

TAXABLE YEAR
2012

California Exempt Organization Annual Information Return

228941 12-18-12
FORM
199

Calendar Year 2012 or fiscal year beginning month **JULY** day **1** year **2012**, and ending month **JUNE** day **30** year **2013**.

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

A First Return Yes No

B Amended Return Yes No

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

D Final Return?
 Dissolved Surrendered (Withdrawn)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.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	5,504,793.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	24,458,270.00
	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 \$50,000, see General Instruction B	4	29,963,063.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	4,495,088.00
	7	Total costs. Add line 5 and line 6	7	4,495,088.00
	8	Total gross income. Subtract line 7 from line 4	8	25,467,975.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	24,860,553.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	607,422.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	N/A 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

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.

Sign Here	Signature of officer	Original signed by J Zimman	Title CFO	Date 3/12/14	Telephone 415-487-3000
	Preparer's signature	Original signed by J Panetta	Date 3/12/14	Check if self-employed <input type="checkbox"/>	PTIN P00365375
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	BURR PILGER MAYER, INC. 600 CALIFORNIA STREET, SUITE 1300 SAN FRANCISCO, CA 94108			FEIN 26-3839190
	May the FTB discuss this return with the preparer shown above? See instructions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Telephone (415) 421-5757