

California Exempt Organization Annual Information Return

2008

199

Calendar Year 2008 or fiscal year beginning month 7 day 1 year 2008 and ending month 6 day 30 year 2009

A First Return Filed? Yes No **B** Type of organization
 Exempt under Section 23701 **D** (insert letter)
 IRC Section 4947(a)(1) trust

CCRP #
 1 2 4 1 5 1 0

Corporation/Organization Name
SAN FRANCISCO AIDS FOUNDATION

FEIN
 9 4 2 9 2 7 4 0 5

Address
P.O. BOX 426182

City **SAN FRANCISCO** State **CA** ZIP Code **94142**

- C** Amended Return? Yes No
D Are you a subordinate/affiliate in a group exemption? Yes No
 (a) Is this a group filing for affiliates? See General Instruction L Yes No
 (b) If "Yes," enter the number of affiliates: _____
 (c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
 (d) Is this a separate return filed by an organization covered by a group ruling? Yes No
 (e) Federal Group Exemption Number: _____
 (f) Is a roster of subordinates attached? Yes No
E Final return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)
 If a box is checked, enter date: _____
F Check the box if the organization filed: (1) 990T (2) 990PF (3) 990H
G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.
H Accounting method used (1) Cash (2) Accrual (3) Other
I 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
J 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
K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter amount of gross receipts from nonmember sources \$: _____
L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
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

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	● 1	3,818,831	00
	2	Gross dues and assessments from members and affiliates	● 2		00
	3	Gross contributions, gifts, grants, and similar amounts received.	● 3	22,027,403	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C.	● 4	25,846,234	00
	5	Cost of goods sold	● 5		00
	6	Cost or other basis, and sales expenses of assets sold	● 6	3,732,543	00
	7	Total costs. Add line 5 and line 6.	7	3,732,543	00
	8	Total gross income. Subtract line 7 from line 4.	● 8	22,113,691	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	● 9	22,720,040	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	● 10	(606,349)	00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F.	● 11		00
	12	Total payments	12		00
	13	Penalties and interest. See General Instruction J.	13		00
	14	Use tax. See General Instruction K.	● 14		00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.	15		00

Sign Here 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** Title **Vice-President & CFO** Date **5-7-2010** Telephone (415) 487-3000

Paid Preparer's Use Only Preparer's signature **Michael Steele, CPA** Date **5/6/10** Check if self-employed Preparer's SSN/PIN **P 0 0 2 0 0 2 3 4**

Firm's name (or yours, if self-employed) and address **Michael Steele, CPA**
5801 Christie Ave., Ste. 394, Emeryville, CA 94608
 Telephone (510) 985-0505

May the FTB discuss this return with the preparer shown above? See instructions. Yes No