

Return of Organization Exempt From Income Tax

2006

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

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

A For the 2006 calendar year, or tax year beginning 7/01, 2006, and ending 6/30, 2007

B Check if applicable

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

Please use
IRS label
or print
or type
See
specific
instruc-
tions.C
San Francisco Museum & Historical
Society
P.O. Box 420470
San Francisco, CA 94142-0470

D Employer Identification Number

68-0104888

E Telephone number

415-537-1105

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? ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☒ No

G Web site: ▶ www.sfhhistory.org

J Organization type

(check only one)

☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its
gross receipts are normally not more than \$25,000. A return is not required, but if the
organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 3,478,215.

I Group Exemption Number ▶

M Check ☐ if the organization is not required
to attach Schedule B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received

a Contributions to donor advised funds

1a

b Direct public support (not included on line 1a)

1b

2,908,815.

c Indirect public support (not included on line 1a)

1c

d Government contributions (grants) (not included on line 1a)

1d

e Total (add lines 1a through 1d) (cash \$ 2,772,782. noncash \$ 136,033.)

1e 2,908,815.

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 50,891.

3 Membership dues and assessments

3 90,723.

4 Interest on savings and temporary cash investments

4 26,330.

5 Dividends and interest from securities

5

6a Gross rents

6a

b Less rental expenses

6b

c Net rental income or (loss) Subtract line 6b from line 6a

6c

7 Other investment income (describe)

7

8a Gross amount from sales of assets other
than inventory

(A) Securities

(B) Other

8a

20,573.

b Less cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule) Statement 1

8c

20,573.

d Net gain or (loss) Combine line 8c, columns (A) and (B)

8d 20,573.

9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐a Gross revenue (not including \$ of contributions
reported on line 1b)

9a

15,140.

b Less direct expenses other than fundraising expenses

9b

8,138.

c Net income or (loss) from special events Subtract line 9b from line 9a

Statement 2

9c 7,002.

10a Gross sales of inventory, less returns and allowances

10a

2,743.

b Less cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a

Statement 3

10c 2,743.

11 Other revenue (from Part VII, line 103)

11 363,000.

12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11

12 3,470,077.

13 Program services (from line 44, column (B))

13 294,764.

14 Management and general (from line 44, column (C))

14 209,019.

15 Fundraising (from line 44, column (D))

15 59,457.

16 Payments to affiliates (attach schedule)

16

17 Total expenses. Add lines 16 and 44, column (A)

17 563,240.

18 Excess or (deficit) for the year. Subtract line 17 from line 12

18 2,906,837.

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 2,219,257.

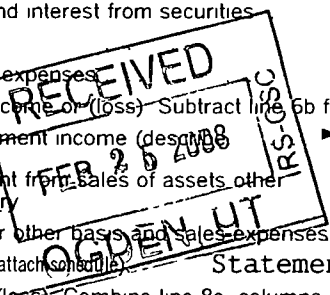
20 Other changes in net assets or fund balances (attach explanation)

See Statement 4

20 605,191.

21 Net assets or fund balances at end of year Combine lines 18, 19, and 20

21 5,731,285.



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
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	25a 0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b 0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c 0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26 315,502.	105,075.	82,258.	128,169.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 15,500.		15,500.	
29 Payroll taxes	29 25,886.	8,324.	6,481.	11,081.
30 Professional fundraising fees	30			
31 Accounting fees	31 44,498.		25,742.	18,756.
32 Legal fees	32 392,139.	105,343.	91,431.	195,365.
33 Supplies	33 16,713.	1,063.	8,239.	7,411.
34 Telephone	34 8,088.		7,516.	572.
35 Postage and shipping	35 16,454.	8,977.	5,981.	1,496.
36 Occupancy	36 108,637.	64,188.	44,449.	
37 Equipment rental and maintenance	37 31,689.	28,486.	3,203.	
38 Printing and publications	38 107,809.	51,490.	2,892.	53,427.
39 Travel	39 12,708.	40.	6,519.	6,149.
40 Conferences, conventions, and meetings	40			
41 Interest	41 57,182.		109.	57,073.
42 Depreciation, depletion, etc (attach schedule)	42 510.	410.	100.	
43 Other expenses not covered above (itemize)				
a See Statement 5	43a -590,075.	-78,632.	-91,401.	-420,042.
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 563,240.	294,764.	209,019.	59,457.

Joint Costs. Check ☒ if you are following SOP 98-2Are 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 Accomplishments

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.

