

# Return of Organization Exempt From Income Tax

## 2007

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2007 calendar year, or tax year beginning** 7/1/2007 , and ending **6/30/2008**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C Name of organization**  
**SAN FRANCISCO AIDS FOUNDATION**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**P O Box 426182**  
 City or town, state or country, and ZIP + 4  
**San Francisco, CA 94142-6182**

**D Employer identification number**  
**94 2927405**

**E Telephone number**  
 ( **415** ) **487-3000**

**F Accounting method:**  Cash  Accrual  
 Other (specify) ▶

**G Website:** ▶ **www.sfaf.org**

**J Organization type** (check only one) ▶  501(c) ( **3** ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **32,467,713**

**M** Check  if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ .....  
**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

|   |   |   |                  |           |                   |                        |                   |
|---|---|---|------------------|-----------|-------------------|------------------------|-------------------|
| <b>Revenue</b>  | <b>1</b> Contributions, gifts, grants, and similar amounts received:  |   |                  |           |                   |                        |                   |
|   | <b>a</b> Contributions to donor advised funds   | <b>1a</b>   |                  |           | <b>0</b>          |                        |                   |
|   | <b>b</b> Direct public support (not included on line 1a)  | <b>1b</b>   |                  |           | <b>16,854,465</b> |                        |                   |
|   | <b>c</b> Indirect public support (not included on line 1a)  | <b>1c</b>   |                  |           | <b>177,672</b>    |                        |                   |
|   | <b>d</b> Government contributions (grants) (not included on line 1a)  | <b>1d</b>   |                  |           | <b>7,340,392</b>  |                        |                   |
|   | <b>e Total</b> (add lines 1a through 1d) (cash \$ <b>24,151,430</b> noncash \$ <b>221,099</b> )                             |   |                  |           |                   | <b>24,372,529</b>      |                   |
|   | <b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)                           |   |                  |           |                   | <b>323,872</b>         |                   |
|   | <b>3</b> Membership dues and assessments  |   |                  |           |                   | <b>0</b>               |                   |
|   | <b>4</b> Interest on savings and temporary cash investments   |   |                  |           |                   | <b>114,904</b>         |                   |
|   | <b>5</b> Dividends and interest from securities   |   |                  |           |                   | <b>234,033</b>         |                   |
|   | <b>6a</b> Gross rents   | <b>6a</b>   |                  |           | <b>81,793</b>     |                        |                   |
|   | <b>b</b> Less: rental expenses  | <b>6b</b>   |                  |           | <b>81,793</b>     |                        |                   |
| <b>c</b> Net rental income or (loss). Subtract line 6b from line 6a |   |   |                  |           | <b>0</b>          |                        |                   |
| <b>7</b> Other investment income (describe ▶ )                      |   |   |                  |           | <b>0</b>          |                        |                   |
| <b>Revenue</b>  | <b>8a</b> Gross amount from sales of assets other than inventory  | (A) Securities  |                  | (B) Other |                   |                        |                   |
|   |   |   | <b>6,956,860</b> | <b>8a</b> | <b>0</b>          |                        |                   |
|   | <b>b</b> Less: cost or other basis and sales expenses   |   | <b>6,708,156</b> | <b>8b</b> | <b>0</b>          |                        |                   |
|   | <b>c</b> Gain or (loss) (attach schedule) <b>Stmt 1</b>   |   | <b>248,704</b>   | <b>8c</b> | <b>0</b>          |                        |                   |
|   | <b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)   |   |                  |           |                   | <b>248,704</b>         |                   |
| <b>Revenue</b>  | <b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> |   |                  |           |                   | <b>See Statement 2</b> |                   |
|   | <b>a</b> Gross revenue (not including \$ <b>13,389,368</b> of contributions reported on line 1b)                            | <b>9a</b>   |                  |           | <b>200,991</b>    |                        |                   |
|   | <b>b</b> Less: direct expenses other than fundraising expenses  | <b>9b</b>   |                  |           | <b>1,562,852</b>  |                        |                   |
|   | <b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a  |   |                  |           |                   | <b>-1,361,861</b>      |                   |
|   | <b>10a</b> Gross sales of inventory, less returns and allowances  | <b>10a</b>  |                  |           | <b>0</b>          |                        |                   |
| <b>Revenue</b>  | <b>b</b> Less: cost of goods sold   | <b>10b</b>  |                  |           | <b>0</b>          |                        |                   |
|   | <b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a                  |   |                  |           |                   | <b>0</b>               |                   |
| <b>Revenue</b>  | <b>11</b> Other revenue (from Part VII, line 103)   |   |                  |           |                   | <b>182,731</b>         |                   |
|   | <b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11   |   |                  |           |                   | <b>24,114,912</b>      |                   |
|   | <b>Expenses</b>   | <b>13</b> Program services (from line 44, column (B))       |                  |           |                   |                        | <b>15,384,573</b> |
|   |   | <b>14</b> Management and general (from line 44, column (C)) |                  |           |                   |                        | <b>1,940,200</b>  |
|   |   | <b>15</b> Fundraising (from line 44, column (D))            |                  |           |                   |                        | <b>6,008,200</b>  |
| <b>16</b> Payments to affiliates (attach schedule)                  |   |   |                  |           |                   | <b>0</b>               |                   |
| <b>17 Total expenses.</b> Add lines 16 and 44, column (A)           |   |   |                  |           | <b>23,332,973</b> |                        |                   |
| <b>Net Assets</b>   | <b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12   |   |                  |           |                   | <b>781,939</b>         |                   |
|   | <b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))                                       |   |                  |           |                   | <b>11,404,015</b>      |                   |
|   | <b>20</b> Other changes in net assets or fund balances (attach explanation) <b>Stmt 3</b>                                   |   |                  |           |                   | <b>-607,044</b>        |                   |
|   | <b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20  |   |                  |           |                   | <b>11,578,910</b>      |                   |

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. |   | (A) Total            | (B) Program services | (C) Management and general | (D) Fundraising |
|---|---|----------------------|----------------------|----------------------------|-----------------|
| <b>22a</b>  | Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> )<br>If this amount includes foreign grants, check here <input type="checkbox"/> | <b>22a</b> 0         | 0                    |                            |                 |
| <b>22b</b>  | Other grants and allocations (attach schedule) (cash \$ <u>1,755,814</u> noncash \$ <u>0</u> )<br>If this amount includes foreign grants, check here <input type="checkbox"/> | <b>22b</b> 1,755,814 | 1,755,814            |                            |                 |
| <b>23</b>   | Specific assistance to individuals (attach schedule)  | <b>23</b> 0          | 0                    |                            |                 |
| <b>24</b>   | Benefits paid to or for members (attach schedule)   | <b>24</b> 0          | 0                    |                            |                 |
| <b>25a</b>  | Compensation of current officers, directors, key employees, etc. listed in Part V-A   | <b>25a</b> 221,679   | 148,148              | 28,523                     | 45,008          |
| <b>b</b>  | Compensation of former officers, directors, key employees, etc. listed in Part V-B  | <b>25b</b> 0         | 0                    | 0                          | 0               |
| <b>c</b>  | Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)        | <b>25c</b> 0         | 0                    | 0                          | 0               |
| <b>26</b>   | Salaries and wages of employees not included on lines 25a, b, and c   | <b>26</b> 7,092,385  | 4,739,849            | 912,552                    | 1,439,984       |
| <b>27</b>   | Pension plan contributions not included on lines 25a, b, and c  | <b>27</b> 247,869    | 165,652              | 31,892                     | 50,325          |
| <b>28</b>   | Employee benefits not included on lines 25a - 27  | <b>28</b> 1,077,482  | 720,083              | 138,636                    | 218,763         |
| <b>29</b>   | Payroll taxes   | <b>29</b> 577,916    | 386,222              | 74,358                     | 117,336         |
| <b>30</b>   | Professional fundraising fees   | <b>30</b> 316,782    | 0                    | 0                          | 316,782         |
| <b>31</b>   | Accounting fees   | <b>31</b> 74,065     | 36,788               | 10,374                     | 26,903          |
| <b>32</b>   | Legal fees  | <b>32</b> 61,016     | 30,307               | 8,547                      | 22,162          |
| <b>33</b>   | Supplies  | <b>33</b> 245,531    | 86,559               | 37,297                     | 121,675         |
| <b>34</b>   | Telephone   | <b>34</b> 177,290    | 62,501               | 26,931                     | 87,858          |
| <b>35</b>   | Postage and shipping  | <b>35</b> 889,701    | 117,084              | 4,621                      | 767,996         |
| <b>36</b>   | Occupancy   | <b>36</b> 1,126,149  | 700,285              | 111,528                    | 314,336         |
| <b>37</b>   | Equipment rental and maintenance  | <b>37</b> 75,307     | 26,548               | 11,439                     | 37,320          |
| <b>38</b>   | Printing and publications   | <b>38</b> 912,740    | 612,758              | 8,490                      | 291,492         |
| <b>39</b>   | Travel  | <b>39</b> 234,173    | 144,585              | 42,921                     | 46,667          |
| <b>40</b>   | Conferences, conventions, and meetings  | <b>40</b> 300,858    | 185,759              | 55,144                     | 59,955          |
| <b>41</b>   | Interest  | <b>41</b> 48,130     | 16,967               | 7,310                      | 23,853          |
| <b>42</b>   | Depreciation, depletion, etc. (attach schedule)   | <b>42</b> 410,815    | 232,171              | 60,915                     | 117,729         |
| <b>43</b>   | Other expenses not covered above (itemize):<br><b>See Statement 6</b>   | <b>43a</b> 7,487,271 | 5,216,493            | 368,722                    | 1,902,056       |
| <b>a</b>  | -----   | <b>43b</b>           |                      |                            |                 |
| <b>b</b>  | -----   | <b>43c</b>           |                      |                            |                 |
| <b>c</b>  | -----   | <b>43d</b>           |                      |                            |                 |
| <b>d</b>  | -----   | <b>43e</b>           |                      |                            |                 |
| <b>e</b>  | -----   | <b>43f</b>           |                      |                            |                 |
| <b>f</b>  | -----   | <b>43g</b>           |                      |                            |                 |
| <b>g</b>  | -----   |                      |                      |                            |                 |
| <b>44</b>   | <b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)                                    | <b>44</b> 23,332,973 | 15,384,573           | 1,940,200                  | 6,008,200       |

