

COPY

Form 990

OMB No. 1545-0047

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 4/01, 2017, and ending 3/31, 2018

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C SPUR - SAN FRANCISCO BAY AREA PLANNING AND URBAN RESEARCH ASSOCIATION 654 MISSION ST. SAN FRANCISCO, CA 94105. D Employer identification number 94-1498232. E Telephone number 415-781-8726. G Gross receipts \$ 8,120,326.

F Name and address of principal officer GABRIEL METCALF SAME AS C ABOVE. H(a) Is this a group return for subsidiaries? Yes No. H(b) Are all subsidiaries included? If No, attach a list (see instructions) Yes No.

I Tax-exempt status [X] 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527. J Website: WWW.SPUR.ORG. H(c) Group exemption number

K Form of organization: [X] Corporation Trust Association Other. L Year of formation: 1910. M State of legal domicile CA

Part I Summary

Table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, expenses, and net assets.

Part II Signature Block

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.

Sign Here: Signature of officer GABRIEL METCALF, EXECUTIVE DIRECTOR. Date 12/10/18.

Paid Preparer Use Only: Preparer's name JOSEPH C. BUNKER, Firm's name BUNKER & COMPANY, LLP, Firm's address 4340 REDWOOD HWY., SUITE 117 SAN RAFAEL, CA 94903-2123. Date 12-10-18. Check if self-employed. PTIN P00204452. Firm's EIN 35-2317502. Phone no (415) 499-7661.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

COPY

059

Date Accepted

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR
2017

California e-file Return Authorization for
Exempt Organizations

FORM
8453-EO

Exempt Organization name: SPUR - SAN FRANCISCO BAY AREA PLANNING
Identifying number: 94-1498232

Part I Electronic Return Information (whole dollars only)

Table with 3 rows: 1 Total gross receipts (Form 199, line 4) 8,120,326; 2 Total gross income (Form 199, line 8) 8,120,326; 3 Total expenses and disbursements (Form 199, Line 9) 7,611,534.

Part II Settle Your Account Electronically for Taxable Year 2017

4 [] Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number
6 Account number
7 Type of account: [] Checking [] Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2017 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.

Sign Here: Signature of officer [Signature], Date 12/6/18, Title EXECUTIVE DIRECTOR

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign: Signature of Joseph C. Bunker, CPA, Date 12-10-18, Check if also paid preparer [X], Check if self-employed [], ERO's PTIN P00204452, Firm's name BUNKER & COMPANY, LLP, address 4340 REDWOOD HWY., SUITE 117, SAN RAFAEL, CA, ZIP Code 94903-2123

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign: Signature of Joseph C. Bunker, CPA, Date 12-10-18, Check if self-employed [], Paid preparer's PTIN, Firm's name (or yours if self-employed) and address, ZIP code

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2017

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No 1545-1878

For calendar year 2017, or fiscal year beginning 4/01 2017, and ending 3/31 2018

2017

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization: SPUR - SAN FRANCISCO BAY AREA PLANNING AND URBAN RESEARCH ASSOCIATION; Employer identification number: 94-1498232

Name and title of officer: GABRIEL METCALF EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879 EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b Total revenue/tax/balance due) and 2 columns (1b-5b) for amounts. Row 1b contains the value 7,649,950.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return...

Officer's PIN: check one box only

[X] I authorize BUNKER & COMPANY, LLP to enter my PIN 00052 as my signature

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature: [Handwritten Signature] Date: 12/4/18

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 68833717769

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature: [Handwritten Signature] Date: 12-10-18

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8879-EO (2017)

COPY

TAXABLE YEAR
2017

California Exempt Organization
Annual Information Return

FORM
199

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) 4/01/2017, and ending (mm/dd/yyyy) 3/31/2018

Corporation/Organization name SPUR - SAN FRANCISCO BAY AREA PLANNING AND URBAN RESEARCH ASSOCIATION California corporation number 0193235
FEIN 94-1498232
Street address (suite or room) 654 MISSION ST. PMB no.
City SAN FRANCISCO State CA Zip code 94105
Foreign country name Foreign province/state/county Foreign postal code