What is the organization's primary exempt purpose? ▶ See Statement 6

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) organizations and 4947(a)(1) trusts, but optional for others.)

a Establish and maintain exhibits for the general public. Exhibits contain information on events and persons of San Francisco of historical interest.

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

42,197.

b Barbary Coast Trail

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

1,173.

c Pier 45 Exhibit

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

39,563.

d Buried Ship exhibit

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

6,668.

e Other program services

See Statement 7

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

205,163.

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

294,764.

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Form 990 (2006)

Part IV Balance Sheets (See the instructions.)**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	127,444.
	46 Savings and temporary cash investments	289,841.	46	132,616.
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a 1,251,948.		
	b Less allowance for doubtful accounts	48b	48c	1,251,948.
	49 Grants receivable	724,810.	49	198,000.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule) See St 8	51a 5,443,608.		
	b Less allowance for doubtful accounts	51b	51c	5,443,608.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	188,372.	53	21,286.
	54a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
55a Investments — land, buildings, & equipment basis	55a			
b Less accumulated depreciation (attach schedule)	55b	55c		
56 Investments — other (attach schedule)	See Stmt 9	56	2,875.	
57a Land, buildings, and equipment basis	57a 17,939.			
b Less accumulated depreciation (attach schedule) Statement 10	57b 9,019.	2,255,928.	57c	8,920.
58 Other assets, including program-related investments (describe ► See Statement 11)		59,966.	58	60,240.
59 Total assets (must equal line 74). Add lines 45 through 58		3,575,717.	59	7,246,937.
LIABILITIES	60 Accounts payable and accrued expenses	1,234,269.	60	1,455,201.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) See Statement 12	60,451.	64b	60,451.
	65 Other liabilities (describe ►)	61,740.	65	
	66 Total liabilities. Add lines 60 through 65	1,356,460.	66	1,515,652.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	2,092,457.	67	4,513,673.
	68 Temporarily restricted	126,800.	68	1,217,612.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	2,219,257.	73	5,731,285.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	3,575,717.	74	7,246,937.

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Form 990 (2006)

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	3,799,864.
b	Amounts included on line a but not on Part I, line 12.			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____ See Stm 13	b4	329,787.	
	Add lines b1 through b4		b	329,787.
c	Subtract line b from line a		c	3,470,077.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	3,470,077.

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	563,854.
b	Amounts included on line a but not on Part I, line 17.			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____	b4		
	See Stmt 14			614.
	Add lines b1 through b4		b	614.
c	Subtract line b from line a		c	563,240.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	563,240.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
<div>-----</div> <div>-----</div> <div>See Statement 15</div>		0.	0.	0.
<div>-----</div> <div>-----</div> <div>-----</div>				
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Yes	No
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75b	X
-----	---

75c	X
-----	---

75d	X
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Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Yes	No
-----	----

76	X
----	---

77		X
----	--	---

78a	X
-----	---

78b	N/A
-----	-----

79		X
----	--	---

80 a	X		
------	---	--	--

--	--	--

--	--	--

81 a 0.

81 b	X
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Part VI Other Information (continued)

	Yes	No
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.)		
82 b N/A		
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 <i>quid pro quo</i> contributions?	X	
83 b		
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?		
84 b N/A		
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
85 a N/A		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
85 b N/A		
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.		
c Dues, assessments, and similar amounts from members		
85 c N/A		
d Section 162(e) lobbying and political expenditures		
85 d N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85 e N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85 f N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85 g N/A		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85 h N/A		
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12		
86 a N/A		
b Gross receipts, included on line 12, for public use of club facilities		
86 b N/A		
87 501(c)(12) organizations Enter a Gross income from members or shareholders		
87 a 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.)		
87 b N/A		
88 a 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	
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	X	
88 b		
89 a 501(c)(3) organizations Enter. Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
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
89 b		
c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d Enter. Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 e		
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 f		
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89 g		
90 a List the states with which a copy of this return is filed <u>CA</u>		
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		5
90 b		
91 a The books are in care of <u>Kurt Nystrom</u> Telephone number <u>415-537-1105</u> Located at <u>785 Market Street, Suite 600, San Francisco CA</u> ZIP + 4 <u>94103</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country <u></u>		X
91 b		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

BAA

Form 990 (2006)

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

	Yes	No
91 c		X

If 'Yes,' enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check here

N/A ☐

and enter the amount of tax-exempt interest received or accrued during the tax year