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 3,595,659; (ii) the amount allocated to Program services \$ 1,037,204;  
 (iii) the amount allocated to Management and general \$ 0; and (iv) the amount allocated to Fundraising \$ 2,558,455

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

|   |  |
|---|--|
| <p>What is the organization's primary exempt purpose? ► <b>End the pandemic and suffering caused by HIV.</b></p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> | <p><b>Program Service Expenses</b><br/>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p> |
| <p><b>a See Statement 7</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>   |  |
| <p><b>b</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>   |  |
| <p><b>c</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>   |  |
| <p><b>d</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>   |  |
| <p><b>e Other program services (attach schedule)</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>  |  |
| <p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services). . . . . ►</p>   | <p><b>15,384,573</b></p>   |

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

|  |   | (A)<br>Beginning of year  |                             | (B)<br>End of year          |
|--|---|---|-----------------------------|-----------------------------|
| <b>Assets</b>  | <b>45</b> Cash—non-interest-bearing . . . . .   | <b>1,238,414</b>  | <b>45</b>                   | <b>2,521,505</b>            |
|  | <b>46</b> Savings and temporary cash investments . . . . .  | <b>7,104,721</b>  | <b>46</b>                   | <b>4,122,037</b>            |
|  | <b>47a</b> Accounts receivable . . . . .  | <b>47a</b> <b>2,033,996</b>   |                             |                             |
|  | <b>b</b> Less: allowance for doubtful accounts . . . . .  | <b>47b</b> <b>0</b>   | <b>1,782,710</b>            | <b>47c</b> <b>2,033,996</b> |
|  | <b>48a</b> Pledges receivable . . . . .   | <b>48a</b> <b>430,528</b>   |                             |                             |
|  | <b>b</b> Less: allowance for doubtful accounts . . . . .  | <b>48b</b> <b>25,635</b>  | <b>672,309</b>              | <b>48c</b> <b>404,893</b>   |
|  | <b>49</b> Grants receivable . . . . .   |   | <b>0</b>                    | <b>49</b> <b>0</b>          |
|  | <b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .   |   | <b>0</b>                    | <b>50a</b> <b>0</b>         |
|  | <b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .                                   |   | <b>0</b>                    | <b>50b</b> <b>0</b>         |
|  | <b>51a</b> Other notes and loans receivable (attach schedule) . . . . .   | <b>51a</b> <b>0</b>   |                             |                             |
|  | <b>b</b> Less: allowance for doubtful accounts . . . . .  | <b>51b</b> <b>0</b>   | <b>0</b>                    | <b>51c</b> <b>0</b>         |
|  | <b>52</b> Inventories for sale or use . . . . .   |   | <b>0</b>                    | <b>52</b> <b>0</b>          |
|  | <b>53</b> Prepaid expenses and deferred charges . . . . .   |   | <b>341,434</b>              | <b>53</b> <b>499,286</b>    |
|  | <b>54a</b> Investments—publicly-traded securities . . . . .   | ▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | <b>5,046,363</b>            | <b>54a</b> <b>3,606,790</b> |
|  | <b>b</b> Investments—other securities (attach schedule) . . . . .   | ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV            | <b>0</b>                    | <b>54b</b> <b>0</b>         |
|  | <b>55a</b> Investments—land, buildings, and equipment: basis . . . . .  | <b>55a</b> <b>0</b>   |                             |                             |
|  | <b>b</b> Less: accumulated depreciation (attach schedule) . . . . .   | <b>55b</b> <b>0</b>   | <b>0</b>                    | <b>55c</b> <b>0</b>         |
|  | <b>56</b> Investments—other (attach schedule) . . . . .   |   | <b>0</b>                    | <b>56</b> <b>0</b>          |
|  | <b>57a</b> Land, buildings, and equipment: basis . . . . .  | <b>57a</b> <b>2,940,037</b>   |                             |                             |
|  | <b>b</b> Less: accumulated depreciation (attach schedule) <b> Stmt 8</b> . . . . .  | <b>57b</b> <b>1,610,937</b>   | <b>637,281</b>              | <b>57c</b> <b>1,329,100</b> |
| <b>58</b> Other assets, including program-related investments (describe ▶ <b> See Statement 9</b> . . . . .) |   | <b>240,385</b>  | <b>58</b> <b>244,022</b>    |                             |
| <b>59</b> <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .                        |   | <b>17,063,617</b>   | <b>59</b> <b>14,761,629</b> |                             |
| <b>Liabilities</b>   | <b>60</b> Accounts payable and accrued expenses . . . . .   | <b>2,283,143</b>  | <b>60</b>                   | <b>2,230,436</b>            |
|  | <b>61</b> Grants payable . . . . .  | <b>3,075,224</b>  | <b>61</b>                   | <b>561,500</b>              |
|  | <b>62</b> Deferred revenue . . . . .  | <b>189,003</b>  | <b>62</b>                   | <b>215,675</b>              |
|  | <b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .   |   | <b>0</b>                    | <b>63</b> <b>0</b>          |
|  | <b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .  |   | <b>0</b>                    | <b>64a</b> <b>0</b>         |
|  | <b>b</b> Mortgages and other notes payable (attach schedule) . . . . .  |   | <b>0</b>                    | <b>64b</b> <b>0</b>         |
|  | <b>65</b> Other liabilities (describe ▶ <b> See Statement 10</b> . . . . .)   |   | <b>112,232</b>              | <b>65</b> <b>175,108</b>    |
| <b>66</b> <b>Total liabilities.</b> Add lines 60 through 65 . . . . .  |   | <b>5,659,602</b>  | <b>66</b> <b>3,182,719</b>  |                             |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b> and complete lines 67 through 69 and lines 73 and 74.</b>   |   |                             |                             |
|  | <b>67</b> Unrestricted . . . . .  | <b>10,983,930</b>   | <b>67</b>                   | <b>11,040,966</b>           |
|  | <b>68</b> Temporarily restricted . . . . .  | <b>19,667</b>   | <b>68</b>                   | <b>118,315</b>              |
|  | <b>69</b> Permanently restricted . . . . .  | <b>400,418</b>  | <b>69</b>                   | <b>419,629</b>              |
|  | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b> and complete lines 70 through 74.</b>   |   |                             |                             |
|  | <b>70</b> Capital stock, trust principal, or current funds . . . . .  |   | <b>70</b>                   |                             |
|  | <b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .   |   | <b>71</b>                   |                             |
|  | <b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .  |   | <b>72</b>                   |                             |
|  | <b>73</b> <b>Total net assets or fund balances.</b> Add lines 67 through 69 <b> or</b> lines 70 through 72. (Column (A) <b> must</b> equal line 19 and column (B) <b> must</b> equal line 21) . . . . . |   | <b>11,404,015</b>           | <b>73</b> <b>11,578,910</b> |
|  | <b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .  |   | <b>17,063,617</b>           | <b>74</b> <b>14,761,629</b> |

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

|          |   |           |                 |                   |
|----------|---|-----------|-----------------|-------------------|
| <b>a</b> | Total revenue, gains, and other support per audited financial statements . . . . .  |           | <b>a</b>        | <b>23,723,706</b> |
| <b>b</b> | Amounts included on line <b>a</b> but not on Part I, line 12:                       |           |                 |                   |
| <b>1</b> | Net unrealized gains on investments . . . . .                                       | <b>b1</b> | <b>-626,843</b> |                   |
| <b>2</b> | Donated services and use of facilities . . . . .                                    | <b>b2</b> | <b>153,844</b>  |                   |
| <b>3</b> | Recoveries of prior year grants . . . . .   | <b>b3</b> |                 |                   |
| <b>4</b> | Other (specify): .....  | <b>b4</b> |                 |                   |
|          | Add lines <b>b1</b> through <b>b4</b> . . . . .                                     |           | <b>b</b>        | <b>-472,999</b>   |
| <b>c</b> | Subtract line <b>b</b> from line <b>a</b> . . . . .                                 |           | <b>c</b>        | <b>24,196,705</b> |
| <b>d</b> | Amounts included on Part I, line 12, but not on line <b>a</b> :                     |           |                 |                   |
| <b>1</b> | Investment expenses not included on Part I, line 6b . . . . .                       | <b>d1</b> | <b>0</b>        |                   |
| <b>2</b> | Other (specify): <b>See Statement 11</b> .....                                      | <b>d2</b> | <b>-81,793</b>  |                   |
|          | Add lines <b>d1</b> and <b>d2</b> . . . . .   |           | <b>d</b>        | <b>-81,793</b>    |
| <b>e</b> | <b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> . . . . . ▶ |           | <b>e</b>        | <b>24,114,912</b> |

