Förm **990** 

Department of the Treasury

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Inte	rnal Rev	enue Service	▶ Information a	about Form	990 and	d its instructio	nsısat w	ww.irs	.aov/form9	90. 160	$\psi$	nspection
<u>A</u>	For th	e 2015 calend	lar year, or tax year beginni	ng JUI	<u> 1, </u>	2015	and ending	g Jl	UN 30,	2016		
В	Check if applicab	le (							D Employ	er identif	cation nun	nber
	Addr	ess City a	and County of San F	Francisco	o Fina	nce Corpo	ration					
	chan; Name	office	of the Controller,	City Hall	Roon	n 316		$\dashv$		01-3	137786	5
	chan; Initial		Carlton B. Goodlett			515		-	C. Talaula			<del>,</del>
	returi Finat							Jite	E Telepho		r 554-59	156
	returr termi	¼ ├ San F	rancisco, CA 94102	<u> </u>				+	0.0			584,000.
	ated Amer							}	G Gross rece			704,000.
	returr Appli		nd address of principal office	ν Δ ΝΤΝΙ Δ	17 A N	DEGNA		-	H(a) Is this	bordinates	_	Yes X No
	tion pend		AS C ABOVE	, 1111111	****	2201111		1	H(b) Are all s			Yes No
1	Tayey	empt status	501(c)(3) X 501(c) (	4	(insert n	o) 4947(a	1)(1) nr	527			list (see in:	
_		te: N/A	00 1/0/(0) 1==1 00 1/0/1		(110011111	7	1	$\overline{}$	H(c) Group			
			X Corporation Trust	Assoc	iation	Other >	ÎL,					gal domicile CA
	art I	Summary										
	1	Briefly describ	e the organization's mission	or most sigi	nificant a	activities TH	E ORGA	NIZ	ATION	IS A		
Governonce	3		ROUGH ENTITY TH								THE CI	TY
5	2	Check this bo	x if the organization	n discontin	ued its o	perations or di	snosed of p	one ti	han 25% of	its net ass	ets	
3	3	Number of vo	ting members of the governir	ng body (Par	rt VI, line	1a)				3		1
	4	Number of inc	lependent voting members o	f the go√ନ୍ୟୁ	OF A9E	(Part VI, lin				4		1
ď	5	Total number	lependent voting members o of individuals employed in ca of volunteers (estimate if nec	ılendar year	2015 (P	F WIFE BY	ES			5		0
Activities	6	Total number	of volunteers (estimate if nec	essary)		USC - 15				6		0
1	7 a	Total unrelate	d business revenue from Part	t VIII, colum	n((9), tine	112 2010				7a		0.
_	b	Net unrelated	business taxable income from	m Form 990	Jine 3	15 2019				7b		0.
	1			,	20-			<u> </u>	Prior Ye		Curre	ent Year
9	8		and grants (Part VIII, line 1h)	,	JGDE	V. UTAH 7	•		F 000	0.		0.
5	9	-	ce revenue (Part VIII, line 2g)					<u> </u>	5,022		4,5	84,000.
Revenue	10		come (Part VIII, column (A), Iir					<u> </u>		- 0.		0.
	יין		(Part VIII, column (A), lines 5				۵۱		5,022	0.0	1 5	84,000.
			- add lines 8 through 11 (mus			umn (A), line 1	<u> </u>		3,022	0.	4,5	0.
	13		milar amounts pais PATN, to	*				-		0.		0.
	1=		to or for members profile (%) Ec r compensation, employee be			nn (A) lines 5-1	(n)			0.		0.
Fynenses	162		undraising fees (Part(X) colur			1111 (7 ty, 1111 <b>03</b> 0 1	,		<del></del>	0.		0.
5	h		ng expenses (Part IX, column				0.					
Ĭ	17		es (Part IX, colum <b>n (A)</b> Rin <b>es</b> R	/					5,022	,000.	4,5	84,000.
			s Add lines 13-17 (mus) 🚱 🗓			), (ine 25)			5,022			84,000.
	19		expenses Subtract line 18 from			,,				0.		0.
10	S							Begii	nning of Cur	rent Year	End	of Year
let Assets or	20	Total assets (F	art X, line 16)					24	6,955	,000.	219,8	93,000.
Ass	21	Total liabilities	(Part X, line 26)					24	6,955	,000.	219,8	93,000.
_	<u> </u>		fund balances Subtract line	21 from line	20					0.]		0.
_	art II	<del></del>										
			I declare that I have examined thi							-	knowledge a	nd belief, it is