▶ 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

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) Exclusion code	(D) Amount	
93 Program service revenue					
a Rental Income - Mint			16	50,891.	
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					90,723.
95 Interest on savings & temporary cash invmnts			14	26,330.	
96 Dividends & 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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			1	20,573.	
101 Net income or (loss) from special events			1	7,002.	
102 Gross profit or (loss) from sales of inventory					2,743.
103 Other revenue, a					
b Development Rights			18	363,000.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				467,796.	93,466.
105 Total (add line 104, columns (B), (D), and (E))					561,262.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

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 16

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(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
Old Mint Property, LLC	99.000 %	Real Estate Dev	329,174.	7,489,055.
P.O. Box 420470	%			
San Francisco, CA 94142	%			
20-4135656	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

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 (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	See Statement 17			
b				
c				
Totals				7,444,519.

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: Erik Christoffersen Date: 2/4/08

Type or print name and title: Erik Christoffersen, Executive Director

Paid Preparer's Use Only

Preparer's signature: W. Noel McNabola Date: 2/4/08 Check if self employed: ☐ Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self employed), address, and ZIP + 4: PMB Helin Donovan, LLP
50 FRANCISCO ST STE 120
SAN FRANCISCO, CA 94133-2108

EIN: N/A Phone no: 415-399-1330

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 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

2006

Name of the organization

San Francisco Museum & Historical
Society

Employer identification number

68-0104888

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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 and deferred compensation	(e) Expense account and other allowances
See Statement 18		202,870.	0.	0.
Total number of other employees paid over \$50,000 ▶	0			

Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See 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
Patrick Merker Architects, Inc. 400 Second St. San Francisco, CA 94107	Architectural Design	2,278,806.
Christopher Chadbourne Associates, Inc. 129 Portland Street Boston, MA 02114	Museum Exhibit Desig	736,780.
Bluewater Services, Inc. 2075 Williams Street San Leandro, CA 94123	Demolition Contracto	296,078.
Devine & Gong, Inc. 100 Bush Street San Francisco, CA 94104	Fin & Fundraising	103,833.
Van Brunt Associates 1041 N Broadway Walnut Creek, CA 94596	Environment Cons	55,327.
Total number of others receiving over \$50,000 for professional services ▶	1	

Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See 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 ▶ \$ N/A
- (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

- 3a** Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4a** Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b N/A

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c N/A

d Enter the total number of donor advised funds owned at the end of the tax year ▶ N/A

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ N/A

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0.

Part IV Reason for Non-Private Foundation Status (See instructions.)I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization. ▶
- ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

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

BAA

Schedule A (Form 990 or 990-EZ) 2006

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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	622,450.	759,617.	615,206.	332,644.	2,329,917.
16 Membership fees received	85,501.	75,349.	48,181.		209,031.
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	586,706.	240,429.	66,350.	9,312.	902,797.
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	77,619.	1,170.	205.	357.	79,351.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
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.					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0.
23 Total of lines 15 through 22	1,372,276.	1,076,565.	729,942.	342,313.	3,521,096.
24 Line 23 minus line 17	785,570.	836,136.	663,592.	333,001.	2,618,299.
25 Enter 1% of line 23	13,723.	10,766.	7,299.	3,423.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	52,366.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		26b	291,502.
c Total support for section 509(a)(1) test. Enter line 24, column (e).		26c	2,618,299.
d Add. Amounts from column (e) for lines 18 79,351. 19		26d	370,853.
22	26b 291,502.	26e	2,247,446.
e Public support (line 26c minus line 26d total)		26f	85.84 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

27 Organizations described on line 12: N/A

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

(2005) _____ (2004) _____ (2003) _____ (2002) _____

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 11b, 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

(2005) _____ (2004) _____ (2003) _____ (2002) _____

c Add. Amounts from column (e) for lines 15 _____ 16 _____	17 _____ 20 _____ 21 _____	27c	
d Add. Line 27a total _____ and line 27b total _____		27d	
e Public support (line 27c total minus line 27d total)		27e	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27f		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.

Part V**Private School Questionnaire** (See instructions.)(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

N/A

	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.) ----- ----- -----		
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) ----- -----		
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) ----- ----- -----		
34a 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 instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **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
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 –		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is –		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See 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

	Yes	No	Amount
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.)			

