

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2001Open to Public
Inspection**A** For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print of type. See Specific Instructions

C Name of organization**MUSEUM OF THE CITY OF SAN FRANCISCO**

Number and street (or P O box if mail is not delivered to street address)

PMB 423, 945 TARAVEL STREET

City or town, state or country, and ZIP + 4

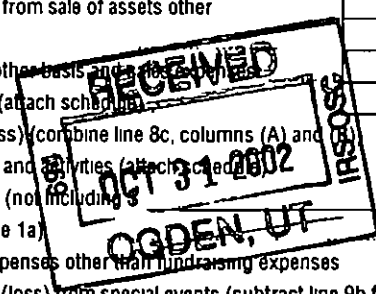
SAN FRANCISCO, CA 94116**D** Employer identification number**68-0104888****E** Telephone number**(415) 928-0289****F** Accounting method: ☒ Cash ☐ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and **I** are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN ▶**M** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G** Web site ▶ **WWW.SFMUSEUM.ORG****J** Organization type (check only one) ☒ 501(c)(3) (Insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **56,336.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	48,968.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 48,968. noncash \$)	1d	48,968.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	15.		
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
6b	Less: rental expenses	6b				
6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7	Other investment income (describe)	7				
Expenses	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
	b	Less: cost or other basis and expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
	10a	Gross sales of inventory, less returns and allowances	10a	7,353.		
	10b	Less: cost of goods sold	10b	5,008.		
10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	2,345.			
Net Assets	11	Other revenue (from Part VII, line 103)	11			
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	51,328.		
	13	Program services (from line 44, column (B))	13	35,689.		
	14	Management and general (from line 44, column (C))	14	15,171.		
	15	Fundraising (from line 44, column (D))	15			
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	50,860.		
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	468.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	18,477.		
	20	Other changes in net assets or fund balances (attach explanation)	20	0.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	18,945.			

FILMED NOV 06 2002



STATEMENT 2

STMT 1

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25	0.	0.	0.
26 Other salaries and wages	26	2,773.	1,733.	1,040.
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29	218.	218.	
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	2,307.	953.	1,354.
34 Telephone	34	2,519.	2,519.	
35 Postage and shipping	35	149.	149.	
36 Occupancy	36			
37 Equipment rental and maintenance	37	957.	957.	
38 Printing and publications	38	933.	933.	
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	1,578.	1,578.	
43 Other expenses not covered above (itemize)				
a MOVING EXPENSE	43a	805.	805.	
b PROFESSIONAL FEES	43b	30,150.	25,290.	4,860.
c INSURANCE	43c	1,691.	1,691.	
d WEB SITE RENTAL	43d	6,780.	6,780.	
e	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	50,860.	35,689.	15,171.
				0.

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)

a THE MUSEUM PRESENTS LECTURES, TOURS AND OTHER PRESENTATIONS TO THE PUBLIC TO ENHANCE THEIR UNDERSTANDING OF THE HISTORY OF SAN FRANCISCO AND THE BAY AREA. THE MUSEUM ISSUES PUBLICATIONS BASED ON ITS MATERIALS. (Grants and allocations \$ _____)	35,689.
b _____ _____ _____ (Grants and allocations \$ _____)	
c _____ _____ _____ (Grants and allocations \$ _____)	
d _____ _____ _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	35,689.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	8,166.	46	7,808.
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	11,115.	52	7,923.
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a 16,751.			
b Less accumulated depreciation STMT 4	57b 13,533.	4,796.	57c 3,218.	
58 Other assets (describe <input type="checkbox"/>)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	24,077.	59	18,949.	
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue	2,500.	62	
	63 Loans from officers, directors, trustees, and key employees STMT 5	2,800.	63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 6)	300.	65	4.
66 Total liabilities (add lines 60 through 65)	5,600.	66	4.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds	0.	70	0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	71	0.
	72 Retained earnings, endowment, accumulated income, or other funds	18,477.	72	18,945.
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	18,477.	73	18,945.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	24,077.	74	18,949.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a Total revenue, gains, and other support per audited financial statements	a N/A
b Amounts included on line a but not on line 12, Form 990 (1) Net unrealized gains on investments \$ _____ (2) Donated services and use of facilities \$ _____ (3) Recoveries of prior year grants \$ _____ (4) Other (specify) \$ _____ Add amounts on lines (1) through (4)	b
c Line a minus line b	c
d Amounts included on line 12, Form 990 but not on line a (1) Investment expenses not included on line 6b, Form 990 \$ _____ (2) Other (specify) \$ _____ Add amounts on lines (1) and (2)	d
e Total revenue per line 12, Form 990 (line c plus line d)	e

