ק		00	n .		ganization Exen				OMB No 1545-0047
्रञ्	For	m.55	U	Under section 501(c), 527, or				ndations)	2014
×	ера	ertment of the	e Treasury		social security numbers on this	_		200	Open to Public Inspection
云	_			lar year, or tax year beginning	out Form 990 and its instruction JUL 1, 2014			015	mspection
DATE	Ti	Check if	T.	ar year, or tax year bogining	002 1, 2011		D Employer i		n number
귦		pplicable	ľ <u>"</u>				D Employer	deminicatio	m number
)	Address change	City a	nd County of San Fra	incisco Finance Corp	poration			
	i	Name change	Office	of the Controller, Cit	y Hall Room 316			<u> 4-313'</u>	7786
8 I		Initial return	I Dr.	Cariton B. Goodlett P	lace	ι	uite E Telephone i		
	•	Final return/ termin-	San F	rancisco, CA 94102		-	4	15-55	
18		ated Amended	J				G Gross receipts		5,022,000.
_		return Applica-	L=====		ANNA VAN DECNA		H(a) Is this a g		
100		t <i>ion</i> pending		nd address of principal officer $^I\!\!A$ S C ABOVE	ANNA VAN DEGNA		for subord		Yes X No
9		ax-exem			4) (insert no) 494	7(a)(1) or	Htb) Are all subore		(see instructions)
47			► N/A	001(0)(0) (==) 001(0)(- / (moore no)	1	H(c) Group exe		
70				X Corporation Trust	Association Other	LY			te of legal domicile CA
$\overline{\mathbf{\omega}}$		irt I S	ummary						
∞	ø			e the organization's mission or					
20 B	Governance			ROUGH ENTITY THA					3 CITY
-7 ne	ern	l	eck this bo		discontinued its operations of	r disposed of mi	ore than 25% of its i	net assets	2
0 4 3 (Statute Cleared	Sov			ting members of the governing b	• • • •	0.15		3	2 2
五				lependent voting members of th of individuals employed in calen				5	
బ	ities			of volunteers (estimate if necess	•	,		6	<u></u>
	Activities &			d business revenue from Part V		· e		7a	0.
	Α.	b Ne	t unrelated	business taxable income from F	Form 990년, Jigg会会 15	 		7b	0.
		_					Prior Year		Current Year
_	<u>o</u>	8 Co.	ntributions	and grants (Part VIII, line 1h)	OCT 152019	ļ.		0.	0.
2019	Revenue		-	ce revenue (Part VIII, line 2g)	-	-	5,567,0		5,022,000.
23	Rev			come (Part VIII, column (A), lines		′		0.	0.
0 5				(Part VIII, column (A), lines 5, 60 add lines 8 through 11 (must e		. 12)	5,567,0		5,022,000.
				nilar amounts paid (Part IX, colu		2 (2)	3,301,0	0.	0.
DEC				to or for members (Part IX, colur		-		0.	0.
	S		-	compensation, employed being	_ ' ` ` ` ` '	5-10)		0.	0.
ED	enses	16a Pro	ofessional fu	undraising fees (Part 🧗 🔁 🕡 🔁	(4V(E-C) 1e)			0.	0.
	Expe	b Tot	tal fundraisi	ng expenses (Part IX, column (D	o), line 25) 🕨	0.	5 555 2		
F	۳			es (Part IX, column (A)) hes 11 a		-	5,567,0		5,022,000.
SCANN				s Add lines 13-17 (must equal F		}	5,567,0	0.	5,022,000.
4,5	– Si		venue less e	expenses Subtract Tre R R	22		Beginning of Current		End of Year
	sets c		tal assets (P	Part X, line 16)	/LIN	<u> </u>	287,535,00		16,955,000.
	ASS		•	(Part X, line 26)			287,535,00		6,955,000.
	髻	22 Net	t assets or f	fund balances Subtract line 21 t	from line 20			0.	0.
	Pa	rt II S	Signature	Block					
		•		declare that I have examined this re				-	ledge and belief, it is
	true,	correct, ar		Declaration of preparer (other than	officer) is based on all information	in of which prepar	er has any knowledge	1-/	
	_		Signature	Of Officer			Date	<u> </u>	, 9
	Sign		Anna	Van Degna, Assistan	it Secretary	14.44	54.0	,	•
	Here		·	rint name and title		17:			
		Pri	int/Type prep	arer's name	Preparer's signature		Date Ch	reck	PTIN .
	Paid	1		E PUGEDA	PRUDENCE PUGI	EDA	09/16/19 sel	lf-employed P	00444443
	Prep		m's name		O'CONNELL LLP		Firm's El	N▶ 68	-0300457
	Use	Only Fir	m's address	▶ 3000 S STREET,				, -	
				SACRAMENTO, CA			Phone no		28-4600
				return with the preparer shown			- 		X Yes No
	43200	11-07-14 SEF		or Paperwork Reduction Act N DULE O FOR ORGAN			NT CONTING	JATION	Form 990 (2014)