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

BAA

Schedule A (Form 990 or 990-EZ) 2006

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization San Francisco Museum & Historical Society	Employer identification number 68-0104888
	Number, street, and room or suite number. If a P.O. box, see instructions. P.O. Box 420470	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. San Francisco, CA 94142-0470	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ Kurt Nystrom

Telephone No ▶ 415-537-1105 FAX No ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 5/15, 20 08, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☐ calendar year 20 ____ or
- ▶ ☒ tax year beginning 7/01, 20 06, and ending 6/30, 20 07

2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3a \$ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3b \$ 0.

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3c \$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8868** (Rev 4-2007)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print	Name of Exempt Organization	Employer identification number
	San Francisco Museum & Historical Society	68-0104888
	Number, street, and room or suite number If a P.O. box, see instructions	For IRS use only
File by the extended due date for filing the return. See instructions	P.O. Box 420470	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	San Francisco, CA 94142-0470	

Check type of return to be filed (File a separate application for each return).

- | | | | |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of Kurt Nystrom
Telephone No 415-537-1105 FAX No.
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 5/15, 20 08.
- 5 For calendar year , or other tax year beginning 7/01, 20 06, and ending 6/30, 20 07.
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension Taxpayer requests additional time to gather information necessary to file a complete and accurate tax return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Executive Director Date **Notice to Applicant. (To be Completed by the IRS)**

- ☐ We **have** approved this application. Please attach this form to the organization's return
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other

Director By Date **Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name
	PMB Helin Donovan, LLP
	Number and street (include suite, room, or apartment number) or a P.O. box number
	50 FRANCISCO ST STE 120
	City or town, province or state, and country (including postal or ZIP code)
	SAN FRANCISCO, CA 94133-2108

Statement 1
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Other Assets

Description:	Disposition of Assets		
Date Acquired:	Various		
How Acquired:	Purchase		
Date Sold:	Various		
To Whom Sold:			
Gross Sales Price:	20,573.		
Cost or Other Basis:	0.		
		Gain (Loss)	20,573.
Total Gain (Loss) Other Assets			<u>\$ 20,573.</u>
Total Net Gain (Loss) From Noninventory Sales			<u>\$ 20,573.</u>

Statement 2
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

<u>Special Events</u>	<u>Gross Receipts</u>	<u>Less Contri- butions</u>	<u>Gross Revenue</u>	<u>Less Direct Expenses</u>	<u>Net Income (Loss)</u>
Events/Fundraising	15,140.	0.	15,140.	8,138.	7,002.
Sponsorships	0.	0.	0.	0.	0.
Total	<u>\$ 15,140.</u>	<u>\$ 0.</u>	<u>\$ 15,140.</u>	<u>\$ 8,138.</u>	<u>\$ 7,002.</u>

Statement 3
Form 990, Part I, Line 10
Gross Profit (Loss) From Sales Of Inventory

Publications	\$ 2,743.
Gross Sales	<u>\$ 2,743.</u>
Less Returns & Allowances	<u>0.</u>
Net Sales	\$ 2,743.
Less Cost Of Goods Sold	<u>0.</u>
Gross Profit From Sales Of Inventory	<u>\$ 2,743.</u>

Statement 4
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Prior Period Adjustment	\$ 605,191.
Total	<u>\$ 605,191.</u>

Statement 5
Form 990, Part II, Line 43
Other Expenses

	(A)	(B)	(C)	(D)
	<u>Total</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
Advertising	22,356.	120.	2,498.	19,738.
Bank Charges	2,782.		1,668.	1,114.
Dues & Subscription	16,526.	15,985.	541.	
Exhibit Cost	1,150.		1,150.	
Insurance	24,823.		24,823.	
Less Capitalized Mint Costs	-4,527,099.	-3,706,232.	-224,153.	-596,714.
Miscellaneous	13,313.	2,763.	9,829.	721.
Prof-Arch, Design, Constr	3,404,524.	3,391,660.	4,695.	8,169.
Professional Fees-Other	425,776.	209,530.	82,068.	134,178.
Prov-Uncollectible Pledges	1,803.			1,803.
Utilities	9,669.	7,542.	2,127.	
Website	14,302.		3,353.	10,949.
Total	<u>\$ -590,075.</u>	<u>\$ -78,632.</u>	<u>\$ -91,401.</u>	<u>\$ -420,042.</u>

Statement 6
Form 990, Part III
Organization's Primary Exempt Purpose

To provide services to the public that enables them to understand and appreciate the historical heritage of San Francisco and the Bay Area.