A First Return Yes No
B Amended Return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final Information Return? Dissolved Surrendered (Withdrawn) Merged/Reorganized
E Check accounting method: 1 Cash 2 Accrual 3 Other
F Federal return filed? 1 990T 2 990-PF 3 Sch H (990) 4 Other 990 series
G Is this a group filing? See instructions. Yes No
H Is this organization in a group exemption? If 'Yes,' what is the parent's name? Yes No
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. Yes No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
K Is the organization exempt under R&TC Section 23701g? If 'Yes,' enter the gross receipts from nonmember sources \$
L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.
M Is the organization a Limited Liability Company? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
P Is federal Form 1023/1024 pending? Yes No Date filed with IRS
CACA1112L 01/02/18

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Filing Fee (11-17). Total gross receipts: 8,120,326. Total expenses: 7,611,534. Balance due: 0.

Sign Here: Signature of officer, Title EXECUTIVE DIRECTOR, Date 12-10-18, Telephone 415-781-8726
Paid Preparer's Use Only: Preparer's signature, Date 12-10-18, Check if self-employed, Firm name BUNKER & COMPANY, LLP, Address 4340 REDWOOD HWY., SUITE 117, SAN RAFAEL, CA 94903-2123, Telephone (415) 499-7661
May the FTB discuss this return with the preparer shown above? See instructions. Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	65,472.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See Instructions)	6	54,475.
Expenses and Disbursements	7	Other income. Attach schedule	7	591,142.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	711,089.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	11	345,680.
	12	Other salaries and wages	12	3,254,542.
	13	Interest	13	73,455.
	14	Taxes	14	268,116.
	15	Rents	15	431,509.
	16	Depreciation and depletion (See instructions)	16	482,635.
	17	Other Expenses and Disbursements. Attach schedule	17	2,755,597.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	7,611,534.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		2,443,485.		2,474,561.
2	Net accounts receivable		1,576,955.		1,933,545.
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock		1,208,875.		2,991,942.
8	Mortgage loans				
9	Other investments. Attach schedule				
10 a	Depreciable assets	12,493,042.		12,509,026.	
b	Less accumulated depreciation	3,195,237.	9,297,805.	3,589,546.	8,919,480.
11	Land		3,269,975.		3,269,975.
12	Other assets. Attach schedule		1,613,497.		500,622.
13	Total assets		19,410,592.		20,090,125.
Liabilities and net worth					
14	Accounts payable		423,842.		451,200.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				2,784,000.
17	Mortgages payable		2,900,000.		
18	Other liabilities. Attach schedule		54,529.		74,390.
19	Capital stock or principal fund		16,032,221.		16,780,535.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth		19,410,592.		20,090,125.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	748,314.	7	Income recorded on books this year not included in this return. Attach schedule.	709,898.
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule.	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	709,898.
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	508,792.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	470,376.			
6	Total. Add line 1 through line 5	1,218,690.			

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

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY
Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization **SPUR - SAN FRANCISCO BAY AREA PLANNING
AND URBAN RESEARCH ASSOCIATION**

Employer identification number
94-1498232

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)(3) (enter number) organization
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 527 political organization
 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 boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization SPUR - SAN FRANCISCO BAY AREA PLANNING	Employer identification number 94-1498232
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	THE KORET FOUNDATION 611 FRONT ST. SAN FRANCISCO, CA 94111	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	JOHN S & JAMES L KNIGHT FOUNDATION 200 SOUTH BISCAYNE BLVD. #3300 MIAMI, FL 33131	\$ 731,135.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	SILICON VALLEY FOUNDATION 2440 WEST EL CAMINO REAL MOUNTAIN VIEW, CA 94040	\$ 540,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SPUR - SAN FRANCISCO BAY AREA PLANNING

94-1498232

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		

Name of organization: **SPUR - SAN FRANCISCO BAY AREA PLANNING** Employer identification number: **94-1498232**

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ N/A
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