true	e, correc	ct, and complete.	Declaration of preparer (other th	ian officer) is	based on	all information o	f which prepa	arer ha	s any knowle	edge /		
		Signature	e of officer	<b>I</b> A						10/	3/19	
Sig	ın			Y					Date	′	(	
He	re	Anna	Van Degna, Assist	<u>ant Secr</u>	etary							
_						<del></del> _		Dat		Chook	DTIN	
۲.		Print/Type prep			parer's si		17.	1	, 16/19	Check	PTIN	44442
Pai			E PUGEDA			CE PUGED	'W	<u> 10 9</u>				44443
	parer	Firm's name	MACIAS GINI 8			י איניי י			- Firm	's EIN ▶	68-03	0043/
ŲSE	Only	Firm's address	SACRAMENTO, (						Dha	no no 01 4	-928-	4600
	v tha !!	C discuss this	return with the preparer sho			ructions)			P1101	16 (10 J L C	X Ye	
	y tne II 001 12-1		or Paperwork Reduction Ac				ctions					m <b>990</b> (2015)
JJ21	JUL 12-3	∪-i∪ L.I/\ [	o apoi work reduction At	,, i touot, bi	1115 31	- Pur uto 1113ti Ut					FULL	,, 000 (2010)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2015) CITY AND COUNTY OF SAN FRANCISCO FINANCE 94-3137786 Page
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?
	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 \$ 4,584,000. including grants of \$ ) (Revenue \$ 4,584,000.
_	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.
	OF DAM FRANCIDEO ONDER THE TERMS OF INDUSTRICE AND DEADE ACKNOWNER TO:
4b	(Code) (Expenses \$
	·
	<del></del>
4-	
4c	(Code) (Expenses \$
	<del></del>
<b>A</b> cl	Other program services (Describe in Schodule O.)
4d	Other program services (Describe in Schedule O )
4d 4e	Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses \$ 4,584,000.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		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		<u> </u>
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			١
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		X
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		X
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	ļ	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_		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			
	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, 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,			
	Part VI	11a		X
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c	X	<u> </u>
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		X
е	Did the organization report an amount for other liabilities in Part X, line 257 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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
b	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	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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		X
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		X
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		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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X
		Form	990	(2015)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a	Х	
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes."			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<b>A</b>		1. 42
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		ļ	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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	34	Х	L
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	35b		<u> </u>
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	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	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	38	X	
		Form	990	(2015)