61,28

	990 (2014) CITY AND COUNTY OF SAN FRANCISCO FINANCE 94-3137786 Page 2
Pa	t'III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	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
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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 X No
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$5 , 022 , 000 . including grants of \$) (Revenue \$5 , 022 , 000 .
	THE CORPORATION SERVES AS A LEASE-FINANCING VEHICLE FOR THE CITY
	FUNCTIONING PRINCIPALLY AS A PASS-THROUGH ENTITY. THE CORPORATION USES
	LEASE REVENUE BONDS TO FINANCE THE ACQUISITION OR CONSTRUCTION OF
	PROPERTY AND EQUIPMENT, WHICH ARE IN TURN LEASED TO THE CITY AND COUNTY
	OF SAN FRANCISCO UNDER THE TERMS OF INDENTURES AND LEASE AGREEMENTS.
4b	(Code) (Expenses S
4c	(Code) (Expenses S
40	(Cube) (Expenses 0) (No.0,000)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 5,022,000.
	Enum QQD /201/

94-3137786

			163	140
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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 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			l
	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			l
	Schedule D, Part III	8		X
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?			l
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			۱
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	_10		X
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			۱,,
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			_v ,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
đ	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			x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
	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	He		
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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			
	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? // "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	لــــا	L
		Form	990	(2014)

X Form 990 (2014)

Х

X

Х

34

35a

35b

36

37

38

38

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

If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

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?

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V					Г			
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0						
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		1				
c	California de la companya de la comp								
_	(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		l	l			
b	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X			
	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b	,				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	4a		X			
ь	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Air	ccount	s (FBAR)			<u> </u>			
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	ction?		5b		X			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	nization solicit						
	any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts						
	were not tax deductible?			6b		<u> </u>			
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	ured						
	to file Form 8282?		i	7с	<u> </u>	ļ			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				<u> </u>			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e	ļ	↓			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		Ļ_			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	•						
	sponsoring organization have excess business holdings at any time during the year?			8		⊢			
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	 	├—			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	-	₩			
10	Section 501(c)(7) organizations. Enter	1 .	1						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter	١	1						
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them)	11b				 			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		, 	12a	-	₩			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	L						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			12		\vdash			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	 	\vdash			
_	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	۱	1			1			
	organization is licensed to issue qualified health plans	13b			1				
_	Enter the amount of reserves on hand	13c		44		X			
	Did the organization receive any payments for indoor tanning services during the tax year?	- 0		14a 14b		┢			
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	: U		עריו	1				

432005 11-07-14 Form **990** (2014)

State the name, address, and telephone number of the person who possesses the organization's books and records 94102

Form 990 (2014)

432006 11-07-14

statements available to the public during the tax year.