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |  |           |                |                   |
|----------|--|-----------|----------------|-------------------|
| <b>a</b> | Total expenses and losses per audited financial statements . . . . .                 |           | <b>a</b>       | <b>23,548,810</b> |
| <b>b</b> | Amounts included on line <b>a</b> but not on Part I, line 17:                        |           |                |                   |
| <b>1</b> | Donated services and use of facilities . . . . .                                     | <b>b1</b> | <b>153,844</b> |                   |
| <b>2</b> | Prior year adjustments reported on Part I, line 20 . . . . .                         | <b>b2</b> | <b>-19,800</b> |                   |
| <b>3</b> | Losses reported on Part I, line 20 . . . . .   | <b>b3</b> | <b>0</b>       |                   |
| <b>4</b> | Other (specify): .....   | <b>b4</b> | <b>0</b>       |                   |
|          | Add lines <b>b1</b> through <b>b4</b> . . . . .                                      |           | <b>b</b>       | <b>134,044</b>    |
| <b>c</b> | Subtract line <b>b</b> from line <b>a</b> . . . . .                                  |           | <b>c</b>       | <b>23,414,766</b> |
| <b>d</b> | Amounts included on Part I, line 17, but not on line <b>a</b> :                      |           |                |                   |
| <b>1</b> | Investment expenses not included on Part I, line 6b . . . . .                        | <b>d1</b> | <b>0</b>       |                   |
| <b>2</b> | Other (specify): <b>See Statement 12</b> .....                                       | <b>d2</b> | <b>-81,793</b> |                   |
|          | Add lines <b>d1</b> and <b>d2</b> . . . . .  |           | <b>d</b>       | <b>-81,793</b>    |
| <b>e</b> | <b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> . . . . . ▶ |           | <b>e</b>       | <b>23,332,973</b> |

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|----------------------|--|---|---|--|
| See Statement 13     |  |   |   |  |
|                      |  |   |   |  |
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| <b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>  |            | Yes | No |
|--|------------|-----|----|
| <b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . .  | 13         |     |    |
| <b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . .                                 | <b>75b</b> |     | ✓  |
| <b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." . . . . . | <b>75c</b> |     | ✓  |
| If "Yes," attach a statement that includes the information described in the instructions.  |            |     |    |
| <b>d</b> Does the organization have a written conflict of interest policy? . . . . .   | <b>75d</b> | ✓   |    |

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

| (A) Name and address | (B) Loans and Advances | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|----------------------|------------------------|---|---|--|
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| <b>Part VI Other Information</b> <i>(See the instructions.)</i>  |            | Yes | No |
|--|------------|-----|----|
| <b>76</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .   | <b>76</b>  |     | ✓  |
| <b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . .<br>If "Yes," attach a conformed copy of the changes.   | <b>77</b>  |     | ✓  |
| <b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .  | <b>78a</b> |     | ✓  |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .   | <b>78b</b> |     |    |
| <b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .  | <b>79</b>  |     | ✓  |
| <b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . . | <b>80a</b> |     | ✓  |
| <b>b</b> If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt  |            |     |    |
| <b>81a</b> Enter direct and indirect political expenditures. (See line 81 instructions.) . . . . .   | <b>81a</b> |     | 0  |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .   | <b>81b</b> |     | ✓  |

| <b>Part VI Other Information (continued)</b> |  | Yes                                 | No                                  |
|--|--|-------------------------------------|-------------------------------------|
| <b>82a</b>                                   | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|  | <b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.<br>(See instructions in Part III.)   |                                     |                                     |
|  | <b>82b</b> <u>1,003,024</u>  |                                     |                                     |
| <b>83a</b>                                   | Did the organization comply with the public inspection requirements for returns and exemption applications?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|  | <b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>84a</b>                                   | Did the organization solicit any contributions or gifts that were not tax deductible?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|  | <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   |                                     |                                     |
| <b>85</b>                                    | <b>501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members?   |                                     |                                     |
|  | <b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?<br>If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.                              |                                     |                                     |
|  | <b>c</b> Dues, assessments, and similar amounts from members   | <b>85c</b>                          |                                     |
|  | <b>d</b> Section 162(e) lobbying and political expenditures  | <b>85d</b>                          |                                     |
|  | <b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  | <b>85e</b>                          |                                     |
|  | <b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)   | <b>85f</b>                          |                                     |
|  | <b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?   | <b>85g</b>                          |                                     |
|  | <b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?  | <b>85h</b>                          |                                     |
| <b>86</b>                                    | <b>501(c)(7) orgs.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12   | <b>86a</b>                          |                                     |
|  | <b>b</b> Gross receipts, included on line 12, for public use of club facilities  | <b>86b</b>                          |                                     |
| <b>87</b>                                    | <b>501(c)(12) orgs.</b> Enter: <b>a</b> Gross income from members or shareholders  | <b>87a</b>                          |                                     |
|  | <b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)   | <b>87b</b>                          |                                     |
| <b>88a</b>                                   | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|  | <b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>89a</b>                                   | <b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under:<br>section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/>   |                                     |                                     |
|  | <b>b</b> <b>501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|  | <b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0"/>  |                                     |                                     |
|  | <b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="text" value="0"/>  |                                     |                                     |
|  | <b>e</b> <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|  | <b>f</b> <i>All organizations.</i> Did the organization acquire a direct or indirect interest in any applicable insurance contract?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|  | <b>g</b> <i>For supporting organizations and sponsoring organizations maintaining donor advised funds.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>90a</b>                                   | List the states with which a copy of this return is filed <b>CA</b>  |                                     |                                     |
|  | <b>b</b> Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)   | <b>90b</b> <u>85</u>                |                                     |
| <b>91a</b>                                   | The books are in care of <b>Vice President and CFO</b> Telephone no. <b>415-487-3000</b><br>Located at <b>995 Market Street Ste 200, San Francisco, CA</b> ZIP + 4 <b>94103-1702</b>   |                                     |                                     |
|  | <b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?<br>If "Yes," enter the name of the foreign country | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|  | See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.  |                                     |                                     |

**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**  Yes  No  
 If "Yes," enter the name of the foreign country ▶ .....

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here  and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | **92** |

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

|   | Unrelated business income |               | Excluded by section 512, 513, or 514 |                   | (E)<br>Related or<br>exempt function<br>income |
|---|---------------------------|---------------|--------------------------------------|-------------------|--|
|   | (A)<br>Business code      | (B)<br>Amount | (C)<br>Exclusion code                | (D)<br>Amount     |  |
| <b>93</b> Program service revenue:  |                           |               |                                      |                   |  |
| <b>a</b> <b>Technical Assistance</b>  |                           |               |                                      |                   | <b>261,372</b>                                 |
| <b>b</b> <b>CIS Service Revenue</b>   |                           |               |                                      |                   | <b>62,500</b>                                  |
| <b>c</b> _____  |                           |               |                                      |                   |  |
| <b>d</b> _____  |                           |               |                                      |                   |  |
| <b>e</b> _____  |                           |               |                                      |                   |  |
| <b>f</b> Medicare/Medicaid payments . . . . .                                 |                           |               |                                      |                   |  |
| <b>g</b> Fees and contracts from government agencies                          |                           |               |                                      |                   |  |
| <b>94</b> Membership dues and assessments . . . . .                           |                           |               |                                      |                   |  |
| <b>95</b> Interest on savings and temporary cash investments                  |                           |               | <b>14</b>                            | <b>114,904</b>    |  |
| <b>96</b> Dividends and interest from securities . . . . .                    |                           |               | <b>14</b>                            | <b>234,033</b>    |  |
| <b>97</b> Net rental income or (loss) from real estate:                       |                           |               |                                      |                   |  |
| <b>a</b> debt-financed property . . . . .                                     |                           |               |                                      |                   |  |
| <b>b</b> not debt-financed property . . . . .                                 |                           |               |                                      |                   |  |
| <b>98</b> Net rental income or (loss) from personal property                  |                           |               |                                      |                   |  |
| <b>99</b> Other investment income . . . . .                                   |                           |               |                                      |                   |  |
| <b>100</b> Gain or (loss) from sales of assets other than inventory           |                           |               | <b>18</b>                            | <b>248,704</b>    |  |
| <b>101</b> Net income or (loss) from special events . . . . .                 |                           |               | <b>01</b>                            | <b>-1,361,861</b> |  |
| <b>102</b> Gross profit or (loss) from sales of inventory                     |                           |               |                                      |                   |  |
| <b>103</b> Other revenue: <b>a</b> <b>Event merchandise revenue</b>           |                           |               | <b>05</b>                            | <b>96,292</b>     |  |
| <b>b</b> <b>Termination of capital lease</b>                                  |                           |               | <b>01</b>                            | <b>71,896</b>     |  |
| <b>c</b> <b>Misc. Other Income</b>  |                           |               | <b>01</b>                            | <b>14,543</b>     |  |
| <b>d</b> _____  |                           |               |                                      |                   |  |
| <b>e</b> _____  |                           |               |                                      |                   |  |
| <b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .                 |                           | <b>0</b>      |                                      | <b>-581,489</b>   | <b>323,872</b>                                 |
| <b>105</b> <b>Total</b> (add line 104, columns (B), (D), and (E)) . . . . . ▶ |                           |               |                                      |                   | <b>-257,617</b>                                |

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

| Line No.<br>▼ | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
|---------------|---|
|               | <b>See Statement 14</b>   |
|               |   |
|               |   |

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

| (A)<br>Name, address, and EIN of corporation, partnership, or disregarded entity | (B)<br>Percentage of ownership interest | (C)<br>Nature of activities | (D)<br>Total income | (E)<br>End-of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

|               |   |                                       |                                | Yes                       | No |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|----|
|               | (A)<br>Name, address, of each controlled entity | (B)<br>Employer Identification Number | (C)<br>Description of transfer | (D)<br>Amount of transfer |    |
| a             |   |                                       |                                |                           |    |
| b             |   |                                       |                                |                           |    |
| c             |   |                                       |                                |                           |    |
| <b>Totals</b> |   |                                       |                                |                           |    |

**107** Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

|               |   |                                       |                                | Yes                       | No |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|----|
|               | (A)<br>Name, address, of each controlled entity | (B)<br>Employer Identification Number | (C)<br>Description of transfer | (D)<br>Amount of transfer |    |
| a             |   |                                       |                                |                           |    |
| b             |   |                                       |                                |                           |    |
| c             |   |                                       |                                |                           |    |
| <b>Totals</b> |   |                                       |                                |                           |    |

**108** Did the organization have a binding written contract in effect on August 17, 2007, covering the interest, rents, royalties, and annuities described in question 107 above?