Form 990 (2015)

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form **990** (2015)

532006 12-16-15

# Part VII 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

#### 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

(A)	(B)			(0 Pos	C)	1		(D)	(E)	(F)
Name and Title	Average hours per week	box offi	not c , unle:	heck o	more rson :	than o	ı an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(fist 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) MICHAEL CARR	0.10									
CTING PRESIDENT		X						0.	0.	C
		_			_	ļ				
		-				ļ				
		_		-	-					
		<u></u>								
										· · · · · · · · · · · · · · · · · · ·
		<u> </u>		_	_					
		_					·			

Form 990 (2015)

Part	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	<u>i Hi</u>	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)			((	C)			(D)	(E)			(F)	
	Name and title	Average	100	not c	Pos			one	Reportable	Reportable		Es	tımate	:d
		hours per	box	, unle	ss pe	rson	ıs botl	h an	compensation	compensatio	n	am	nount (	of
		week	_	cerar	nd a d	recto	r/trus	tee)	from	from related	- 1	l	other	
		(list any	recto						the	organizations			pensa	
		hours for related	or di	ಕ್ಷ			ated		organization	(W-2/1099-MIS	,C)	Į.	om the	
		organizations	nste	Trust		8	ngu		(W-2/1099-MISC)			_	anızatı d relatı	
		below	Jual t	tiona	١	g g	st co						nızatı	
		line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуев	Highest compensated employee	Former						
			_	_	Ť	Î	<u></u>							
			1									1		
									<u> </u>			<u> </u>		
				_			ـــــــــــــــــــــــــــــــــــــ	ļ				<u> </u>		
					ļ									
			$\vdash$	┝			┝	├				<del></del>		
					T		T	t						
			1			l								
								ĺ						
			_	_	<u> </u>	_	_	<u> </u>				<u> </u>		
			l			ļ								
			_	⊢	├	⊢	$\vdash$	$\vdash$				<u> </u>	-	
			ł							,		ĺ		
1b	Sub-total	L	<u> </u>		۰			▶	0.		0.			0.
	Total from continuation sheets to Part VI	I, Section A						<b>•</b>	0.		0.			0.
	Total (add lines 1b and 1c)							<b>•</b>	0.		٥.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	10 re	eceived more than \$100,	000 of reportable	!			
	compensation from the organization													0
											ſ	$\longrightarrow$	Yes	No
3	Did the organization list any former officer,		ıste	e, ke	y er	nplo	yee.	or l	highest compensated er	mployee on				<del></del>
	line 1a? If "Yes," complete Schedule J for s											3		Х
4	For any individual listed on line 1a, is the su									ne organization	į	4		X
_	and related organizations greater than \$150									dual for convece		-	$\neg$	
5	Did any person listed on line 1a receive or a							eiaie	ed organization of individ	Juan for Services		5		X
Sect	rendered to the organization? If "Yes," com	piete Scheauit	3 <i>J T</i>	Or SI	ICN J	oers	ion							
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontr	acto	rs th	hat received more than \$	3100,000 of comp	ensa	tion fro	m	
	the organization Report compensation for													
	(A)								(B)		_	{C		
	Name and business	address	N	INC	<u> </u>				Description of s	services		ompe	nsatio	<u> </u>
										1				
								-						
		··												
				_										
		<del></del> -												
2	Total number of independent contractors (ii		ot lir	nite	d to	tho	se lis N	sted	above) who received m	ore than				
	\$100,000 of compensation from the organic	zadon												

532008 12-16-15

Form **990** (2015)

<u> </u>		<b></b>		or note to any lin	o in this Bart VIII			
		Check if Schedule O cont.	ains a response	or note to any iir	(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	1 a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribute All other contributions, gifts, grant similar amounts not included about Noncash contributions included in lines	ts, and ve 1f	▶ Business Code	-			
Program Service Revenue				532000	4,584,000. 4,584,000.			
	3	Investment income (including other similar amounts) Income from investment of tax	•	est, and				
	С	Less rental expenses Rental income or (loss)	(i) Real	(II) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Securities	(ii) Other				
venue	d	Gain or (loss)  Net gain or (loss)  Gross income from fundraising including \$  contributions reported on line	of	<b>&gt;</b>				`
Other Re		Part IV, line 18 Less direct expenses Net income or (loss) from fund	a b					
	b	Part IV, line 19 Less direct expenses Net income or (loss) from gam	a b					
	10 a	Gross sales of inventory, less and allowances Less cost of goods sold Net income or (loss) from sale:	returns a b					
	11 a			Business Code				
53200	_	Total. Add lines 11a-11d  Total revenue. See instructions		<b>&gt;</b>	4,584,000.	4,584,000.	0.	0 . Form <b>990</b> (2015)

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
_	Check if Schedule O contains a respon	(A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	•			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) Other employee benefits				
9	Payroll taxes				
10	Fees for services (non-employees)				
11	Management				
a b	Legal		*		
	Accounting			-	
d	Lobbying				
-	Professional fundraising services. See Part IV, line 17			=	
f	Investment management fees		, ,		
q	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				
	for any federal, state, or local public officials	-			
19	Conferences, conventions, and meetings				•
20	Interest	4,584,000.	4,584,000.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			·	
23	Insurance	-			<u> </u>
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 O.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,584,000.	4,584,000.	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 if following SOP 98-2 (ASC 958-720) -	<u> </u>		<u> </u>	

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments 3 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(t)(1)), persons described in Section 4958(c)(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 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10c 10b b Less accumulated depreciation 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 246,955,000. 219,893,000. 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets Other assets See Part IV, line 11 15 15 246,955,000. 219,893,000. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 30,427,000. 22,676,000. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 216,528,000. 197,217,000. 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Liabilit 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 Schedule D 219,893,000. 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. Net Assets 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 🕨 🗓 and complete lines 30 through 34. 0. 0. 30 Capital stock or trust principal, or current funds 30 0. 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 0. 0. 32 Retained earnings, endowment, accumulated income, or other funds

Form 990 (2015)

219,893,000.

0.

33

0.