ANNA VAN DEGNA 415-554-7500

1 DR. CARLTON B. GOODLETT PLACE, SAN FRANCISCO,

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

Check if Schedule O contains a response or note to any line in this Part VII

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 [37] -

X Check this box if neither the organization	nor any related	orga	nıza			nper	sate	ed any current officer, d	rector, or trustee	r
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	more	than o	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson ı	s both	n an	compensation	compensation	amount of
	week	-	Cer ar		ii BCIC	17005	100,	from	from related	other
	(list any	recto						the	organizations (W-2/1099-MISC)	compensation
	hours for related	5	8			ated		organization (W-2/1099-MISC)	(88-2/1099-18112C)	from the organization
	organizations	nstee	trus		₈₃	l a		(44-2/1099-141130)		and related
	below	lag t	tional		ngfo	اة ق الق	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	(ey er	Highest compensated employee	Former			J 3
(1) PAMELA S. JUE	0.10	<u> </u>				Ī				
PRESIDENT		X			_			0.	0.	0.
(2) MICHAEL CARR	0.10									
CFO		X						0.	0.	0.
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Form 990 (2014)

432008 11-07-14 Form 990 (2014)

\$100,000 of compensation from the organization

Form	990	(2014) CITY AND COUNTY OF	SAN FRANCISCO	FINANCE	94-3137	786 Page 9
Pa	rt VII					
		Check if Schedule O contains a response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	c d e f	Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business		5 022 000		
Program Service Revenue	•		▶ 5,022,000.	5,022,000.		
	3 4 5 6 a b		sonal			
	d 7 a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less' cost or other basis and sales expenses Gain or (loss)	her			
Other Revenue	d 8 a		>	,	,	
ğ	с 9 а b	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less direct expenses.	•			
	10 a b	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less cost of goods sold Net income or (loss) from sales of inventory				
	11 a b c d	Miscellaneous Revenue Business All other revenue	S Code			
432009 11-07-	12 14	Total Add lines 11a-11d Total revenue. See instructions		5,022,000.	0.	0 • Form 990 (2014)

Statement		

Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified	sing es
and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees	
2 Grants and other assistance to domestic individuals. See Part IV, line 22. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. 4 Benefits paid to or for members. 5 Compensation of current officers, directors, trustees, and key employees.	
2 Grants and other assistance to domestic individuals. See Part IV, line 22. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. 4 Benefits paid to or for members. 5 Compensation of current officers, directors, trustees, and key employees.	
Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	3
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees	
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees	<u> </u>
5 Compensation of current officers, directors, trustees, and key employees	[
trustees, and key employees	
6 Compensation not included above, to disqualified	
Compensation not menuted above, to disquained	
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 accruals and contributions (include	
section 401(k) and 403(b) employer contributions)	
9 Other employee benefits	
10 Payroll taxes	
11 Fees for services (non-employees)	
a Management	
b Legal	
c Accounting	
d Lobbying Professional fundamental services See Part IV line 17	
e 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 0)	
12 Advertising and promotion 13 Office expenses	
14 Information technology	
15 Royalties	
16 Occupancy	
17 Travel	
18 Payments of travel or entertainment expenses	
for any federal, state, or local public officials	
19 Conferences, conventions, and meetings	
20 Interest 5,022,000. 5,022,000.	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization	
23 Insurance	
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 O.)	
a	
b	
c	
d	
e All other expenses	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 friedlowing SOP 98-2 (ASC 958-720)	
	90 (2014)

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(f)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 287,535,000. 246,955,000. 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 287,535,000. 16 246,955,000. Total assets. Add lines 1 through 15 (must equal line 34) 16 44,032,000. 17 30,427,000. Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 243,503,000. 216,528,000. 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 25 Schedule D 287,535,000. 246,955,000. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets · Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34. 0. 0. 30 Net Assets 30 Capital stock or trust principal, or current funds 0. 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 0. 0. 32 Retained earnings, endowment, accumulated income, or other funds 0. 33 33 Total net assets or fund balances 246,955,000. 287,535,000. Total liabilities and net assets/fund balances

Form 990 (2014)