Part IV-B	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
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a	Total expenses and losses per audited financial statements	▶	a	N/A
b	Amounts included on line a but not on line 17, Form 990			
(1)	Donated services and use of facilities	\$ _____		
(2)	Prior year adjustments reported on line 20, Form 990	\$ _____		
(3)	Losses reported on line 20, Form 990	\$ _____		
(4)	Other (specify)	\$ _____		
	Add amounts on lines (1) through (4)	▶	b	
c	Line a minus line b	▶	c	
d	Amounts included on line 17, Form 990 but not on line a			
(1)	Investment expenses not included on line 6b, Form 990	\$ _____		
(2)	Other (specify)	\$ _____		
	Add amounts on lines (1) and (2)	▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	▶	e	

Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)
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[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule ☐ Yes ☒ No

☐ Yes ☒ No

Part VI Other Information

	Yes	No
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- | | | | | |
|------|---|-----|-----|----|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS?
If "Yes," attach a conformed copy of the changes | | | X |
| 78 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | N/A | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year?
If "Yes," attach a statement | | | X |
| 80 a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | | | X |
| b | If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt | | | |
| 81 a | Enter direct or indirect political expenditures. See line 81 instructions | 81a | 0. | |
| b | Did the organization file Form 1120-POL for this year? | | | X |
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | 82b | | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | | | X |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | | | X |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | N/A | |
| 85 | 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? | | N/A | |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less?
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | | N/A | |
| c | Dues, assessments, and similar amounts from members | 85c | N/A | |
| d | Section 162(e) lobbying and political expenditures | 85d | N/A | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | N/A | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | N/A | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount in 85f? | | N/A | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | | N/A | |
| 86 | 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 | 86a | N/A | |
| b | Gross receipts, included on line 12, for public use of club facilities | 86b | N/A | |
| 87 | 501(c)(12) organizations Enter a Gross income from members or shareholders | 87a | N/A | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 87b | N/A | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
If "Yes," complete Part IX | | | X |
| 89 a | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 0. | | | |
| b | 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
If "Yes," attach a statement explaining each transaction | | | X |
| c | Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | 0. |
| d | Enter Amount of tax on line 89c, above, reimbursed by the organization | | | 0. |
| 90 a | List the states with which a copy of this return is filed CALIFORNIA | | | |
| b | Number of employees employed in the pay period that includes March 12, 2001 | 90b | 0 | |

- 91 The books are in care of ► **KUPPERBERG & ASSOCIATES** Telephone no ► **(415) 217-7456**

Located at ► 505 SANSOME STREET, #1501, SAN FRANCISCO, CA ZIP + 4 ► 94111

- 92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					15.
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			03	2,345.	
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		2,345.	15.
105 Total (add line 104, columns (B), (D), and (E))					2,360.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 8

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (a) or (b), file Form 990 and Form 4790 (see instructions).

completing schedules and statements and to the best of my knowledge and belief it is true, information of which preparer has any knowledge

10-24-12 LYDIA CAMERON, Secy
Type or print name and title

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2001

Name of the organization

MUSEUM OF THE CITY OF SAN FRANCISCO

Employer identification number

68 0104888

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See page 2 of the instructions)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)

3 X

- 4 Do you have a section 403(b) annuity plan for your employees?

4 X

Note. Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	81,919.	250,380.	141,018.	33,135.	506,452.
16 Membership fees received			70.		70.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	639.	17,334.	29,419.	20,246.	67,638.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	37.	137.	328.	536.	1,038.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.			SEE STATEMENT 9 82.		82.
23 Total of lines 15 through 22	82,595.	267,851.	170,917.	53,917.	575,280.
24 Line 23 minus line 17	81,956.	250,517.	141,498.	33,671.	507,642.
25 Enter 1% of line 23	826.	2,679.	1,709.	539.	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					10,153.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					507,642.
d Add: Amounts from column (e) for lines 18 <u>1,038.</u> 19 <u> </u> 22 <u>82.</u> 26b <u> </u>					1,120.
e Public support (line 26c minus line 26d total)					506,522.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					99.7794%
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2000) (1999) (1998) (1997)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2000) (1999) (1998) (1997)					
c Add: Amounts from column (e) for lines 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u>					N/A
d Add: Line 27a total <u> </u> and line 27b total <u> </u>					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) ▶ <u>27f</u> <u>N/A</u>					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %
28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
<hr/>		
<hr/>		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/>		
<hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☒ a ☐ if the organization belongs to an affiliated groupCheck ☐ b ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -	The lobbying nontaxable amount is -	
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