246,955,000.

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2015) CITY AND COUNTY OF SAN FRANCISCO FINANCE	94-	-313778	36 r	age 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)				000.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,	084,	000.
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		<u> </u>	
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,				0
Do	column (B))	10	_		0.
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			Ye	s No
1.	Accounting method used to prepare the Form 990 Cash Accrual Other			<del>                                     </del>	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	)		_	_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	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			_	_ i
b	Were the organization's financial statements audited by an independent accountant?		<u> </u>	2b X	<u></u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,			
	consolidated basis, or both				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			_
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Scheduler in				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	jle Aud	I		_
	Act and OMB Circular A-133?		<del> </del>	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed auc	I		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	0 (224.5)
			F	orm 99	<b>0</b> (2015)

### **SCHEDULE D**

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on 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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

Nam	e of the organization	a	Employer identification number
		SAN FRANCISCO FINANCE	94-3137786
Pa			Counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised fund	ds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used o	nly
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose conferr	ring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV,	line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a historically	/ important land area
	Protection of natural habitat	Preservation of a certified hi	storic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a co	nservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel-	eased, extinguished, or terminated by the organi	zation during the tax
	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	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	sements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	(i)
	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 statem	nent, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the org	anization's accounting for
_	conservation easements		
Pai	t III Organizations Maintaining Collections of		imilar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
þ	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public ser	vice, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	(iii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treating		provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
<u>b</u>	Assets included in Form 990, Part X		<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

Schedule D (Form 990) 2015

		D COUNTY O						<u>94-31</u>		
Pai	t III   Organizations Maintaining C	ollections of Ar	<u>t, Histe</u>	orical Tre	asures,	or Othe	r Simila	ar Assets	(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	following th	nat are a si	gnıficant	use of its o	ollection i	tems
	(check all that apply)									
а	Public exhibition	c	ı 🗔	Loan or exc	hange pro	grams				
b	Scholarly research	e	, 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organiza	tion's exe	mpt purp	ose in Part	XIII	
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or ot	her sımılaı	r assets			
	to be sold to raise funds rather than to be ma								Yes	No No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answere	d "Yes" or	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for o	contributions	s or other a	assets not	ıncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able						
							<u> </u>		Amount	
С	Beginning balance						1c	<u> </u>		
d	Additions during the year						1d			
е	Distributions during the year						1e	<u> </u>		
f	Ending balance						1f	<u> </u>		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for 6	escrow or cu	istodial acc	count liabil	lity?		Yes	No
b	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	f the organization an	swered	"Yes" on Fo	rm 990, Pa	art IV, line	10			
		(a) Current year	(b) ₽	rior year	(c) Two y	ears back	(d) Three	years back	(e) Four	ears back
1a	Beginning of year balance									
ь	Contributions				ļ					
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities		İ							
	and programs									
f	Administrative expenses									
g	End of year balance				1			<del></del>		
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	j, column (a)	)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
C	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held an	nd administ	tered for th	ne organiz	zation	_	
	by								\	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(11)	<del></del>
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment f	unds						
Par	<u></u> , <b>J</b> -, -									
	Complete if the organization answered	d "Yes" on Form 990	), Part IV	, line 11a S	ee Form 99	90, Part X,	line 10			
	Description of property	(a) Cost or o		, ,	or other	1 ' '	ccumula	I	(d) Book	value
	<u> </u>	basis (investr	nent)	basis	(other)	de	preciation			
1a	Land									
b	Buildings									
С	Leasehold improvements	<u> </u>		<u> </u>						
d	Equipment									
e	Other									
Total	Add lines 1a through 1e (Column (d) must a	aual Form 000 Port	V colum	n (P) line 1	001					0.