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 officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Original signed by Marty Low | 2/12/09  
 Signature of officer | Date

Marty Low, Deputy Executive Dir  
 Type or print name and title

---

**Paid Preparer's Use Only**

Preparer's signature: Original signed by Michael Steele, CPA | Date: 2/12/09  
 Firm's name (or yours if self-employed), address, and ZIP + 4: Michael Steele, CPA  
5801 Christie Avenue, Suite 394, Emeryville, CA 94608

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. X): 80 0318069  
 EIN: \_\_\_\_\_  
 Phone no.: ( 510 ) 985-0505

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2007**

|  |   |
|--|---|
| Name of the organization<br><b>SAN FRANCISCO AIDS FOUNDATION</b> | Employer identification number<br><b>94 2927405</b> |
|--|---|

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000         | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| <b>Marty Low</b><br>P O Box 426182, San Francisco, CA 94142-618       | <b>VP &amp; CFO 40</b>                                   | <b>191,121</b>   | <b>15,118</b>   | <b>0</b>                                 |
| <b>Steven Tierney</b><br>P O Box 426182, San Francisco, CA 94142-618  | <b>VP, Programs &amp; Srvs 40</b>                        | <b>186,109</b>   | <b>15,118</b>   | <b>0</b>                                 |
| <b>Judith Auerbach</b><br>P O Box 426182, San Francisco, CA 94142-618 | <b>VP, Science &amp; Policy 40</b>                       | <b>179,886</b>   | <b>15,118</b>   | <b>0</b>                                 |
| <b>Barbara Kimport</b><br>P O Box 426182, San Francisco, CA 94142-618 | <b>VP, Development 40</b>                                | <b>178,062</b>   | <b>15,118</b>   | <b>0</b>                                 |
| <b>William Bland</b><br>P O Box 426182, San Francisco, CA 94142-618   | <b>Director 40</b>                                       | <b>151,722</b>   | <b>15,118</b>   | <b>0</b>                                 |
| Total number of other employees paid over \$50,000 . ▶                | <b>57</b>  |                  |   |  |

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000                 | (b) Type of service                  | (c) Compensation |
|---|--------------------------------------|------------------|
| <b>UCSF-AIDS Health Project</b><br>Box 0884, San Francisco, CA 94143-0884, US               | <b>HIV program services</b>          | <b>428,620</b>   |
| <b>Shanti</b><br>730 Polk Street, San Francisco, CA 94109, US                               | <b>HIV program services</b>          | <b>176,465</b>   |
| <b>MZA Events</b><br>121 Second Street 4th Floor, San Francisco, CA 94105, US               | <b>Fundraising/event producer</b>    | <b>150,000</b>   |
| <b>Langtec Systems Consulting</b><br>733 Front Street, San Francisco, CA 94111, US          | <b>IT consulting</b>                 | <b>86,713</b>    |
| <b>Huron Consulting Group</b><br>100 California Street Ste 800, San Francisco, CA 94111, US | <b>Strategic planning consultant</b> | <b>83,000</b>    |
| Total number of others receiving over \$50,000 for professional services . . . . . ▶        | <b>6</b>                             |                  |

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000                  | (b) Type of service        | (c) Compensation |
|--|----------------------------|------------------|
| <b>Steele North America</b><br>5970 Greenwood Plaza Ste 240, Greenwood Village, CO 80111, US | <b>Security contractor</b> | <b>87,060</b>    |
| <b>Hartmann Studios</b><br>100 West Ohio Ave, Richmond, CA 94804, US                         | <b>Production</b>          | <b>78,589</b>    |
| <b>Taste Catering</b><br>3450 Third St 4D, San Francisco, CA 94124, US                       | <b>Event caterer</b>       | <b>68,983</b>    |
| <b>Mal Warwick Associates</b><br>2550 Ninth Street Suite 103, Berkeley, CA 94710, US         | <b>Fundraising support</b> | <b>54,418</b>    |
| Total number of other contractors receiving over \$50,000 for other services . . . . . ▶     | <b>0</b>                   |                  |

**Part III Statements About Activities** (See page 2 of the instructions.)

|   | Yes                     | No |
|---|-------------------------|----|
| <b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>298,209</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)  | <b>1</b>                | ✓  |
| Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.   |                         |    |
| <b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) | <b>See Statement 15</b> |    |
| <b>a</b> Sale, exchange, or leasing of property?  | <b>2a</b>               | ✓  |
| <b>b</b> Lending of money or other extension of credit?   | <b>2b</b>               | ✓  |
| <b>c</b> Furnishing of goods, services, or facilities?  | <b>2c</b>               | ✓  |
| <b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?  | <b>2d</b>               | ✓  |
| <b>e</b> Transfer of any part of its income or assets?  | <b>2e</b>               | ✓  |
| <b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)  | <b>3a</b>               | ✓  |
| <b>b</b> Did the organization have a section 403(b) annuity plan for its employees?   | <b>3b</b>               | ✓  |
| <b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement   | <b>3c</b>               | ✓  |
| <b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?  | <b>3d</b>               | ✓  |
| <b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g  | <b>4a</b>               | ✓  |
| <b>b</b> Did the organization make any taxable distributions under section 4966?  | <b>4b</b>               | ✓  |
| <b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?   | <b>4c</b>               | ✓  |
| <b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶   | _____                   |    |
| <b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶   | _____                   |    |
| <b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶   | _____ <b>0</b>          |    |
| <b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶   | _____ <b>0</b>          |    |

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ .....
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: **(1) more than 33½%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33½%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

| (a)<br>Name(s) of supported organization(s) | (b)<br>Employer identification number (EIN) | (c)<br>Type of organization (described in lines 5 through 12 above or IRC section) | (d)<br>Is the supported organization listed in the supporting organization's governing documents? |    | (e)<br>Amount of support |
|---|---|--|---|----|--------------------------|
|   |   |  | Yes   | No |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
| <b>Total</b> . . . . .                      |   |  |   |    | <b>0</b>                 |

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006          | (b) 2005          | (c) 2004          | (d) 2003          | (e) Total              |
|--|-------------------|-------------------|-------------------|-------------------|------------------------|
| <b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .   | <b>21,351,899</b> | <b>23,855,653</b> | <b>23,528,163</b> | <b>21,017,427</b> | <b>89,753,142</b>      |
| <b>16</b> Membership fees received . . . . .   | <b>0</b>          | <b>0</b>          | <b>0</b>          | <b>0</b>          | <b>0</b>               |
| <b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .  | <b>561,724</b>    | <b>667,360</b>    | <b>774,671</b>    | <b>852,553</b>    | <b>2,856,308</b>       |
| <b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .   | <b>643,361</b>    | <b>465,544</b>    | <b>249,783</b>    | <b>160,617</b>    | <b>1,519,305</b>       |
| <b>19</b> Net income from unrelated business activities not included in line 18. . . . .   | <b>0</b>          | <b>0</b>          | <b>0</b>          | <b>0</b>          | <b>0</b>               |
| <b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .   | <b>0</b>          | <b>0</b>          | <b>0</b>          | <b>0</b>          | <b>0</b>               |
| <b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .   | <b>0</b>          | <b>0</b>          | <b>0</b>          | <b>0</b>          | <b>0</b>               |
| <b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .   | <b>135,129</b>    | <b>67,689</b>     | <b>75,363</b>     | <b>70,234</b>     | <b>348,415</b> Stmt 16 |
| <b>23</b> Total of lines 15 through 22 . . . . .   | <b>22,692,113</b> | <b>25,056,246</b> | <b>24,627,980</b> | <b>22,100,831</b> | <b>94,477,170</b>      |
| <b>24</b> Line 23 minus line 17 . . . . .  | <b>22,130,389</b> | <b>24,388,886</b> | <b>23,853,309</b> | <b>21,248,278</b> | <b>91,620,862</b>      |
| <b>25</b> Enter 1% of line 23 . . . . .  | <b>226,921</b>    | <b>250,562</b>    | <b>246,280</b>    | <b>221,008</b>    |                        |
| <b>26 Organizations described on lines 10 or 11:</b> <b>a</b> Enter 2% of amount in column (e), line 24 . . . . . ▶  |                   |                   |                   |                   | <b>26a 1,832,417</b>   |
| <b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts ▶   |                   |                   |                   |                   | <b>26b 13,735,161</b>  |
| <b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶   |                   |                   |                   |                   | <b>26c 91,620,862</b>  |
| <b>d</b> Add: Amounts from column (e) for lines: 18 <u>1,519,305</u> 19 <u>0</u> . . . . . ▶   |                   |                   |                   |                   |                        |
| 22 <u>348,415</u> 26b <u>13,735,161</u> . . . . . ▶  |                   |                   |                   |                   | <b>26d 15,602,881</b>  |
| <b>e</b> Public support (line 26c minus line 26d total) . . . . . ▶  |                   |                   |                   |                   | <b>26e 76,017,981</b>  |
| <b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶  |                   |                   |                   |                   | <b>26f 83 %</b>        |
| <b>27 Organizations described on line 12:</b> <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year:<br><br>(2006) _____ (2005) _____ (2004) _____ (2003) _____   |                   |                   |                   |                   |                        |
| <b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:<br><br>(2006) _____ (2005) _____ (2004) _____ (2003) _____ |                   |                   |                   |                   |                        |
| <b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____<br>17 _____ 20 _____ 21 _____ . . . . . ▶   |                   |                   |                   |                   | <b>27c</b>             |
| <b>d</b> Add: Line 27a total _____ and line 27b total _____ . . . . . ▶  |                   |                   |                   |                   | <b>27d</b>             |
| <b>e</b> Public support (line 27c total minus line 27d total) . . . . . ▶  |                   |                   |                   |                   | <b>27e</b>             |
| <b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . . ▶   |                   |                   |                   |                   | <b>27f</b>             |
| <b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶  |                   |                   |                   |                   | <b>27g %</b>           |
| <b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶   |                   |                   |                   |                   | <b>27h %</b>           |