Statement 7
Form 990, Part III, Line e
Statement of Program Service Accomplishments

<u>Description</u>	<u>Grants and Allocations</u>	<u>Program Service Expenses</u>
Argonaut - Published in-depth magazine style publication for members. Publication includes information on specific historic events and families of San Francisco. Includes Foreign Grants: No		42,141.
Panorama - Published four quarterly newsletters informing members of Society events and items of historical significance in San Francisco. Includes Foreign Grants: No		17,677.
Held monthly program meetings with speakers on historical San Franciscan topics. Meetings are open to all members and the public. Includes Foreign Grants: No		11,481.
Old Mint Restoration Program		133,864.

Statement 7 (continued)
Form 990, Part III, Line e
Statement of Program Service Accomplishments

<u>Description</u>	<u>Grants and Allocations</u>	<u>Program Service Expenses</u>
Includes Foreign Grants: No		
Total	\$ 0.	\$ 205,163.

Statement 8
Form 990, Part IV, Line 51
Other Notes and Loans Receivable

<u>Notes and Loans Reported Separately</u>	<u>Balance Due</u>	<u>Doubtful Accounts Allowance</u>
Borrower's Name: Old Mint Prop Tenant LL		
Borrower's Title:		
Date of Note: 11/01/2006		
Maturity Date: 11/01/2014		
Repayment Terms: Balloon due 11/1/2014		
Interest Rate: 5.01%		
Security Provided:		
Purpose of Loan: Finance remodeling		
Borrower Relationship: None		
Consideration:		
Consideration FMV:		
Original Amount: \$ 4,175,914.		
Balance Due:	\$ 4,160,832.	
Doubtful Acct. Allow.:		\$ 0.
 Borrower's Name: Old Mint Property LLC		
Borrower's Title:		
Date of Note:		
Maturity Date:		
Repayment Terms:		
Interest Rate:		
Security Provided: Assets of borrower		
Purpose of Loan: Inter-company account		
Borrower Relationship: Controlled LLC		
Consideration:		
Consideration FMV:		
Original Amount: \$ 1,282,776.		
Balance Due:	\$ 1,282,776.	
Doubtful Acct. Allow.:		\$ 0.
Total Notes and Loans Reported Separately	\$ 5,443,608.	\$ 0.
Total Net Receivables	\$ 5,443,608.	

Statement 9
Form 990, Part IV, Line 56
Investments - Other

<u>Description of Investment</u>	<u>Valuation Method</u>	<u>Book Value</u>
Old Mint LLC	Cost	\$ 2,875.
	Total	<u>\$ 2,875.</u>

Statement 10
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

<u>Category</u>	<u>Basis</u>	<u>Accum. Deprec.</u>	<u>Book Value</u>
Furniture and Fixtures	\$ 6,049.	\$ 101.	\$ 5,948.
Improvements	11,890.	8,918.	2,972.
Total	<u>\$ 17,939.</u>	<u>\$ 9,019.</u>	<u>\$ 8,920.</u>

Statement 11
Form 990, Part IV, Line 58
Other Assets

Historic Art Collection	\$ 22,174.
Net Intangible Assets	38,066.
Total	<u>\$ 60,240.</u>

Statement 12
Form 990, Part IV, Line 64b
Mortgages and Other Notes Payable

Other Notes Payable

Lender's Name:	Jim Lazarus	
Relationship of Lender:	Director	
Date of Note:	3/01/2006	
Maturity Date:	3/10/2008	
Repayment Terms:	Due on maturity	
Interest Rate:	8.75%	
Purpose of Loan:	Finance operations	
Original Amount:	257,273.	
Balance Due:		\$ 60,451.
Total		<u>\$ 60,451.</u>

Statement 13
Form 990, Part IV-A, Line b(4)
Other Amounts

Gain/Loss - OMP LLC	\$	-175.
Interest Inc - OMP LLC		<u>329,962.</u>
Total	\$	<u>329,787.</u>

Statement 14
Form 990, Part IV-B, Line b(4)
Other Amounts

Admin Exps - OMP LLC		\$	614.
Total	\$	<u>614.</u>	

Statement 15
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Erik Christoffersen P.O. Box 420470 San Francisco, CA 94142	Executive Direc 0	\$ 0.	\$ 0.	\$ 0.
Daniel Bacon P.O. Box 420470 San Francisco, CA 94142	Director 0	0.	0.	0.
Jacque Ducharme P.O. Box 420470 San Francisco, CA 94142	Treasurer 0	0.	0.	0.
Jerome L. Dodson P.O. Box 420470 San Francisco, CA 94142	President 0	0.	0.	0.
Peter Musto P.O. Box 420470 San Francisco, CA 94142	Director 0	0.	0.	0.
Kyle Everett P.O. Box 420470 San Francisco, CA 94142	Director 0	0.	0.	0.
Michael J. Fleming P.O. Box 420470 San Francisco, CA 94142	Vice President 0	0.	0.	0.

