ	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp	Share of total income	en o	Percentage ownership	Section 512(b)(13) controlled entity?	ر روز 13)
		country)		Or tridery				Yes	2
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CITY AND COUNTY OF SAN FRANCISCO FINANCE Schedule R (Form 990) 2012

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elated Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				×	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?	with one or more rek	ated organizations listed ii	n Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1 a	×
b Gift, grant, or capital contribution to related organization(s)				ð	×
c Gift, grant, or capital contribution from related organization(s)				1c	×
d Loans or loan guarantees to or for related organization(s)				1d	×
e Loans or loan guarantees by related organization(s)				- e	×
f Dividends from related organization(s)				=	×
a Sale of assets to related organization(s)				-	×
				=	×
i Exchange of assets with related organization(s)				¥	×
j Lease of facilities, equipment, or other assets to related organization(s)				Н	×
				;	
K Lease of Jacinites, equipment, of Other assets from related organization(s)				≝ ;	{ >
Performance of services or membership or fundraising solicitations for related organization(s)	ızatıon(s)			=	∢ :
m Performance of services or membership or fundraising solicitations by related organization(s)	ıızatıon(s)			Ę	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			£	×
 Sharing of paid employees with related organization(s) 				9	×
p Reimbursement paid to related organization(s) for expenses				p	×
 q Reimbursement paid by related organization(s) for expenses 				19	×
r Other transfer of cash or property to related organization(s)				+	×
s Other transfer of cash or property from related organization(s)				15	×
2 If the answer to any of the above is "Yes," see the instructions for information on when	ho must complete the	s line, including covered r	information on who must complete this line, including covered relationships and transaction thresholds		
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved	
(1)					
6					
(3)					
(4)					
(5)		:			
(6)					
232 163 12-10-12	oc		Scheduk	Schedule R (Form 990) 2012	90) 2012

Part VI] 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 bartnerships

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	tructions regarding exclus	sion for certain inve	stment partnerships							
(a)	(q)	(c)	(p)				Ξ	E	(3)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated, 501(0)(3)	Share of total		Share of end-of-year	Dispropor- tronate allocations?	Dispropor- Code V-UBI General or Percentage Innatale amount in box 20 managing ownership allocations? of School is K-1 partner?	General or managing partner?	Percentage ownership
		country)	under section 512-514) Yes	No	e e	assets	Yes No	(Form 1065)	Yes No	
		-								
									$\frac{1}{1}$	
					-					
									-	
							-			

Schedule R (Form 990) 2012

Schedule R	(Form 990) 2012	CITY	AND	COUNTY	OF SAL	N FRANCISCO	<u>FINANCE</u>	<u>94-3137786</u>	Page 5
Part VII	(Form 990) 2012 Supplemental Inf	ormation							
	Complete this part to p	provide additio	nal info	rmation for res	sponses to d	uestions on Schedule	R (see instruct	ions)	
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