Schedule D (Form 990) 2015

532053 09-21-15

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 CITY AND COUNTY OF SAN			137786 Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta	atements With Revenue pe	er Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, I	line 12a		
1 Total revenue, gains, and other support per audited financial statements		1	4,584,000.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII )	2d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	4,584,000.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	4b		
	40	<del> </del>	0.
c Add lines 4a and 4b		4c	4,584,000.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Part XII   Reconciliation of Expenses per Audited Financial St	2.) tatements With Evnenses	ner Beturn	
		per neturn	•
Complete if the organization answered "Yes" on Form 990, Part IV, I	line 12a		4 504 000
1 Total expenses and losses per audited financial statements		11	4,584,000.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII )	2d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	4,584,000.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
	40		
·	4a		
	46.	1 1	
b Other (Describe in Part XIII )	4b		0
c Add lines 4a and 4b	<u> </u>	4c	0.
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  Part XIII Supplemental Information.	18.)	5	4,584,000.
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.) I 4, Part IV, lines 1b and 2b, Part V,	5	4,584,000.
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, Part V,	5	4,584,000.
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, Part V,	5	4,584,000.
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, Part V,	5	4,584,000.
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, Part V,	5	4,584,000.
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, Part V,	5	4,584,000.
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, Part V,	5	4,584,000.
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, Part V,	5	4,584,000.
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, Part V,	5	4,584,000.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Bond Issues

Part I

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.

2015

OMB No 1545-0047

Open to Public Inspection

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

(i) Pooled financing Yes No Employer identification number (h) On behalf of issuer 94-3137786 Yes No ۵ (g) Defeased ŝ Yes C (f) Description of purpose œ (e) Issue price ⋖ (d) Date issued (c) CUSIP # (b) Issuer EIN and County of San Francisco Finance Corporation 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 action procedures established Amount of bonds retired (a) Issuer name Total proceeds of Issue

Proceeds

Part II

8

⋖

ပ

2

9

N က 4

14	14 Were the bonds issued as part of a current refunding issue?				
15	15 Were the bonds issued as part of an advance refunding issue?				
16	Has the final allocation of proceeds been made? .				
17	17 Does the organization maintain adequate books and records to support the				
	final allocation of proceeds?				
Part	Part III Private Business Use				
		A	8	၁	۵

ŝ

Yes

ŝ

Yes

ŝ

Yes

ŝ

Yes

Year of substantial completion

Other unspent proceeds

Other spent proceeds

F

თ 10

œ

Tong financed proposition	
Tong from proposition	

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

2

Was the organization a partner in a partnership, or a member of an LLC,

which owned property financed by tax-exempt bonds?

Cat No 50193E

Schedule K (Form 990) 2015

ŝ

Yes

ŝ

Yes

ŝ

Yes

ŝ

Yes

N	
æ	
ĕ	

Part III Private Business Use (Continued)			-			•
	4	8		O		۵
3a Are there any management or service contracts that may result in private business use of bond-financed property?	Yes	Yes	No.	Yes No	Yes	ON NO
<b>b</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?					-	
<ul> <li>Are there any research agreements that may result in private business use of bond-financed property?</li> </ul>						
<b>d</b> 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 ▶	0	%	%		%	%
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	Ū.	<b>~</b>	%		%	%
Total of lines 4 and 5		%	%	_	%	%
7 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 offer than a 30 (C/Ls) organization since the borios 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?				:		
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?			<del></del>			
Part IV Arbitrage	-				-	
	A	8		O		O
Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	Yes No	Yes	S S	Yes	Yes	S.
If "No" to line 1, did the following apply?						
a Rebate not due yet?						•
b Exception to rebate?						
c No rebate due?						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was						
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>b</b> Name of provider	•					
c Term of hedge						
d Was the hedge superintegrated?						
A Man the boden towns at all			_	_	_	_

Schedule K (Form 990) 2015

Page 3

Schedule K (Form 990) 2015 ŝ ŝ ۵ ۵ Yes Yes ŝ ŝ Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) Yes Yes ဍိ ŝ œ 8 Yes Yes ŝ ŝ Yes Yes Has the organization established written procedures to monitor the 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? d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? Procedures To Undertake Corrective Action requirements of section 1487 Arbitrage (Continued) b Name of provider Term of GIC Part V Part VI Part IV ပ 9

#### **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.

OMB No 1545-0047 Open to Public Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>. Name of the organization

**Employer identification number** 94-3137786

CITY AND COUNTY OF SAN FRANCISCO FINANCE 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:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)  Name of the organization  CITY AND COUNTY OF SAN FRANCISCO FINANCE	Employer identification numbe 94-3137786
THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE ON	THE CITY AND COUNTY
F SAN FRANCISO WEBSITE.	
•	
•	
•	
	du.