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 9 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>29</b>  | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .  |     |    |
| <b>30</b>  | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .   |     |    |
| <b>31</b>  | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . .<br>If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)<br>-----<br>-----<br>----- |     |    |
| <b>32</b>  | Does the organization maintain the following:  |     |    |
| <b>a</b>   | Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .  |     |    |
| <b>b</b>   | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .  |     |    |
| <b>c</b>   | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .  |     |    |
| <b>d</b>   | Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .   |     |    |
|            | If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)<br>-----<br>-----   |     |    |
| <b>33</b>  | Does the organization discriminate by race in any way with respect to:   |     |    |
| <b>a</b>   | Students' rights or privileges? . . . . .  |     |    |
| <b>b</b>   | Admissions policies? . . . . .   |     |    |
| <b>c</b>   | Employment of faculty or administrative staff? . . . . .   |     |    |
| <b>d</b>   | Scholarships or other financial assistance? . . . . .  |     |    |
| <b>e</b>   | Educational policies? . . . . .  |     |    |
| <b>f</b>   | Use of facilities? . . . . .   |     |    |
| <b>g</b>   | Athletic programs? . . . . .   |     |    |
| <b>h</b>   | Other extracurricular activities? . . . . .  |     |    |
|            | If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)<br>-----<br>-----<br>-----   |     |    |
| <b>34a</b> | Does the organization receive any financial aid or assistance from a governmental agency? . . . . .  |     |    |
| <b>b</b>   | Has the organization's right to such aid ever been revoked or suspended? . . . . .<br>If you answered "Yes" to either 34a or b, please explain using an attached statement.  |     |    |
| <b>35</b>  | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .  |     |    |

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)  
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b>                    |   | (a)<br>Affiliated group<br>totals | (b)<br>To be completed<br>for all electing<br>organizations |
|---|---|-----------------------------------|---|
| (The term "expenditures" means amounts paid or incurred.) |   |                                   |   |
| <b>36</b>   | Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . . | <b>36</b>                         | <b>49,707</b>   |
| <b>37</b>   | Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . . | <b>37</b>                         | <b>248,502</b>  |
| <b>38</b>   | Total lobbying expenditures (add lines 36 and 37) . . . . .                             | <b>38</b>                         | <b>0</b>  |
| <b>39</b>   | Other exempt purpose expenditures . . . . .   | <b>39</b>                         | <b>23,014,964</b>   |
| <b>40</b>   | Total exempt purpose expenditures (add lines 38 and 39) . . . . .                       | <b>40</b>                         | <b>0</b>  |
| <b>41</b>   | Lobbying nontaxable amount. Enter the amount from the following table—                  |                                   |   |
|   | <b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b>           |                                   |   |
|   | Not over \$500,000 . . . . .  |                                   | 20% of the amount on line 40 . . . . .                      |
|   | Over \$500,000 but not over \$1,000,000 . . . . .                                       |                                   | \$100,000 plus 15% of the excess over \$500,000             |
|   | Over \$1,000,000 but not over \$1,500,000 . . . . .                                     |                                   | \$175,000 plus 10% of the excess over \$1,000,000           |
|   | Over \$1,500,000 but not over \$17,000,000 . . . . .                                    |                                   | \$225,000 plus 5% of the excess over \$1,500,000            |
|   | Over \$17,000,000 . . . . .   |                                   | \$1,000,000 . . . . .                                       |
| <b>41</b>   |   | <b>41</b>                         | <b>0</b>  |
| <b>42</b>   | Grassroots nontaxable amount (enter 25% of line 41) . . . . .                           | <b>42</b>                         | <b>0</b>  |
| <b>43</b>   | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36. . . . .       | <b>43</b>                         | <b>0</b>  |
| <b>44</b>   | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38. . . . .       | <b>44</b>                         | <b>0</b>  |

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50 on page 13 of the instructions.)

| Calendar year (or<br>fiscal year beginning in) ▶         | Lobbying Expenditures During 4-Year Averaging Period |                  |                  |                  |                  |
|--|--|------------------|------------------|------------------|------------------|
|  | (a)<br>2007  | (b)<br>2006      | (c)<br>2005      | (d)<br>2004      | (e)<br>Total     |
| <b>45</b> Lobbying nontaxable amount . . . . .           | <b>1,000,000</b>                                     | <b>1,000,000</b> | <b>1,000,000</b> | <b>1,000,000</b> | <b>4,000,000</b> |
| <b>46</b> Lobbying ceiling amount (150% of line 45(e))   |  |                  |                  |                  | <b>6,000,000</b> |
| <b>47</b> Total lobbying expenditures . . . . .          | <b>298,209</b>                                       | <b>299,943</b>   | <b>258,817</b>   | <b>239,865</b>   | <b>1,096,834</b> |
| <b>48</b> Grassroots nontaxable amount . . . . .         | <b>250,000</b>                                       | <b>250,000</b>   | <b>250,000</b>   | <b>250,000</b>   | <b>1,000,000</b> |
| <b>49</b> Grassroots ceiling amount (150% of line 48(e)) |  |                  |                  |                  | <b>1,500,000</b> |
| <b>50</b> Grassroots lobbying expenditures . . . . .     | <b>49,707</b>  | <b>53,577</b>    | <b>45,585</b>    | <b>61,373</b>    | <b>210,242</b>   |

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | Yes | No | Amount |
|---|-----|----|--------|
| <b>a</b> Volunteers . . . . .   |     |    |        |
| <b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) . . . . .  |     |    |        |
| <b>c</b> Media advertisements . . . . .   |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public . . . . .  |     |    |        |
| <b>e</b> Publications, or published or broadcast statements . . . . .   |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes . . . . .  |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .   |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .   |     |    |        |
| <b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) . . . . .  |     |    |        |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 13 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash . . . . .
- (ii) Other assets . . . . .

**b** Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization . . . . .
- (ii) Purchases of assets from a noncharitable exempt organization . . . . .
- (iii) Rental of facilities, equipment, or other assets . . . . .
- (iv) Reimbursement arrangements . . . . .
- (v) Loans or loan guarantees . . . . .
- (vi) Performance of services or membership or fundraising solicitations . . . . .

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .

|               | Yes | No |
|---------------|-----|----|
| <b>51a(i)</b> |     | ✓  |
| <b>a(ii)</b>  |     | ✓  |
| <b>b(i)</b>   |     | ✓  |
| <b>b(ii)</b>  |     | ✓  |
| <b>b(iii)</b> |     | ✓  |
| <b>b(iv)</b>  |     | ✓  |
| <b>b(v)</b>   |     | ✓  |
| <b>b(vi)</b>  |     | ✓  |
| <b>c</b>      |     | ✓  |

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

| (a)<br>Line no. | (b)<br>Amount involved | (c)<br>Name of noncharitable exempt organization | (d)<br>Description of transfers, transactions, and sharing arrangements |
|-----------------|------------------------|--|---|
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**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule:

| (a)<br>Name of organization | (b)<br>Type of organization | (c)<br>Description of relationship |
|-----------------------------|-----------------------------|------------------------------------|
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**Statement 1**

Form: 990

Page: 1

Part: I

Question: 8

**SAN FRANCISCO AIDS FOUNDATION**

**94-2927405**

---

**Sales of Assets Other than Inventory**

---

**Publicly Traded Securities**

**Description:**

**Sold To:**

|  |                     |                       |
|--|---------------------|-----------------------|
| <b>Sales Price:</b>                    | \$6,956,860.00      | <b>Date Sold:</b>     |
| <b>Expense of Sale:</b>                | \$0.00              | <b>Date acquired:</b> |
| <b>Cost or value when acquired:</b>    | \$6,708,156.00      | <b>How acquired:</b>  |
| <b>Depreciation since acquisition:</b> | \$0.00              |                       |
| <b>Net Sale:</b>                       | <b>\$248,704.00</b> |                       |

---

**Statement 2**

Form: 990

Page: 1

Part: I

Question: 9

**SAN FRANCISCO AIDS FOUNDATION**

**94-2927405**

**Schedule of Special Events**

| <b>Description</b>            | <b>Gross Receipts</b>  | <b>Contributions</b>   | <b>Gross Revenue</b> | <b>Direct Costs</b>   | <b>Net Income (Loss)</b> |
|-------------------------------|------------------------|------------------------|----------------------|-----------------------|--------------------------|
| ALC, Marathons, LRD & Seismic | \$13,590,359.00        | \$13,389,368.00        | \$200,991.00         | \$1,562,852.00        | -\$1,361,861.00          |
| <b>Total:</b>                 | <b>\$13,590,359.00</b> | <b>\$13,389,368.00</b> | <b>\$200,991.00</b>  | <b>\$1,562,852.00</b> | <b>-\$1,361,861.00</b>   |

**Statement 3**

Form: 990

Page: 1

Part: I

Question: 20

**SAN FRANCISCO AIDS FOUNDATION****94-2927405****Other changes in Net Assets or Fund Balances**

| <b>Explanation</b>                | <b>Amount</b>        |
|-----------------------------------|----------------------|
| Unrealized losses on investments  | -\$626,844.00        |
| Prior year grant returned to SFAF | \$19,800.00          |
| <b>Total:</b>                     | <b>-\$607,044.00</b> |

**Statement 4**

Form: 990  
Page: 2  
Part: II  
Question: 22b

**SAN FRANCISCO AIDS FOUNDATION**  
94-2927405

**Grants and Allocations**

---

**Classification** HIV/AIDS education & advocacy Women Organized to Respond to Life Threatening Dis

**Date:**

**Type:** Cash

**Address:** 414 13th Street

**Grant Amt** \$25,365.00

Oakland, CA 94612  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** HIV/AIDS prevention AIDS Project East Bay

**Date:**

**Type:** Cash

**Address:** 1320 Webster

**Grant Amt** \$12,600.00

Oakland, CA 94607  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** HIV/AIDS direct services Marin AIDS Project