MUSEUM OF THE CITY OF SAN FRANCISCO

Employer identification number

68-0104888

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule—see instructions)

General Rule-

☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

Employer identification number

MUSEUM OF THE CITY OF SAN FRANCISCO

68-0104888

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	FURNITURE & FIXTURES											
3	FAX MACHINE	103196200DB5.00	17			270.		270.				0.
4	117 POWER MAC AND PRINTER	022097200DB5.00	17			5,075.			5,075.	3,971.		292.
5	POWER BOOK LAPTOP	032097200DB5.00	17			4,132.			4,132.	3,232.		238.
6	POWER BOOK LAPTOP	051597200DB5.00	17			2,279.			2,279.	1,785.		131.
8	OFFICE EQUIPMENT	020998200DB7.00	17			199.			199.	116.		17.
9	COMPUTER POWER MAC 8100	050498200DB5.00	17			500.			500.	397.		55.
10	POWERBOOK COMPUTER	040199200DB5.00	17			3,157.			3,157.	2,078.		432.
11	FLOPPY DRIVE	082800200DB5.00	17			163.			163.	57.		42.
12	SONY MVC CD 1000	061901200DB5.00	17			976.			976.	49.		371.
	* 990 PAGE 2 TOTAL					16,751.		270.	16,481.	11,685.	0.	1,578.
	FURNITURE & FIXTURES											
	* GRAND TOTAL 990 PAGE 2 DEPR					16,751.		270.	16,481.	11,685.	0.	1,578.

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 1

INCOME

1. GROSS RECEIPTS	7,353	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		7,353
4. COST OF GOODS SOLD (LINE 13)	5,008	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		2,345

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	10,114	
7. MERCHANDISE PURCHASED	63	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS	1,754	
11. ADD LINES 6 THROUGH 10		11,931
12. INVENTORY AT END OF YEAR	6,923	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		5,008

FORM 990	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	2
DESCRIPTION		AMOUNT	
COMMISSIONS		1,754.	
TOTAL INCLUDED ON FORM 990, PART I, LINE 10B		1,754.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	3
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EXPLANATION

TO PROVIDE SERVICES TO THE PUBLIC THAT ENABLES THEM TO UNDERSTAND AND APPRECIATE THE HISTORICAL HERITAGE OF SAN FRANCISCO AND THE BAY AREA.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	4
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FAX MACHINE	270.	270.	0.
117 POWER MAC AND PRINTER	5,075.	4,263.	812.
POWER BOOK LAPTOP	4,132.	3,470.	662.
POWER BOOK LAPTOP	2,279.	1,916.	363.
OFFICE EQUIPMENT	199.	133.	66.
COMPUTER POWER MAC 8100	500.	452.	48.
POWERBOOK COMPUTER	3,157.	2,510.	647.
FLOPPY DRIVE	163.	99.	64.
SONY MVC CD 1000	976.	420.	556.
TOTAL TO FORM 990, PART IV, LN 57	16,751.	13,533.	3,218.

FORM 990 LOANS PAYABLE TO OFFICER'S, DIRECTOR'S, ETC. STATEMENT 5

LENDER'S NAME AND TITLE	ORIGINAL LOAN AMOUNT
ED ZELINSKY/BOARD MEMBER	1,400.

DATE OF NOTE	MATURITY DATE	TERMS OF REPAYMENT	INTEREST RATE
03/31/01	03/31/02		.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
	OPERATING FUNDS

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	0.	0.

LENDER'S NAME AND TITLE	ORIGINAL LOAN AMOUNT
RICHARD JOHNS/BOARD MEMBER	1,400.

DATE OF NOTE	MATURITY DATE	TERMS OF REPAYMENT	INTEREST RATE
03/31/01	03/31/02		.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
	OPERATING FUNDS

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	0.	0.

