

# California Exempt Organization Annual Information Return

2007

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For calendar year 2007 or fiscal year beginning month 7 day 1 year 2007, and ending month 6 day 30 year 2008

<b>IMPORTANT: Your number is required.</b>		<b>A</b> Final return? Check applicable box. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date _____	
California corporation number <b>C 1 2 4 1 5 1 0</b>	Federal employer identification number (FEIN) <b>9 4 2 9 2 7 4 0 5</b>	<b>B</b> Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Federal: <input checked="" type="checkbox"/> 990 <input type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120	
Corporation/Organization name <b>SAN FRANCISCO AIDS FOUNDATION</b>		<b>C</b> If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. <b>See General Instruction F. No filing fee is required.</b> <input checked="" type="checkbox"/>	
Address (including suite, room, or PMB no.) <b>P.O. BOX 426182</b>		<b>D</b> Is this a group filing? See General Instruction N <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City <b>SAN FRANCISCO</b>	State <b>CA</b>	ZIP Code <b>94142</b>	<b>E</b> Accounting method used <b>ACCRUAL</b> <b>F</b> Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 <input type="checkbox"/> (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust

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

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	8,095,184	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received. See instructions	3	24,372,529	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed. If the result is less than \$25,000, see General Instruction C.</b>	4	32,467,713	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6	6,708,156	00
	7 Total costs. Add line 5 and line 6.	7	6,708,156	00
	8 Total gross income. Subtract line 7 from line 4.	8	25,759,557	00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	24,977,618	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	781,939	00
<b>Filing Fee</b>	11 Filing fee \$10 or \$25. See General Instruction F.	11		00
	12 Penalty for failure to file on time. See General Instruction L.	12		00
	13 Use tax. See "General Instruction M"	13		00
	14 Balance due. Add line 11, line 12, and line 13.	14		00

- 15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations.  Yes  No
- 16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents.  Yes  No
- 17 Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter amount of gross receipts from nonmember sources \$ \_\_\_\_\_
- 18 Did the organization file Form 100, Form 100S, Form 100W, or Form 109 to report taxable income?  Yes  No  
If "Yes," enter amount of total income reported \$ \_\_\_\_\_

19 The financial records are in care of Vice-President and CFO Daytime telephone (415) 487-3000  
located at 995 Market Street, Suite 200, San Francisco, CA 94103

<b>Please Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Original signed by Marty Low	<u>2-230</u>	VP & CFO	(415) 487-3000
<b>Paid Preparer's Use Only</b>	Paid Preparer's signature	Original signed by Michael Steele	<u>2/17/07</u>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address	<u>MICHAEL STEELE, CIA</u>	FEIN	<u>80-0318069</u>
		<u>9801 CHRISTIE AVE, STE 204</u>	Daytime telephone	<u>(510) 485-4505</u>
		<u>EMERYVILLE, CA 94608</u>		