CLIENT 52

SPUR - SAN FRANCISCO BAY AREA PLANNING
AND URBAN RESEARCH ASSOCIATION

94-1498232

12/06/18

12:32PM

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

INCOME FROM SPECIAL EVENTS	\$	171,850.
OTHER INCOME		78,609.
RENTAL INCOME		340,683.
TOTAL	\$	<u>591,142.</u>

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
VIVIAN FEI TSEN 654 MISSION ST. SAN FRANCISCO, CA 94105	CHAIR 2.00	\$ 0.	\$ 0.	\$ 0.
ED HARRINGTON 654 MISSION ST. SAN FRANCISCO, CA 94105	TREASURER 2.00	0.	0.	0.
MASHARIKA MADDISON 654 MISSION ST. SAN FRANCISCO, CA 94105	SECRETARY 2.00	0.	0.	0.
MICHAEL BANGS 654 MISSION ST. SAN FRANCISCO, CA 94105	EXEC BD MEMBER 2.00	0.	0.	0.
SETH BLAND 654 MISSION ST. SAN FRANCISCO, A 94105	DIR. SAN JOSE 1.00	0.	0.	0.
WADE ROSE 654 MISSION ST. SAN FRANCISCO, CA 94105	EXEC BD MEMBER 2.00	0.	0.	0.
RICH BRAUGH 654 MISSION ST. SAN FRANCISCO, CA 94105	DIR. SAN JOSE 1.00	0.	0.	0.
CARL SHANNON 654 MISSION ST. SAN FRANCISCO, CA 94105	EXEC BD MEMBER 2.00	0.	0.	0.
IRENE CHAVEZ 654 MISSION ST. SAN FRANCISCO,	DIR. SAN JOSE 1.00	0.	0.	0.

12/06/18

12:32PM

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DAVID FRIEDMAN 654 MISSION ST. SAN FRANCISCO, CA 94105	EXEC BD MEMBER 3.00	\$ 0.	\$ 0.	\$ 0.
FRAN WELD 654 MISSION ST. SAN FRANCISCO, CA 94105	EXEC BD MEMBER 2.00	0.	0.	0.
ANNE HALSTED 654 MISSION ST. SAN FRANCISCO, CA 94105	EXEC BD MEMBER 0	0.	0.	0.
ADHI NAGRAJ 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
DAVID BAKER 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
W. ANDERSON BARNES 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
CARMEN CHU 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
TILLY CHANG 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
MADELINE CHUN 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
PANG AU 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
DONALD FALK 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
DIANE FILIPPI 654 MISSION ST SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.

12/06/18

12:32PM

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
PETER GARZA 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
GEOFFREY GIBBS 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
PETER BACK 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
VINCE HOENIGMAN 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 2.00	0.	0.	0.
ARIANE HOGAN 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 2.00	0.	0.	0.
AIDAN HUGHES 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 2.00	0.	0.	0.
VIJAY KUMAR, P.E. 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 0	0.	0.	0.
SHIRLEY LEWIS 654 MISSION ST. SAN FRANCISCO, CA 94105	DIR. SAN JOSE 1.00	0.	0.	0.
DIANNE MCKENNA 654 MISSION ST. SAN FRANCISCO, CA 94105	DIR. SAN JOSE 1.00	0.	0.	0.
ROBERT GAMBLE 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
JASON RODRIGUEZ 654 MISSION ST. SAN FRANCISCO, CA 94105	DIR. SAN JOSE 2.00	0.	0.	0.
JAMES SALATA 654 MISSION ST. SAN FRANCISCO, CA 94105	DIR. SAN JOSE 1.00	0.	0.	0.

12/06/18

12:32PM

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>TOTAL COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
SUSAN LEAL 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
NICHOLAS JOSEFOWITZ 654 MISSION ST. SAN FRANCISCO, CA 94105	EXEC BD MEMBER 2.00	0.	0.	0.
GREG MORGAN 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 2.00	0.	0.	0.
HYDRA MENDOZA 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
LEYLA HEDAYAT 654 MISSION ST. SAN FRANCISCO, CA 94105	DIR. SAN JOSE 1.00	0.	0.	0.
TERRY MICHEAU 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
GEORGE MILLER 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
JAYE BAILEY 654 MISSION ST. SAN FRANCISCO, CA 94105	DIR. SAN JOSE 1.00	0.	0.	0.
ERIC TAO 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
SHAMANN WALTON 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
GARRETT HERBERT 654 MISSION ST. SAN FRANCISCO, CA 94105	EXEC BD MEMBER 2.00	0.	0.	0.
DORI YOB KILMER 654 MISSION ST. SAN FRANCISCO, CA 94105	DIR. SAN JOSE 1.00	0.	0.	0.