TOTAL TO FORM 990, PART IV, LINE 63, COLUMN B

FORM 990	OTHER LIABILITIES	STATEMENT	6
DESCRIPTION		AMOUNT	
PAYROLL TAXES PAYABLE		0.	
SALES TAX PAYABLE		4.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		4.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	7
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LYDIA CAMERON 844 OLIMA STREET SAUSALITO, CA 94965	SECRETARY 0.	0.	0.	0.
JAMES LAZARUS 65 5TH AVENUE SAN FRANCISCO, CA 94118	VICE PRESIDENT 0.	0.	0.	0.
DON CANADY 1800 FRANKLIN ST., APT 404 SAN FRANCISCO, CA 94109	BOARD MEMBER 0.	0.	0.	0.
MIKE FLEMING 1615 LYON STREET SAN FRANCISCO, CA 94115	BOARD MEMBER 0.	0.	0.	0.
GLADYS HANSEN 1295 SLOAT BLVD. SAN FRANCISCO, CA 94132	BOARD MEMBER 0.	0.	0.	0.
RICHARD JOHNS 57 POST STREET, #604 SAN FRANCISCO, CA 94104	BOARD MEMBER 0.	0.	0.	0.
LOUIS LIPSET 2509 PACIFIC AVENUE SAN FRANCISCO, CA 94115	BOARD MEMBER 0.	0.	0.	0.
BILL MCCARTHY 744 TREAT AVENUE SAN FRANCISCO, CA 94110	BOARD MEMBER 0.	0.	0.	0.

MUSEUM OF THE CITY OF SAN FRANCISCO

68-0104888

INK MENDELSON	BOARD MEMBER			
P.O. BOX 174	0.	0.	0.	0.
ROSS, CA 94957				
STEVE R. DREW	BOARD MEMBER			
1784 PAGE ST	0.	0.	0.	0.
SAN FRANCISCO, CA 94117				
CHARLES FRACCHIA	BOARD MEMBER			
2881 JACKSON ST	0.	0.	0.	0.
SAN FRANCISCO, CA 94115				
DAVID PARRY	BOARD MEMBER			
3638 WEBSTER STREET	0.	0.	0.	0.
SAN FRANCISCO, CA 94123				
DEANNA L KASTLER	BOARD MEMBER			
4095 CESAR CHAVEZ #5	0.	0.	0.	0.
SAN FRANCISCO, CA 94131				
ARTHUR MEJIA	BOARD MEMBER			
2105 BUSH STREET	0.	0.	0.	0.
SAN FRANCISCO, CA 94115				
ED ZELINSKY	BOARD MEMBER			
130 MAIN STREET	0.	0.	0.	0.
TIBURON, CA 94920				
EDITH PINESS	BOARD MEMBER			
2 STRAWBERRY LANDING	0.	0.	0.	0.
MILL VALLEY, CA 94941				
BERNARD PIZZOLI	BOARD MEMBER			
2257 STEINER STREET	0.	0.	0.	0.
SAN FRANCISCO, CA 94115				
NANCY THOMPSON	BOARD MEMBER			
124 PFEIFFER ST.	0.	0.	0.	0.
SAN FRANCISCO, CA 94133				
CHRISTINA WALDECK	BOARD MEMBER			
875 AUTUMN LANE	0.	0.	0.	0.
MILL VALLEY, CA 94941				
RICHARD MORAN	PRESIDENT			
316 WALNUT ST.	0.	0.	0.	0.
SAN FRANCISCO, CA 94118				
KYLE EVERETT	TREASURER			
836 CAYUGA AVE.	0.	0.	0.	0.
SAN FRANCISCO, CA 94112				

DANIEL BACON	BOARD MEMBER			
777 RHODE ISLAND ST. #3	0.	0.	0.	0.
SAN FRANCISCO, CA 94107				

TOTALS INCLUDED ON FORM 990, PART V	0.	0.	0.
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FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 8
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
	THROUGH VARIOUS ACTIVITIES THE MUSEUM PROVIDES VISITORS AND RESIDENTS WITH A BETTER UNDERSTANDING AND APPRECIATION OF THE RICH HISTORICAL HERITAGE OF SAN FRANCISCO AND THE BAY AREA. THE MUSEUM PRESENTS LECTURES, SEMINARS, TOURS, AUDIO-VISUAL AND VIDEO PRESENTATIONS TO GROUPS, ORGANIZATIONS, CLASSES AND CONVENTIONS. THE MUSEUM ISSUES PUBLICATIONS BASED ON ITS MATERIALS AND RELATING TO PERMANENT EVENTS AND PERSONS OF THE PAST.

SCHEDULE A OTHER INCOME STATEMENT 9

DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
ROOM RENTAL	0.	0.	82.	0.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	82.	0.