**Date:**

**Type:** Cash

**Address:** 901 Irwin Street

**Grant Amt** \$10,000.00

San Rafael, CA 94901  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** HIV/AIDS prevention Larkin Street Youth Services

**Date:**

**Type:** Cash

**Address:** 701 Sutter Street

**Grant Amt** \$12,500.00

San Francisco, CA 94109  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** HIV/AIDS prevention and counseling Billy DeFrank LGBT Community Center

**Date:**

**Type:** Cash

**Address:** 938 The Alameda

**Grant Amt** \$16,375.00

San Jose, CA 95126  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** HIV/AIDS risk reduction

Meals of Marin

**Date:**

**Type:** Cash

**Address:** 1111 East Francisco Blvd Ste B

**Grant Amt** \$11,192.00

San Rafael, CA 94901  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** Meal services for people with HIV/AIDS Project Open Hand

**Date:**

**Type:** Cash

**Address:** 730 Polk Street

**Grant Amt** \$32,581.00

San Francisco, CA 94109  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** HIV prevention and risk reduction

AGUILAS

**Date:**

**Type:** Cash

**Address:** 2095 Harrison Street

**Grant Amt** \$7,500.00

San Francisco, CA 94110  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** HIV/AIDS community services. New Conservatory Theatre Center  
**Date:**  
**Type:** Cash **Address:** 25 Van Ness Avenue  
**Grant Amt** \$7,500.00 San Francisco, CA 94102  
United States  
**Purp of payment to affiliate**  
**Relationship:** N/A  
**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

---

**Classification** HIV/AIDS services Community Awareness and Treatment Services  
**Date:**  
**Type:** Cash **Address:** 1446 Market Street  
**Grant Amt** \$7,500.00 San Francisco, CA 94102  
United States  
**Purp of payment to affiliate**  
**Relationship:** N/A  
**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

---

**Classification** HIV education California Institute of Integral Studies  
**Date:**  
**Type:** Cash **Address:** 1453 Mission Street  
**Grant Amt** \$2,000.00 San Francisco, CA 94103  
United States  
**Purp of payment to affiliate**  
**Relationship:** N/A  
**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

---

**Classification** HIV/AIDS health services Women's Community Clinic  
**Date:**  
**Type:** Cash **Address:** 2166 Hayes Street  
**Grant Amt** \$5,000.00 San Francisco, CA 94117  
United States  
**Purp of payment to affiliate**  
**Relationship:** N/A  
**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

---

**Classification** HIV/AIDS prevention Asian Americans for Community Involvement  
**Date:**  
**Type:** Cash **Address:** 2400 Moorpark Ave Ste 300

**Grant Amt** \$5,000.00

San Jose, CA 95128  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** HIV/AIDS prevention

ProLatino

**Date:**

**Type:** Cash

**Address:** 938 The Alameda

**Grant Amt** \$2,000.00

San Jose, CA 95126  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** HIV/AIDS services

Vital Life Services

**Date:**

**Type:** Cash

**Address:** 5836 San Pablo Avenue

**Grant Amt** \$10,000.00

Oakland, CA 94608  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** HIV/AIDS prevention

Asian Pacific Islander Wellness Center

**Date:**

**Type:** Cash

**Address:** 730 Polk Street 4th Floor

**Grant Amt** \$25,505.00

San Francisco, CA 94109  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** HIV/AIDS risk reduction

Needle Exchange Emergency Distribution

**Date:**

**Type:** Cash

**Address:** 1947 Center Street 2nd Floor

**Grant Amt** \$5,000.00

Berkeley, CA 94704  
United States

**Purp of payment to affiliate**

**Relationship:** N/A  
**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

---

**Classification** HIV/AIDS global treatment access      Pangaea Global AIDS Foundation  
**Date:**  
**Type:** Cash      **Address:** 995 Market Street Ste 200  
**Grant Amt** \$1,000,000.00      San Francisco, CA 94103  
United States

**Purp of payment to affiliate**  
**Relationship:** N/A  
**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

---

**Classification** HIV/AIDS health services      Asian Health Services  
**Date:**  
**Type:** Cash      **Address:** 818 Webster Street  
**Grant Amt** \$5,000.00      Oakland, CA 94607  
United States

**Purp of payment to affiliate**  
**Relationship:** N/A  
**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

---

**Classification** HIV/AIDS healthcare services      Women's HIV Program at UCSF  
**Date:**  
**Type:** Cash      **Address:** 400 Parnassus Ave 4th Floor  
**Grant Amt** \$10,000.00      San Francisco, CA 94143-0378  
United States

**Purp of payment to affiliate**  
**Relationship:** N/A  
**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

---

**Classification** HIV/AIDS direct services      Immune Enhancement Project  
**Date:**  
**Type:** Cash      **Address:** 3450 16th Street  
**Grant Amt** \$20,585.00      San Francisco, CA 94114  
United States

**Purp of payment to affiliate**  
**Relationship:** N/A  
**Description of Property:**

**How Determined**



**Book Value of Property:**

**FMV of Property:**

---

**Classification** HIV/AIDS risk reduction

HIV Education Prevention Project of Alameda Co

**Date:**

**Type:** Cash

**Address:** P O Box 7522

**Grant Amt** \$10,000.00

Oakland, CA 94601  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** Legal services for people with HIV/AIDS

AIDS Legal Referral Panel

**Date:**

**Type:** Cash

**Address:** 1663 Mission Street Ste 500

**Grant Amt** \$14,710.00

San Francisco, CA 94103  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** HIV/AIDS advocacy

Project Inform

**Date:**

**Type:** Cash

**Address:** 1375 Mission Street

**Grant Amt** \$23,125.00

San Francisco, CA 94103-2621  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** Employment srvs for people w/HIV/AIDS

Positive Resource Center

**Date:**

**Type:** Cash

**Address:** 785 Market Street 10th Floor

**Grant Amt** \$17,616.00

San Francisco, CA 94103  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

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**Classification** HIV risk reduction and needle exchange

St James Infirmary

**Date:**

**Type:** Cash

**Grant Amt** \$7,500.00

**Address:** 1372 Mission

San Francisco, CA 94103  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

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**Classification** Pet care for people with AIDS

Pets Are Wonderful Support PAWS

**Date:**

**Type:** Cash

**Grant Amt** \$10,000.00

**Address:** 645 Harrison Street Ste 100

San Francisco, CA 94107  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

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**Classification** HIV/AIDS risk reduction

AIDS Prevention Action Network

**Date:**

**Type:** Cash

**Grant Amt** \$2,000.00

**Address:** 1404 Madison Avenue

Redwood City, CA 94061-1550  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

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**Classification** HIV/AIDS prevention

Outlook Program

**Date:**

**Type:** Cash

**Grant Amt** \$2,000.00

**Address:** 711 Church

Mountain View, CA 94041  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

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**Classification** HIV/AIDS prevention

Population Action International

**Date:**

**Type:** Cash

**Grant Amt** \$5,000.00

**Address:** 1300 19th Street NW 2nd Floor

Washington, DC 20036  
United States

**Purp of payment to affiliate  
Relationship:** N/A  
**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

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**Classification** HIV/AIDS healthcare 360 Positive Care Center  
**Date:**  
**Type:** Cash **Address:** 400 Parnassus Ave 3rd Floor  
**Grant Amt** \$12,500.00 San Francisco, CA 94143-0378  
United States

**Purp of payment to affiliate  
Relationship:** N/A  
**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

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**Classification** HIV/AIDS counseling UCSF AIDS Health Project  
**Date:**  
**Type:** Cash **Address:** Box 0884  
**Grant Amt** \$65,000.00 San Francisco, CA 94143-0884  
United States

**Purp of payment to affiliate  
Relationship:** N/A  
**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

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**Classification** HIV/AIDS case managment Bay Area Young Positives  
**Date:**  
**Type:** Cash **Address:** 701 Oak Street  
**Grant Amt** \$10,890.00 San Francisco, CA 94117  
United States

**Purp of payment to affiliate  
Relationship:** N/A  
**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

---

**Classification** HIV/AIDS prevention Bill Wilson Center  
**Date:**  
**Type:** Cash **Address:** 3490 The Alameda  
**Grant Amt** \$10,000.00 Santa Clara, CA 95050  
United States

**Purp of payment to affiliate**

**Relationship:** N/A  
**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

---

**Classification** Financial assistance for HIV/AIDS AIDS Emergency Fund  
**Date:**  
**Type:** Cash **Address:** 965 Mission Street Ste 630  
**Grant Amt** \$12,500.00 San Francisco, CA 94103  
United States

**Purp of payment to affiliate**  
**Relationship:** N/A  
**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

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**Classification** HIV/AIDS advocacy CAEAR Coalition  
**Date:**  
**Type:** Cash **Address:** PO Box 21361  
**Grant Amt** \$42,500.00 Washington, DC 20009-1361  
United States

**Purp of payment to affiliate**  
**Relationship:** N/A  
**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

---

**Classification** HIV/AIDS advocacy AIDS Project Los Angeles  
**Date:**  
**Type:** Cash **Address:** 611 South Kingsley Drive  
**Grant Amt** \$10,000.00 Los Angeles, CA 90005  
United States

**Purp of payment to affiliate**  
**Relationship:** N/A  
**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

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**Classification** HIV/AIDS prevention Planned Parenthood ShastaDiablo  
**Date:**  
**Type:** Cash **Address:** 2185 Pacheco  
**Grant Amt** \$5,000.00 Concord, CA 94520  
United States

**Purp of payment to affiliate**  
**Relationship:** N/A  
**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** HIV/AIDS prevention

Huckleberry Youth Program

**Date:**

**Type:** Cash

**Address:** 3310 Geary Blvd

**Grant Amt** \$5,000.00

San Francisco, CA 94118  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** HIV/AIDS risk reduction

