

# California Exempt Organization Annual Information Return

**2010**

**199**

Calendar Year 2010 or fiscal year beginning month 07 day 01 year 2010, and ending month 06 day 30 year 2011.

<b>A</b> First Return Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>B</b> Type of organization Exempt under Section 23701 <input type="checkbox"/> (insert letter) <b>D</b> IRC Section 4947(a)(1) trust <input type="checkbox"/>	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 ZIP Code CA 94142-6182

<b>C</b> Amended Return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>D</b> Are you a subordinate/affiliate in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (a) Is this a group filing for affiliates? See General Instruction L <input type="checkbox"/> Yes <input type="checkbox"/> No (b) If "Yes," enter the number of affiliates _____ (c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.) (d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input type="checkbox"/> No (e) Federal Group Exemption Number _____ (f) Is a roster of subordinates attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>E</b> Final return? <input checked="" type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date _____ <b>F</b> Check the box if the organization filed the following federal forms or schedule: (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> (Schedule H) 990 <b>G</b> 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. <input checked="" type="checkbox"/>	<b>H</b> Accounting method used (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other <b>I</b> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>J</b> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>K</b> Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter amount of gross receipts from nonmember sources \$ _____ <b>L</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**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. <input type="checkbox"/>	1	6,580,070	00
	2 Gross dues and assessments from members and affiliates <input type="checkbox"/>	2		00
	3 Gross contributions, gifts, grants, and similar amounts received. <input type="checkbox"/>	3	20,942,815	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 B. <input type="checkbox"/>	4	27,522,885	00
	5 Cost of goods sold <input type="checkbox"/>	5		00
	6 Cost or other basis, and sales expenses of assets sold <input type="checkbox"/>	6	5,431,706	00
	7 Total costs. Add line 5 and line 6. <input type="checkbox"/>	7	5,431,706	00
	8 Total gross income. Subtract line 7 from line 4. <input type="checkbox"/>	8	22,091,179	00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18. <input type="checkbox"/>	9	22,464,532	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. <input type="checkbox"/>	10	(373,353)	00
<b>Filing Fee</b>	11 Filing fee \$10 or \$25. See General Instruction F. <input type="checkbox"/>	11		00
	12 Total payments <input type="checkbox"/>	12		00
	13 Penalties and interest. See General Instruction J. <input type="checkbox"/>	13		00
	14 Use tax. See General Instruction K. <input type="checkbox"/>	14		00
	15 <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result. <input type="checkbox"/>	15		00

<b>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.	Signature of officer 	Title Chief Financial Officer	Date 2/27/2012	<input checked="" type="checkbox"/> Telephone ( 415 ) 487-3000
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date 2/27/2012	Check if self-employed <input type="checkbox"/>	<input checked="" type="checkbox"/> Preparer's PTIN/SSN P01008919	<input checked="" type="checkbox"/> FEIN 26-3839190
	Firm's name (or yours, if self-employed) and address Burr Pilger Mayer, Inc 600 California Street Suite 1300, SF, CA 94108			<input checked="" type="checkbox"/> Telephone (415 ) 421-5757	
May the FTB discuss this return with the preparer shown above? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No					