Statement 15 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Charles A. Fracchia P.O. Box 420470 San Francisco, CA 94142	Director 0	\$ 0.	\$ 0.	\$ 0.
Jim Gonzalez P.O. Box 420470 San Francisco, CA 94142	Director 0	0.	0.	0.
Richard Johns P.O. Box 420470 San Francisco, CA 94142	President 0	0.	0.	0.
Patrick Banks P.O. Box 420470 San Francisco, CA 94142	Director 0	0.	0.	0.
Collen Cassity P.O. Box 420470 San Francisco, CA 94142	Director 0	0.	0.	0.
Jim Lazarus P.O. Box 420470 San Francisco, CA 94142	Director 0	0.	0.	0.
Louis Lipset P.O. Box 420470 San Francisco, CA 94142	Director 0	0.	0.	0.
John Lum P.O. Box 420470 San Francisco, CA 94142	Director 0	0.	0.	0.
Arthur Mejia, Ph.D. P.O. Box 420470 San Francisco, CA 94142	Director 0	0.	0.	0.
Ink Mendelsohn P.O. Box 420470 San Francisco, CA 94142	Director 0	0.	0.	0.
David Parry P.O. Box 420470 San Francisco, CA 94142	Director 0	0.	0.	0.
Edith L. Piness, Ph.D. P.O. Box 420470 San Francisco, CA 94142	Secretary 0	0.	0.	0.

Statement 15 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Leslie M. Silverman P.O. Box 420470 San Francisco, CA 94142	Director 0	\$ 0.	\$ 0.	\$ 0.
Judge Harry Low, Retired P.O. Box 420470 San Francisco, CA 94142	Director 0	0.	0.	0.
Michael Ma P.O. Box 420470 San Francisco, CA 94142	Director 0	0.	0.	0.
Reginald D. Steer P.O. Box 420470 San Francisco, CA 94142	Director 0	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 16
Form 990, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes

Line #	Explanation of Activities
93a	The organization provides traveling exhibits at City Hall, Pier 45, and the publication and sales of historical paraphernalia. SFMHS has shown itself to the public to be a valuable vehicle and a much needed historical resource to and for the City of San Francisco and elsewhere.
94	Membership helps the organization on going programs to show the history of the City of San Francisco. Members receive four newsletters (The Panorama) and during the year and discounts on admissions to Society programs and events. Members also receive reciprocity benefits from other museums throughout the State.
102	Sales of publications explaining the purpose and activities of the society is an integral part of the mission of the Society.

Statement 17
Form 990, Part XI, Line 106
Transfers to Controlled Entity

Controlled Entity Name and Address	Federal EIN	Description of Transfer	Amount of Transfer
Old Mint Property, LLC P.O. Box 420470 San Francisco, CA 94142	20-4135656	All of the capitalized costs associated with the renovation of the Old Mint Building in San Francisco,	7,444,519.

2006

Federal Statements
San Francisco Museum & Historical
Society

Page 8

68-0104888

Statement 17 (continued)
Form 990, Part XI, Line 106
Transfers to Controlled Entity

Controlled Entity Name and Address	Federal EIN	Description of Transfer	Amount of Transfer
			Total \$ 7,444,519.

Statement 18
Schedule A, Part I
Compensation of Five Highest Paid Employees

Name and Address	Title & Average Hours Worked	Compen- sation	Contribut. EBP & DC	Expense Account
Erik Christoffersen PO Box 420569 San Francisco, CA 94142	Executive Direc 40	128,000.	0.	0.
Danielle Erb PO Box 420569 San Francisco, CA 94142	Cap Campaign Dr 40	74,870.	0.	0.
		Total \$ 202,870.	\$ 0.	\$ 0.

Program related expenses also include improvements to the San Francisco Mint building in San Francisco which are recorded as additions to the Society's capitalized costs. These improvements include the following:

Architectural and other design costs	\$4,527,099
Other program expenses	294,764
Total program related expenses	\$4,821,863