San Francisco Gay Men's Community Initiative

**Date:**

**Type:** Cash

**Address:** 25 Van Ness Avenue Ste 500

**Grant Amt** \$8,425.00

San Francisco, CA 94102  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** HIV testing

Get Screened Oakland

**Date:**

**Type:** Cash

**Address:** 1 Frank Ogawa Plaza 3rd Floor

**Grant Amt** \$7,500.00

Oakland, CA 94612  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** HIV/AIDS risk reduction

Pacific Center for Human Growth

**Date:**

**Type:** Cash

**Address:** 2712 Telegraph

**Grant Amt** \$5,000.00

Berkeley, CA 94705  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** HIV/AIDS harm reduction

Institute for Community Health Outreach

**Date:**

**Type:** Cash

**Grant Amt** \$2,000.00

**Address:** 470 Carolina Street

San Francisco, CA 94107  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** HIV/AIDS housing advocacy

National AIDS Housing Coalition

**Date:**

**Type:** Cash

**Grant Amt** \$4,000.00

**Address:** 727 15th Street NW 6th Floor

Washington, DC 20005  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** HIV/AIDS case managment

Black Coalition on AIDS

**Date:**

**Type:** Cash

**Grant Amt** \$18,680.00

**Address:** 2800 Third Street

San Francisco, CA 94107  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** HIV/AIDS healthcare

Lesbian Health and Research Ctr at UCSF

**Date:**

**Type:** Cash

**Grant Amt** \$2,000.00

**Address:** 3333 California Street Ste340

San Francisco, CA 94118  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** HIV/AIDS risk reduction and education

SF LGBT Community Center

**Date:**

**Type:** Cash

**Grant Amt** \$5,020.00

**Address:** 1800 Market Street



**Relationship:** N/A  
**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

---

**Classification** HIV/AIDS healthcare services Valley Medical Center Foundation  
**Date:**  
**Type:** Cash **Address:** 2400 Moorpark Ave Ste 207  
**Grant Amt** \$10,000.00 San Jose, CA 95128  
United States

**Purp of payment to affiliate**  
**Relationship:** N/A  
**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

---

**Classification** HIV/AIDS services California Prevention Education Project  
**Date:**  
**Type:** Cash **Address:** 1504 Franklin Street Ste 302  
**Grant Amt** \$756.00 Oakland, CA 94612  
United States

**Purp of payment to affiliate**  
**Relationship:** N/A  
**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

---

**Classification** HIV/AIDS risk reduction Community Health EmpowermentExchange Works  
**Date:**  
**Type:** Cash **Address:** 3113 MacDonald Avenue  
**Grant Amt** \$5,000.00 Richmond, CA 94804  
United States

**Purp of payment to affiliate**  
**Relationship:** N/A  
**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

---

**Classification** HIV/AIDS case management East Oakland Community Project  
**Date:**  
**Type:** Cash **Address:** 7515 International Blvd  
**Grant Amt** \$7,500.00 Oakland, CA 94621  
United States

**Purp of payment to affiliate**  
**Relationship:** N/A  
**Description of Property:**

**How Determined**



**Book Value of Property:**  
**FMV of Property:**

---

**Classification** HIV/AIDS advocacy

Flowers Heritage Foundation

**Date:**

**Type:** Cash

**Address:** 200 Webster Street Ste 200

**Grant Amt** \$13,171.00

Oakland, CA 94607  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

---

**Classification** HIV/AIDS peer education

AIDS Community Research Consortium

**Date:**

**Type:** Cash

**Address:** 1048 El Camino Real Ste B

**Grant Amt** \$11,830.00

Redwood City, CA 94063  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

---

**Classification** HIV/AIDS programs for homeless people

Tenderloin Health

**Date:**

**Type:** Cash

**Address:** P O Box 423930

**Grant Amt** \$20,000.00

San Francisco, CA 94142  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

---

**Classification** HIV/AIDS counseling and support

Shanti

**Date:**

**Type:** Cash

**Address:** 730 Polk Street

**Grant Amt** \$46,190.00

San Francisco, CA 94109  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

---

**Classification** HIV/AIDS case managment

LyonMartin Women's Health Services

**Date:**

**Type:** Cash

**Address:** 1748 Market Street Ste 201

**Grant Amt** \$5,000.00

San Francisco, CA 94102  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** Housing advocacy

AIDS Housing AllianceSF

**Date:**

**Type:** Cash

**Address:** 427 South Van Ness Ave

**Grant Amt** \$5,000.00

San Francisco, CA 94103  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** HIV/AIDS mental health services

New Leaf

**Date:**

**Type:** Cash

**Address:** 1390 Market Street Ste 800

**Grant Amt** \$10,000.00

San Francisco, CA 94102  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** HIV/AIDS prevention

STOP AIDS Project

**Date:**

**Type:** Cash

**Address:** 2128 15th Street

**Grant Amt** \$36,089.00

San Francisco, CA 94114  
United States

**Purp of payment to affiliate**

**Relationship:** N/A

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Total Grants:**

**\$1,755,814.00**

**Statement 5**

Form: 990

Page: 2

Part: II

Question: 42

**SAN FRANCISCO AIDS FOUNDATION**

**94-2927405**

**Depreciation and Depletion**

| <b>Asset</b>           | <b>Current<br/>Deprec.</b> |
|------------------------|----------------------------|
| Leasehold Improvements | \$73,661.00                |
| Furniture & Equipment  | \$337,154.00               |
| <b>Total</b>           | <b>\$410,815.00</b>        |

**Statement 6**

Form: 990

Page: 2

Part: II

Question: 43

**SAN FRANCISCO AIDS FOUNDATION****94-2927405****Attachment listing other expenses for Part II**

| <b>Description</b>     | <b>Total:</b>         | <b>Pgm Services</b>   | <b>Mgt and General</b> | <b>Fundraising</b>    |
|------------------------|-----------------------|-----------------------|------------------------|-----------------------|
| Housing Subsidies      | \$2,612,644.00        | \$2,612,644.00        | \$0.00                 | \$0.00                |
| Professional Services  | \$1,590,664.00        | \$947,437.00          | \$267,180.00           | \$376,047.00          |
| Event Production       | \$1,362,426.00        | \$527,196.00          | \$0.00                 | \$835,230.00          |
| Outreach & Promotion   | \$639,398.00          | \$278,903.00          | \$17,895.00            | \$342,600.00          |
| Subcontractor Services | \$605,085.00          | \$605,085.00          | \$0.00                 | \$0.00                |
| Operations             | \$549,821.00          | \$193,832.00          | \$83,519.00            | \$272,470.00          |
| Donated Goods          | \$127,233.00          | \$51,396.00           | \$128.00               | \$75,709.00           |
| <b>Total:</b>          | <b>\$7,487,271.00</b> | <b>\$5,216,493.00</b> | <b>\$368,722.00</b>    | <b>\$1,902,056.00</b> |

**Statement 7**

Form: 990

Page: 3

Part: III

Question:

**SAN FRANCISCO AIDS FOUNDATION****94-2927405****Program Services**

| <b>Achievement</b>  | <b>Pgm. Svc. Exp.</b>  |
|---|------------------------|
| <p>Case Management Programs: Client advocacy, financial benefits, care coordination and case management for people with HIV. Of the 1,039 people with HIV/AIDS served this year, 80% were gay or bisexual, 4% were transgender individuals, and 8% were women. The ethnicity profile of the clients served reflect that 20% were African American, 15% Latino/a, 4% Asian/Pacific Islander, 2% Native American, 50% Caucasian, and 9% as other ethnicity or multi-ethnic. (5230 hours)</p> <p><b>Grants and Allocations: \$420,061.00 This amount includes foreign grants: No</b></p>   | \$4,737,725.00         |
| <p>Housing Programs, General/Other: Provided housing assistance during the fiscal year. Clients in the agencies three long-term rental subsidy programs (partial, shallow and full rental) were provided a total of 146,369 nights of rental assistance. (445 clients)</p> <p><b>Grants and Allocations: \$9,000.00 This amount includes foreign grants: No</b></p>   | \$3,183,746.00         |
| <p>Civil Rights, Social Action &amp; Advocacy Programs, G: Advocated for funding increases to and protection of key federal, state, and local HIV prevention, care, treatment, and housing programs. Advocated for legislation related to HIV care, harm reduction, elimination of abstinence-only earmarks; condom distribution in state prisons; increasing HIV testing and screening. Produced and distributed near-monthly issues of HIV Policy Watch and periodic Action Alerts to 1200 organizations and individuals throughout Northern California through SFAF's HIV Advocacy Network. Published four issues of BETA (Bulletin of Experimental Treatments for AIDS), in English and Spanish, and distributed them widely. Continued SFAF's public forum series, HIVision; held three forums in the fiscal year on gay men's health, HIV in prisons, and HIV among Black gay men. Produced series of panel discussions on "Confronting the 'Evidence' in Evidence-Based HIV Prevention" held at major AIDS conferences and distributed a written summary. Led campaign for a National AIDS Strategy to be developed and implemented in the new Presidential administration. (1200 organizations/individuals)</p> <p><b>Grants and Allocations: \$55,671.00 This amount includes foreign grants: No</b></p> | \$1,311,413.00         |
| <p>Preventive Health Services, General/Other: 90,319 calls, e-mails and website hits from throughout California to the toll-free HIV information, counseling and referral services hotline. 10,558 clients received 5,833 hours of targeted prevention services, including drop-in support groups, workshops, and events offered through the agencies Stonewall Project, Speed Project, and Black Brothers Esteem programs. Magnet, SFAFs health clinic for gay men completed 12,625 STD testing encounters, 926 STD treatment encounters, and 4,958 HIV testing and counseling encounters. The needle exchange program completed 30,810 direct client contacts with IDUs exchanging a total of 2.1 million syringes during 1,386 exchange session hours. (150196 client contacts)</p> <p><b>Grants and Allocations: \$271,082.00 This amount includes foreign grants: No</b></p>   | \$4,890,317.00         |
| <p>HIV/AIDS Programs: The Foundation provided grants, financial and other technical services to Pangaea Global AIDS Foundation in its seventh year of operation to support its implementation of global treatment access programs. Pangaea is continuing to support an HIV treatment initiative with the Republic of China and the Ukraine in partnership with the Clinton Foundation.</p> <p><b>Grants and Allocations: \$1,000,000.00 This amount includes foreign grants: No</b></p>   | \$1,261,372.00         |
| <b>Total:</b>   | <b>\$15,384,573.00</b> |