532212 09-02-15

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2015

OMB No 1545-0047

Open to Public Inspection

Employer identification number 94-3137786Direct controlling Identrification 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 End-of-year assets <u>e</u> Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Information about Schedule R (Form 990) and its instructions is at www.rs.gov/form990. Total income Ð Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) ▼ Attach to Form 990 CITY AND COUNTY OF SAN FRANCISCO FINANCE Primary activity Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part Part II

(g) Section 512(b)(13) controlled Š × entity? Direct controlling entity N/A status (if section Public charity 501(c)(3)) N/A Exempt Code section 501(C)(1) ছ Legal domicile (state or foreign country) CALIFORNIA PROVIDES LOCAL GOVERNMENT SERVICES TO ITS CITIZENS Primary activity 94-6000417, 1 DR. CARLTON B GOODLETT PLACE, CITY AND COUNTY OF SAN FRANCISCO Name, address, and EIN of related organization SAN FRANCISCO, CA 94102

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

532161 09-08-15 LHA

Schedule R (Form 990) 2015

CITY AND COUNTY OF SAN FRANCISCO FINANCE Schedule R (Form 990) 2015

Part III 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

Page 2

94-3137786

(J) (K) General or Percentage managing ownership partner? Yes No		
(j) General or managing partner? Yes No		
(i) Code V-UBI amount in box 20 of Schedule K·1 (Form 1065)		
(h) Disproportionate allocations? Yes No		
(g) Share of Dispendence of assets		
(f) Share of total income		,
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
(c) Legal domicile (state or foreign country)		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

Identification 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

(a)	(q)	<u> </u>	<del>(</del> Q	(e)		( <del>6</del> )	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,	Sha =	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	2 G G
		country)		Or triastly		dosels		Yes	Š
								-	
									]
									l
	<b>.</b>								
	<b>.</b>								
									ļ
532162 09-08-15		•				Sche	Schedule R (Form 990) 2015	990) 20	015

26

Page 3

Yes No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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

-	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 rela	ated organizations listed i	n Parts II·IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		)		1a	×	اہا
Ω	Gift, grant, or capital contribution to related organization(s)				<b>1</b>	X	ارا
ပ	Gift, grant, or capital contribution from related organization(s)				1	X	اہا
ъ	Loans or loan guarantees to or for related organization(s)				19	X	اہا
ø	Loans or loan guarantees by related organization(s)				9	×	ال
+	Dividends from related organization(s)				#	×	ال
5	Sale of assets to related organization(s)				1g	X	اہا
도	Purchase of assets from related organization(s)				Ŧ	X	اہا
-	Exchange of assets with related organization(s)				1;	X	ادا
-	Lease of facilities, equipment, or other assets to related organization(s)				- -	×	-
×	Lease of facilities, equipment, or other assets from related organization(s)				*	X	ال
-	Performance of services or membership or fundraising solicitations for related organization(s)	ization(s)			1	X	ادا
Ε	$oldsymbol{m}$ Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			Ę	×	.اب
_		n(s)			£	×	اد
0	Sharing of paid employees with related organization(s)				10	×	- ال
•	Reimbursement paid to related organization(s) for expenses				4	×	ار
σ	Reimbursement paid by related organization(s) for expenses				19	×	-اد
_ ທ	Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)				1- 1- 1-	XX	الالد
7	If the answer to any of the above is "Yes," see the instructions for information on wh	o must complete the	s line, including covered r	information on who must complete this line, including covered relationships and transaction thresholds			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
Ξ							
2							
<u></u>							
9							
(2)							
(9)							1
53216	532 163 09-08-15			Schedule	Schedule R (Form 990) 2015	90) 20.	15

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) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(q)	(c)	(p)		9	(6)	3	ε	3	(K)
Name, address, and EIN of entity	Primary activity	nicile	Predominant income (related, unrelated,	Are all Sha 501(c)(3) to 0005 7	Share of total	Share of end-of-year	جږs	Cod	General o managing partner?	Percentage ownership
		country)	sections 512-514)		ıncome	assets	Yes No	oi Scileuule N-1 (Form 1065)	Yes No	
			-							
									+	
							+			
								Schedule	R (For	Schedule R (Form 990) 2015

chequie R	(Form 990) 2015  Supplemental	CITY	AND COU	TY OF S	SAN FRAI	NCISCO	FINANCE	<u>94-3137786</u>	Page
Part VII									
	Provide additional	information for res	ponses to ques	tions on Sche	dule R (see in:	structions)	<del></del>	<del></del>	
	—								
		•							
						,			
-									
					····				
								~.	