

# California Exempt Organization Annual Information Return

**2009**

**199**

Calendar Year 2009 or fiscal year beginning month 07 day 01 year 2009, and ending month 06 day 30 year 2010

**A** First Return Filed?  Yes  No

**B** Type of organization  
 Exempt under Section 23701  (insert letter) **D**  
 IRC Section 4947(a)(1) trust

CORP # 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 **94142-6182**

**C** Amended Return?  Yes  No

**D** Are you a subordinate/affiliate in a group exemption?  
 (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 Dissolved  Surrendered (Withdrawn)  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 the following federal forms or schedule:  
 (1)  990T (2)  990PF (3)  (Schedule H) 990

**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.

**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	3,749,596	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	19,415,687	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction C.	4	23,165,283	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	2,780,444	00
	7	Total costs. Add line 5 and line 6.	7	2,780,444	00
	8	Total gross income. Subtract line 7 from line 4.	8	20,384,839	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	20,141,984	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	242,855	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	<b>Balance due.</b> 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 Christopher W. Damon Title Interim CFO/Controller Date 2-14-11  
 Signature of officer

Telephone (415) 487-3000

**Paid Preparer's Use Only**  
 Original signed by Burr Pilger Mayer, Inc Date 15 Feb 2011  
 Preparer's signature

Preparer's SSN/PTIN \_\_\_\_\_  
 Firm's name (or yours, if self-employed) and address Burr Pilger Mayer, Inc  
600 California St., San Francisco, CA 94108  
 Telephone (415) 421-5757

FEIN \_\_\_\_\_

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