**Statement 8**

Form: 990

Page: 4

Part: IV

Question: 57

**SAN FRANCISCO AIDS FOUNDATION****94-2927405****Schedule of Land, Buildings and Equipment**

| <b>Description</b>     | <b>Cost</b>           | <b>Depreciation</b>   | <b>Book Value</b>     |
|------------------------|-----------------------|-----------------------|-----------------------|
| Equipment              | \$1,727,869.00        | \$1,296,170.00        | \$431,699.00          |
| Leasehold Improvements | \$446,848.00          | \$170,352.00          | \$276,496.00          |
| Vehicles               | \$51,958.00           | \$24,639.00           | \$27,319.00           |
| Furniture              | \$713,362.00          | \$119,776.00          | \$593,586.00          |
| <b>Total:</b>          | <b>\$2,940,037.00</b> | <b>\$1,610,937.00</b> | <b>\$1,329,100.00</b> |

**Statement 9**

Form: 990

Page: 4

Part: IV

Question: 58

**SAN FRANCISCO AIDS FOUNDATION**

**94-2927405**

**Other Assets**

| <b>Asset Description</b>            | <b>BOY Amount</b>   | <b>EOY Amount</b>   |
|-------------------------------------|---------------------|---------------------|
| Housing and other security deposits | \$240,385.00        | \$244,022.00        |
| <b>Total:</b>                       | <b>\$240,385.00</b> | <b>\$244,022.00</b> |

**Statement 10**

Form: 990

Page: 4

Part: IV

Question: 65

**SAN FRANCISCO AIDS FOUNDATION**

**94-2927405**

**Other Liabilities**

| <b>Liability Description</b> | <b>BOY Amount</b>   | <b>EOY Amount</b>   |
|------------------------------|---------------------|---------------------|
| Capital lease obligation     | \$112,232.00        | \$175,108.00        |
| <b>Total:</b>                | <b>\$112,232.00</b> | <b>\$175,108.00</b> |



**Statement 11**

Form: 990

Page: 5

Part: IV-A

Question: d(2)

**SAN FRANCISCO AIDS FOUNDATION**

**94-2927405**

**Revenue Audit Line d(2)**

| <b>Description</b>   | <b>Amount</b>       |
|----------------------|---------------------|
| Reclass rent expense | -\$81,793.00        |
| <b>Total:</b>        | <b>-\$81,793.00</b> |

**Statement 12**

Form: 990

Page: 5

Part: IV-B

Question: d(2)

**SAN FRANCISCO AIDS FOUNDATION**

**94-2927405**

**Expense Audit Line d(2)**

| <b>Description</b>   | <b>Amount</b>       |
|----------------------|---------------------|
| Reclass rent expense | -\$81,793.00        |
| <b>Total:</b>        | <b>-\$81,793.00</b> |

**Statement 13**

Form: 990

Page: 5

Part: V

Question:

**SAN FRANCISCO AIDS FOUNDATION****94-2927405****Officers, Directors, Trustees, and Key Employees**

| <b>Name and Address</b>   | <b>Ave. Hrs/week</b> | <b>Comp.</b> | <b>Benefits</b> | <b>Expenses</b> |
|---|----------------------|--------------|-----------------|-----------------|
| Andrew Belschner<br><br>Title: Board Chair<br>Addr 1: P O Box 426182<br>Addr 2:<br>CSZ: San Francisco, CA 94142-6182<br>Country: United States      | 2.5                  | \$0.00       | \$0.00          | \$0.00          |
| Christopher Esposito<br><br>Title: Board Member<br>Addr 1: P O Box 426182<br>Addr 2:<br>CSZ: San Francisco, CA 94142-6182<br>Country: United States | 2.5                  | \$0.00       | \$0.00          | \$0.00          |
| David Galullo<br><br>Title: Board Member<br>Addr 1: P O Box 426182<br>Addr 2:<br>CSZ: San Francisco, CA 94142-6182<br>Country: United States        | 2.5                  | \$0.00       | \$0.00          | \$0.00          |
| Denise Bradby<br><br>Title: Board Member<br>Addr 1: P O Box 426182<br>Addr 2:<br>CSZ: San Francisco, CA 94142-6182<br>Country: United States        | 2.5                  | \$0.00       | \$0.00          | \$0.00          |
| Eric R Roberts<br><br>Title: Board Member<br>Addr 1: P O Box 426182<br>Addr 2:<br>CSZ: San Francisco, CA 94142-6182<br>Country: United States       | 2.5                  | \$0.00       | \$0.00          | \$0.00          |
| Helen Younossi<br><br>Title: Board Member<br>Addr 1: P O Box 426182<br>Addr 2:<br>CSZ: San Francisco, CA 94142-6182<br>Country: United States       | 2.5                  | \$0.00       | \$0.00          | \$0.00          |

| <b>Name and Address</b>  | <b>Ave. Hrs/week</b> | <b>Comp.</b> | <b>Benefits</b> | <b>Expenses</b> |
|--|----------------------|--------------|-----------------|-----------------|
| <p>LeRoy Blea</p> <p>Title: Board Member<br/> Addr 1: P O Box 426182<br/> Addr 2:<br/> CSZ: San Francisco, CA 94142-6182<br/> Country: United States</p>               | 2.5                  | \$0.00       | \$0.00          | \$0.00          |
| <p>Lorna Thornton MD</p> <p>Title: Board Member<br/> Addr 1: P O Box 426182<br/> Addr 2:<br/> CSZ: San Francisco, CA 94142-6182<br/> Country: United States</p>        | 2.5                  | \$0.00       | \$0.00          | \$0.00          |
| <p>Mark Cloutier</p> <p>Title: Chief Executive Officer<br/> Addr 1: P O Box 426182<br/> Addr 2:<br/> CSZ: San Francisco, CA 94142-6182<br/> Country: United States</p> | 40                   | \$221,679.00 | \$15,118.00     | \$0.00          |
| <p>Mike Richey</p> <p>Title: Board Member<br/> Addr 1: P O Box 426182<br/> Addr 2:<br/> CSZ: San Francisco, CA 94142-6182<br/> Country: United States</p>              | 2.5                  | \$0.00       | \$0.00          | \$0.00          |
| <p>Tom Perrault</p> <p>Title: Board Member<br/> Addr 1: P O Box 426182<br/> Addr 2:<br/> CSZ: San Francisco, CA 94142-6182<br/> Country: United States</p>             | 2.5                  | \$0.00       | \$0.00          | \$0.00          |
| <p>Dan Bernal</p> <p>Title: Board Member<br/> Addr 1: P O Box 426182<br/> Addr 2:<br/> CSZ: San Francisco, CA 94142-6182<br/> Country: United States</p>               | 2.5                  | \$0.00       | \$0.00          | \$0.00          |
| <p>Jonathan Deason</p> <p>Title: Board Member<br/> Addr 1: P O Box 426182<br/> Addr 2:<br/> CSZ: San Francisco, CA 94142-6182</p>                                      | 2.5                  | \$0.00       | \$0.00          | \$0.00          |

| Name and Address  | Ave. Hrs/week | Comp.               | Benefits           | Expenses      |
|---|---------------|---------------------|--------------------|---------------|
| Country: United States  |               |                     |                    |               |
| Michael Kidd  | 2.5           | \$0.00              | \$0.00             | \$0.00        |
| Title: Board Member<br>Addr 1: P O Box 426182<br>Addr 2:<br>CSZ: San Francisco, CA 94142-6182<br>Country: United States |               |                     |                    |               |
| <b>TOTALS</b>   |               | <b>\$221,679.00</b> | <b>\$15,118.00</b> | <b>\$0.00</b> |

**Statement 14**

Form: 990

Page: 8

Part: VIII

Question:

**SAN FRANCISCO AIDS FOUNDATION**

**94-2927405**

**Relationship of Activities**

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**Line No      Relationship of Activities to the Accomplishment of Exempt Purposes**

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93 a      Technical assistance agreement with Pangaea Global AIDS Foundation.

93 b      Maintenance of Client information system.

**Statement 15**  
Form: Schedule A  
Page: 2  
Part: III  
Question: 2

**SAN FRANCISCO AIDS FOUNDATION**  
94-2927405

**Transaction Explanations**

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| <b>Line</b> | <b>Explanation</b> |
|-------------|--------------------|
| 2d          | See Form 990, Pt V |

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**Statement 16**  
Form: Schedule A  
Page: 4  
Part: IV-A  
Question: 22

**SAN FRANCISCO AIDS FOUNDATION**  
**94-2927405**

**Other Income**

| <b>Description</b>           | <b>2006</b>         | <b>2005</b>        | <b>2004</b>        | <b>2003</b>        |
|------------------------------|---------------------|--------------------|--------------------|--------------------|
| Event merchandise revenue    | \$106,300.00        | \$67,143.00        | \$72,714.00        | \$41,069.00        |
| Termination of capital lease | \$5,169.00          | \$0.00             | \$0.00             | \$25,081.00        |
| Miscellaneous revenue        | \$23,660.00         | \$546.00           | \$2,649.00         | \$4,084.00         |
| <b>Total:</b>                | <b>\$135,129.00</b> | <b>\$67,689.00</b> | <b>\$75,363.00</b> | <b>\$70,234.00</b> |