	990 (2014) CITY AND COUNTY OF SAN FRANCISCO FINANCE	94-	<u>-3137786</u>	Pa	ige 12
Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				\perp
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,0		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,0	22,0	
3	Revenue less expenses Subtract line 2 from line 1	3			0.
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			<u>0.</u>
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	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other				1 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		-	الا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			Џ	X.
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			_	.
. b	Were the organization's financial statements audited by an independent accountant?		2t	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			1 1
	consolidated basis, or both				1 1
	Separate basis Consolidated basis X Both consolidated and separate basis		:		1 1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	<u></u>	-	لـيــا
	review, or compilation of its financial statements and selection of an independent accountant?		20	:	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O		ł	1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	int	-	ليا
	Act and OMB Circular A-133?		3a	4	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	lit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			For	ա 990	(2014)

11-07-14

SCHEDULE D

Supplemental Financial Statements

(Form 990)

Department of the Treasury Internal Revenue Service

► 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

Name of the organization

CITY AND COUNTY OF SAN FRANCISCO FINANCE 94-3137786 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Part 12 Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part, III; Organizations Maintaining Collections of Art, Historical Treasures, or Other 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

		D COUNTY O						94-31		
Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing tha	it are a si	gnificant	use of its o	ollection if	ems
	(check all that apply)									
а	Public exhibition	C	=	Loan or exc	hange progr	rams				
þ	Scholarly research	e	•	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	•		-	-			ose in Part	XIII	
5	During the year, did the organization solicit o					er sımılar	assets		٦	
	to be sold to raise funds rather than to be ma								_ Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" to	Form 99	90, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par				_					
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for o	contributions	s or other as	sets not	ıncluded	l	٦	
	on Form 990, Part X?								_ Yes	∟_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able						
							-		Amount	
С	Beginning balance						<u>1c</u>			
d	Additions during the year						<u>1d</u>	1	-	
е	Distributions during the year						<u>1e</u>			
f	Ending balance						<u> _1f</u>		٦.,	
	Did the organization include an amount on Fo	•					lity"	<u> </u>	_ Yes	∐ No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	_								
		(a) Current year	(b) ⊦	Prior year	(c) Two yea	ars dack	(a) Inre	e years back	(e) Four	rears back
1a	Beginning of year balance		 		-					
Ь	Contributions				ļ					
C	Net investment earnings, gains, and losses	· · · · · · · · · · · · · · · · · · ·							-	
	Grants or scholarships								 	
е	Other expenditures for facilities								İ	
	and programs		 -		-					
f	Administrative expenses				-					
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the curr	rent year end balanc		g, column (a))) nelo as					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c should be a second for the		- A Al	A b-ld	ما ماسمام م	and for th		zation		
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are nero ar	io aoministe	erea for tr	ie organ	ization	Г	Yes No
	by									Yes No
	(i) unrelated organizations								3a(i) 3a(ii)	
	(ii) related organizations	a listed as required a	n Sabad	lulo D2					3b	
, D	If "Yes" to 3a(ii), are the related organizations	<u>-</u>							30	
Par	t VI Land, Buildings, and Equipm		willenti	unus						
T ai	Complete if the organization answere		Dart IV	lina 11a Si	ee Form 990) Part X	line 10			
	Description of property	(a) Cost or o			or other		ccumula	ated	(d) Book	value
	Description of property	basis (investr			(other)	1 ' '	preciation	I	(a) Book	Value
4-	Land	223.5 (225.0	·- ·- · ·	 				
						1				
	Buildings Leasehold improvements					 				
_	Equipment					 				
d	Other					1				
	. Add lines 1a through 1e (Column (d) must e	egual Form 990 Part	X colun	nn (B) line 1:	Oc.)	•		•		0.