12/06/18

12:32PM

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
THNAG DO 654 MISSION ST. SAN FRANCISCO, CA 94105	DIR. SAN JOSE 1.00	\$ 0.	\$ 0.	\$ 0.
TYRA FENNEL 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 2.00	0.	0.	0.
BOB MUSCAT 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 2.00	0.	0.	0.
JEANNE MYERSON 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
DAN SAFIER 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
GREG JOHNSON 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
RICHARD PETERSON, JR. 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
REBECCA PROZAN 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
DOUG SHOEMAKER 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
GARY TEAGUE 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
MIKE THERIAULT 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
JEFFREY TILL 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.

12/06/18

12:32PM

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JOAQUIN TORRES 654 MISSION ST SAN FRANCISCO, CA 94105	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
CHARMAINE YU 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
PAUL WOOLFORD 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
MOLLY TURNER 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
JOSUE GARCIA 654 MISSION ST. SAN FRANCISCO,	DIR. SAN JOSE 2.00	0.	0.	0.
JIM GRUBB 654 MISSION ST. SAN FRANCISCO, CA 94105	DIR. SAN JOSE 1.00	0.	0.	0.
STEVE VETTEL 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
JEFFERY TUMLIN 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
JACK SYLVAN 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
FRANCESCA VIETOR 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
KIM-MAI CUTLER 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
GABRIEL METCALF 654 MISSION ST. SAN FRANCISCO, CA 94105	PRESIDENT & CEO 40.00	345,680.	4,538.	0.

12/06/18

12:32PM

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LYDIA TAN 654 MISSION ST. SAN FRANCISCO, CA 94105	EXEC BD MEMBER 3.00	\$ 0.	\$ 0.	\$ 0.
RICHARD LONERGAN 654 MISSION ST. SAN FRANCISCO, CA 94105	DIR. SAN JOSE 1.00	0.	0.	0.
AARON JOHNSON 654 MISSION ST. SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0.	0.	0.
EMILIO CRUZ 654 MISSION ST. SAN FRANCISCO, CA 94105	EXEC BD MEMBER 1.00	0.	0.	0.
ROB STEINBERG 654 MISSION ST. SAN FRANCISCO, CA 94105	EXEC BD MEMBER 2.00	0.	0.	0.
CONNIE MARTINEZ 654 MISSION ST. SAN FRANCISCO, CA 94105	DIR. SAN JOSE 1.00	0.	0.	0.
JONATHAN NOBLE 654 MISSION ST. SAN FRANCISCO, CA 94105	DIR. SAN JOSE 1.00	0.	0.	0.
TIM STEELE 654 MISSION ST. SAN FRANCISCO, CA 94105	DIR. SAN JOSE 1.00	0.	0.	0.
LYDIA TAN 654 MISSION ST. SAN FRANCISCO, CA 94105	EXEC BD MEMBER 3.00	0.	0.	0.
GERI WONG 654 MISSION ST. SAN FRANCISCO, CA 94105	DIR. SAN JOSE 1.00	0.	0.	0.
FRED BLACKWELL 654 MISSION ST. SAN FRANCISCO, CA 94105	OAKLAND DIR. 1.00	0.	0.	0.
DEBORAH BOYER 654 MISSION ST. SAN FRANCISCO, CA 94105	OAKLAND DIR. 2.00	0.	0.	0.

12/06/18

12:32PM

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
YVETTE RADFORD 654 MISSION ST. SAN FRANCISCO, CA 94105	OAKLAND DIR. 1.00	\$ 0.	\$ 0.	0.
GRACE CRUNICAN 654 MISSION ST. SAN FRANCISCO, CA 94105	OAKLAND DIR. 1.00	0.	0.	0.
CHARMAINE CURTIS 654 MISSION ST. SAN FRANCISCO, CA 94105	OAKLAND DIR. 1.00	0.	0.	0.
ANAGHA DANDEKAR 654 MISSION ST. SAN FRANCISCO, CA 94105	OAKLAND DIR. 1.00	0.	0.	0.
KEN LOWNEY 654 MISSION ST. SAN FRANCISCO, CA 94105	OAKLAND DIR. 1.00	0.	0.	0.
MIKE GHIEMMETTI 654 MISSION ST. SAN FRANCISCO, CA 94105	OAKLAND DIR. 2.00	0.	0.	0.
CHRIS IGLESIAS 654 MISSION ST. SAN FRANCISCO, CA 94105	OAKLAND DIR. 2.00	0.	0.	0.
WAYNE JORDAN 654 MISSION ST. SAN FRANCISCO, CA 94105	OAKLAND DIR. 1.00	0.	0.	0.
ROBERT JOSEPH 654 MISSION ST. SAN FRANCISCO, CA 94105	OAKLAND DIR. 1.00	0.	0.	0.
CHRISTOPHER LYTTLE 654 MISSION ST. SAN FRANCISCO, CA 94105	OAKLAND DIR. 2.00	0.	0.	0.
ELNORA WEBB 654 MISSION ST. SAN FRANCISCO, CA 94105	OAKLAND DIR. 2.00	0.	0.	0.
TOMIQUIA MOSS 654 MISSION ST. SAN FRANCISCO, CA 94105	EXEC BD MEMBER 2.00	0.	0.	0.

