

# California Exempt Organization Annual Information Return

Calendar Year 2011 or fiscal year beginning month **JULY** day **1** year **2011**, and ending month **JUNE** day **30** year **2012**.

Corporation/Organization name <b>SAN FRANCISCO AIDS FOUNDATION</b>		California corporation number <b>C1241510</b>	
Address (suite, room, or PMB no.) <b>P.O. BOX 426182</b>		FEIN <b>94-2927405</b>	
City <b>SAN FRANCISCO</b>	State <b>CA</b>	ZIP Code <b>94142-6182</b>	

**A** First Return  Yes  No

**B** Amended Return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final Return  Yes  No

•  Dissolved •  Surrendered (Withdrawn)

•  Merged/Reorganized Enter date: \_\_\_\_\_

**E** Check accounting method:  
(1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed?  
(1) •  990T (2) •  990(PF) (3) •  Sch H (990)

**G** Is this a group filing for the subordinates/affiliates? •  Yes  No  
If "Yes," attach a roster. See instructions

**H** Is this organization in a group exemption?  Yes  No  
If "Yes," what is the parent's name? \_\_\_\_\_

**I** 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? •  Yes  No  
If "Yes," explain, and attach copies of revised documents.

**J** 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)?  Yes  No  
If "Yes," complete and attach form FTB 3509.

**K** Is the organization exempt under R&TC Section 23701g? •  Yes  No  
If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_

**L** 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. 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

**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	23,157,464.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received	3	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 B	4	23,157,464.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	00
	7 Total costs. Add line 5 and line 6	7	00
	8 Total gross income. Subtract line 7 from line 4	8	23,157,464.00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	23,406,200.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-248,736.00
<b>Filing Fee</b>	11 Filing fee \$10 or \$25. See General Instruction F	11	N/A
	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.

Signature of officer <b>ORIG. SIGNED BY J. ZIMMAN</b>	Title <b>CFO</b>	Date <b>3/1/13</b>	• Telephone
Preparer's signature <b>ORIGINAL SIGNED BY M. KISRIEV</b>	Date <b>3/1/13</b>	Check if self-employed <input type="checkbox"/>	• PTIN <b>P01008919</b>
Firm's name (or yours, if self-employed) and address <b>BURR PILGER MAYER, INC. 600 CALIFORNIA STREET, SUITE 1300 SAN FRANCISCO, CA 94108</b>	• FEIN <b>26-3839190</b>		
May the FTB discuss this return with the preparer shown above? See instructions			• <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No