Schedule D (Form 990) 2014

432053 10-01-14 Schedule D (Form 990) 2014

	dule D (Form 990) 2014 CITY AND COUNTY OF SAN			3137786 Page 4
Pài	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenue	per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	e 12a		
1	Total revenue, gains, and other support per audited financial statements		1	5,022,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a	1 1	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
	Other (Describe in Part XIII)	2d		
ď	Add lines 2a through 2d	20		0.
e	· ·		3	5,022,000.
3	Subtract line 2e from line 1			3,022,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		•
C	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	5,022,000.
Pai	t XII Reconciliation of Expenses per Audited Financial Sta	itements With Expens	es per Return	l .
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a		
1	Total expenses and losses per audited financial statements		1	5,022,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
h	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
	Add lines 2a through 2d			0.
_	•		3	5,022,000.
3	Subtract line 2e from line 1		3	3,022,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1		
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 1st XIII Supplemental Information.	3.)	5	5,022,000.
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4 and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide ar		rt v, nne 4, Part A	, IIII
		<u></u>		

SCHEDULE K

(Form 990)

City and County of San Francisco Finance Corporation

Name of the organization Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

OMB No 1545-0047 201

Open to Public Inspection

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 94-3137786

(i) Pooled financing Yes No Yes No ŝ ŝ (h) On behalf of ۵ ۵ Yes Yes (g) Defeased Yes No ŝ ŝ O O (f) Description of purpose Yes Yes ŝ ŝ 8 8 Yes Yes (e) Issue price ŝ ŝ ⋖ Yes Yes (d) Date issued 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? 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? Working capital expenditures from proceeds use Compliance monitored Part V Corrective See attached schedule Part III-N/A no private Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion Private Business Use final allocation of proceeds? action procedures established Other unspent proceeds Amount of bonds retired (a) Issuer name Total proceeds of issue Other spent proceeds. Bond Issues Proceeds Part II Part Part III 4 ည 9 12 9 œ ပ N ო 9 ω O 4 15 4 5 17

Schedule K (Form 990) 2014

Cat No 50193E

Are there any lease arrangements that may result in private business use of

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bond-financed property?

N

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Schedule K (Form 990) 2014

Part III Private Business Use (Continued)

			\ \ \				[
						1		1	
3a Ar	Are there any management or service contracts that may result in private business use of bond-financed property?	Yes	No	Yes	ON.	Yes	o <u>z</u>	Yes	8
b 16	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 Ar bc	Are there any research agreements that may result in private business use of bond-financed property?								
<u>=</u> ১	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?								
4 Er	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5 Er re ar	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		%		%		%		%
	Does the bond issue meet the private security or payment test?								
8a 품 일	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?								
± ō •	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
ည လ	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
6	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?								
Part IV	Arbitrage								
		_	A		8		ပ	٥	
-	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	Yes	No	Yes	S _O	Yes	No .	Yes	S S
2 1	If "No" to line 1, did the following apply?								
a R	Rebate not due yet?								
p E)	Exception to rebate?								
Ž د	No rebate due?								
<u>≠</u> ŭ	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
8 8	Is the bond issue a variable rate issue?								
4a H	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
ž g	Name of provider								
c Te	Term of hedge								
<u>≷</u> و	Was the hedge superintegrated?								
≥	Was the hedge terminated?								

Schedule K (Form 990) 2014

Page 3

Part IV	V Arbitrage (Continued)								
		∢			8	O		۵	
		Yes	No	Yes	S _N	Yes	No	Yes	Se .
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?								
۵	Name of provider								
ပ	Term of GIC .								
	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
	Were any gross proceeds invested beyond an available temporary period?								
7	Has the organization established written procedures to monitor the requirements of section 148?								
Part V	V Procedures To Undertake Corrective Action								
		⋖			В	O		Q	
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	Yes	OZ .	Yes	ON N	Yes	No	Yes	o Z
Part VI	Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions)	ponses to c	questions	on Schedu	ile K (see in	structions)			
								Schedule K (Form 990) 201	orm 990) 201

SCHEDULĖ 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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 Inspection

Name of the organization

CITY AND COUNTY OF SAN FRANCISCO FINANCE

Employer identification number 94-3137786

CITI IND COUNT OF DIEN FIREHOLDED FIREHOLDED 1 21 020 1 00
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 ORGANIZATOIN 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:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

		(Form 990 or organization	ı		ייינע	Y OF SAN F	RANC	TSCO	FTNAN	CE		Employer	identific	Page : ation number 786
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					NG.	DOCUMENTS	AKE	AVAI	TAPTE	ON	THI	CITY	AND	COUNTY
<u>OF</u>	SAN	FRANCI	SO WE	BSITE.										
									 					