12/06/18

12:32PM

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
OLIS SIMMONS 654 MISSION ST. SAN FRANCISCO, CA 94105	OAKLAND DIR. 1.00	\$ 0.	\$ 0.	\$ 0.
JOSHUA SIMON 654 MISSION ST. SAN FRANCISCO, CA 94105	OAKLAND DIR. 2.00	0.	0.	0.
BILL STOTLER 654 MISSION ST. SAN FRANCISCO, CA 94105	OAKLAND DIR. 1.00	0.	0.	0.
ROBERT WILKINS 654 MISSION ST. SAN FRANCISCO, CA 94105	EXEC BD MEMBER 2.00	0.	0.	0.
TOTAL		\$ 345,680.	\$ 4,538.	\$ 0.

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES	\$ 56,425.
ADVERTISING AND PROMOTION	24,067.
LEGAL FEES	23,867.
OFFICE EXPENSES	423,572.
OTHER EMPLOYEE BENEFIT	242,266.
OTHER EXPENSES	271,215.
OTHER FEES	901,174.
PENSION PLAN CONTRIBUTIONS	93,106.
SPECIAL EVENT EXPENSES	470,376.
TRAVEL	249,529.
TOTAL	\$ 2,755,597.

STATEMENT 4
FORM 199, SCHEDULE L, LINE 7
INVESTMENTS IN STOCKS

EQUITIES	\$ 1,987,136.
FIXED INCOME	1,004,806.
TOTAL	\$ 2,991,942.

CLIENT 52

SPUR - SAN FRANCISCO BAY AREA PLANNING
AND URBAN RESEARCH ASSOCIATION

94-1498232

12/06/18

12:32PM

STATEMENT 5
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

BOND COSTS	100,886.
DONOR-ADVISED FUND	316,766.
PREPAID EXPENSES AND DEFERRED CHARGES	82,970.
TOTAL \$	<u><u>500,622.</u></u>

STATEMENT 6
FORM 199, SCHEDULE L, LINE 16
BONDS AND NOTES PAYABLE

<u>OTHER NOTES PAYABLE</u>	<u>BALANCE DUE</u>
LENDER'S NAME: JP MORGAN CHASE BANK	
DATE OF NOTE: 10/03/2016	
MATURITY DATE: 9/30/2026	
INTEREST RATE: 2.51	
SECURITY PROVIDED: DEED OF TRUST	
PURPOSE OF LOAN: RETIRE TAX-EXEMPT BOND	
ORIGINAL AMOUNT: 2,900,000.	
BALANCE DUE:	2,784,000.
TOTAL OTHER NOTES PAYABLE \$	<u><u>2,784,000.</u></u>
TOTAL NOTES AND BONDS PAYABLE \$	<u><u>2,784,000.</u></u>

STATEMENT 7
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

DEFERRED REVENUE	74,390.
TOTAL \$	<u><u>74,390.</u></u>

STATEMENT 8
FORM 199, SCHEDULE M-1, LINE 5
EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN

EVENT EXPENSES	\$ 470,376.
TOTAL \$	<u><u>470,376.</u></u>

STATEMENT 9
FORM 199, SCHEDULE M-1, LINE 7
INCOME RECORDED ON BOOKS NOT ON RETURN

DONATED SERVICES	\$ 158,720.
EVENT EXPENSES	470,376.
UNREALIZED GAIN	80,802.
TOTAL \$	<u><u>709,898.</u></u>