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SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Parti

Related Organizations and Unrelated Partnerships

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

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

▶ Attach to Form 990.

Open to Public Inspection 2014

OMB No 1545-0047

Employer identification number 94-3137786 Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. CITY AND COUNTY OF SAN FRANCISCO FINANCE

(g) Section 512(b)(13) controlled ž entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Direct controlling End-of-year assets status (if section 501(c)(3)) <u>e</u> Public charity Total Income Exempt Code Ð Ē Legal domicile (state or Legal domicile (state or foreign country) foreign country) Primary activity Primary activity Name, address, and EIN (if applicable) CITY AND COUNTY OF SAN FRANCISCO Name, address, and EIN of related organization of disregarded entity Part II

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

432161 08-14-14 LHA

Schedule R (Form 990) 2014

×

Y/A

N/A

501(C)(1)

CALIFORNIA

PROVIDES LOCAL GOVERNMENT SERVICES TO ITS CITIZENS

94-6000417, 1 DR. CARLTON B GOODLETT PLACE,

SAN FRANCISCO, CA 94102

94-3137786

Page 2

Schedule R (Form 990) 2014 CITY AND COUNTY OF SAN FRANCISCO FINANCE

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

Part III

General or Percentage managing ownership 3 Yes 3 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ Disproportionate Yes allocations? Ξ (g) Share of end-of-year assets Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) e (d)
Direct controlling
entity (c)
Legal
domicita
(state or
foreign Primary activity <u>e</u> Name, address, and EIN of related organization

ſ

Identrification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

	<u>e</u>	512(b)(13)	c/tith/	Ŷ	 							
	ć	512	5	Yes				 _			L	
	Ξ	Percentage										
	(6)	Share of	assets									
	Ξ	Share of total	2									
	(e)	Type of entity	or trust)				•					
	(D)	Legal domicile Direct controlling Type of entity	cinity.									
	(2)	Legal domicile (state or	foreign	country)								
ing the tax year	(p)	Primary activity										
Comment of grant of the same o	(e)	Name, address, and EIN	O Totaled Organization									

432162 08-14-14

Schedule R (Form 990) 2014

Page 3

Yes

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CITY AND COUNTY OF SAN FRANCISCO FINANCE Schedule R (Form 990) 2014

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Parts II, III, or IV of this schedule	n engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	
arts II, III, or	ngage ın an	
I⊑	ization e	
Note. Complete line 1 if any entity is listed	During the tax year, did the organ	
any en	, did th	
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Com	During	1
Note	-	

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - **b** Gift, grant, or capital contribution to related organization(s)
 - c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- - f Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- J Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)

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- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses ۵
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

47
(5)
(4)

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(9)			

Schedule R (Form 990) 2014

Page 4

Part VI] Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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)

Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income pariers se (related, unrelated, solicitis) excluded from tax under sections 512-514) Ves No	Ssec Share of (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Share of end-of-year assets	Dispropor- tronate allocations?	Code V-UBI Canasi or Percentage amount in box 20 (Percentage of Schedule K-1 (Percentage (Form 1065) (Percentage)	General or managing partner? Yes No	Percent owners

Schedule R	(Form 990) 2014	CITY	AND	COUNTY	OF S	SAN	FRANCISCO	FINANCE 94	<u>4-3137786</u>	Page 5
Part VII	(Form 990) 2014 Supplemental I	nformation								
	Provide additional in		ponses	to questions	on Sche	dule R	(see instructions)			
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