

Form **990**

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

OMB No. 1545-0047

2011

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 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">SAN FRANCISCO AIDS FOUNDATION</p> Doing Business As 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 F Name and address of principal officer: NEIL GIULIANO SAME AS C ABOVE	D Employer identification number <p align="center">94-2927405</p> E Telephone number <p align="center">415-487-3000</p> G Gross receipts \$ 29,156,833. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SFAF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1982 M State of legal domicile: CA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: THE SAN FRANCISCO AIDS FOUNDATION WORKS TO END THE HIV EPIDEMIC. OUR MISSION IS THE RADICAL			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	140	
	6 Total number of volunteers (estimate if necessary)	6	8350	
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	20,942,815.	23,912,217.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	270,313.	0.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	504,650.	369,208.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-1,091,571.	-1,123,961.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,626,207.	23,157,464.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,168,972.	412,659.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	8,898,390.	10,488,647.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,965,552.	279,750.	334,727.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,652,448.	12,170,167.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,999,560.	23,406,200.	
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-373,353.	-248,736.	
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	15,548,272.	15,359,084.	
	22 Net assets or fund balances. Subtract line 21 from line 20	3,577,037.	4,035,846.	
		11,971,235.	11,323,238.	

Part II Signature Block

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.

Sign Here	ORIGINAL SIGNED BY J. ZIMMAN Signature of officer	Date 3/1/13
	JONATHAN ZIMMAN, CFO Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name MAGA KISRIEV	Preparer's signature ORIG. SIGNED BY M. KISRIEV 3/1/13
	Firm's name ▶ BURR PILGER MAYER, INC.	Date 3/1/13 <input type="checkbox"/> self-employed
	Firm's address ▶ 600 CALIFORNIA STREET, SUITE 1300 SAN FRANCISCO, CA 94108	Check <input type="checkbox"/> PTIN P01008919 Firm's EIN ▶ 26-3839190 Phone no. (415) 421-5757

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: THE SAN FRANCISCO AIDS FOUNDATION WORKS TO END THE HIV EPIDEMIC. OUR MISSION IS THE RADICAL REDUCTION OF NEW INFECTIONS IN SAN FRANCISCO. THROUGH EDUCATION, ADVOCACY AND DIRECT SERVICES FOR PREVENTION AND CARE, WE ARE CONFRONTING HIV IN COMMUNITIES MOST VULNERABLE TO THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,762,608. including grants of \$ 68,988.) (Revenue \$ 0.) SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES INCLUDE SYRINGE ACCESS SERVICES, THE STONEWALL PROJECT, AND THE SPEED PROJECT. SYRINGE ACCESS SERVICES COMPLETED 25,139 DIRECT CLIENT CONTACTS WITH IDUS DISTRIBUTING A TOTAL OF OVER 2.3 MILLION STERILE SYRINGES DURING 1,284 SYRINGE ACCESS SESSION HOURS. THE STONEWALL PROJECT AND SPEED PROJECT, WHICH MERGED IN SEPTEMBER 2011, MADE 16,432 CLIENT CONTACTS WITH 4,445 HOURS OF TARGETED PREVENTION SERVICES, INCLUDING SUPPORT GROUPS, INDIVIDUAL COUNSELING, WORKSHOPS, AND EVENTS.

4b (Code:) (Expenses \$ 4,884,815. including grants of \$ 167,938.) (Revenue \$ 0.) THE FOUNDATION'S COMMUNITY-BASED HEALTH AND PREVENTION SERVICES INCLUDE MAGNET, BLACK BROTHERS ESTEEM, LATINO PROGRAMS, AND THE STOP AIDS PROJECT. MAGNET, SFAF'S HEALTH CLINIC FOR GAY MEN IN THE CASTRO, COMPLETED 36,095 STD TESTING ENCOUNTERS, 4,559 STD TREATMENT ENCOUNTERS, AND 7,197 HIV TESTING AND COUNSELING ENCOUNTERS. THE BLACK BROTHERS ESTEEM PROGRAM PROVIDED 411 AFRICAN-AMERICAN CLIENTS WITH 896 HOURS OF TARGETED PREVENTION SERVICES, INCLUDING DROP-IN SUPPORT GROUPS, WORKSHOPS, AND EVENTS. LATINO PROGRAMS SERVED MORE THAN 150 PEOPLE WITH ON-GOING SKILLS-BUILDING PROCESS GROUPS AND HEALTH WORKSHOPS. THIS PROGRAM ALSO ASSISTED 118 LATINO YOUTH IN ACCESSING HIV TESTING AND TRAINED 25 YOUTH "PROMOTORES" (COMMUNITY HEALTH EDUCATORS) ON HIV PREVENTION AND THE IMPORTANCE OF KNOWING ONE'S HIV STATUS. THE

4c (Code:) (Expenses \$ 3,671,339. including grants of \$ 19,995.) (Revenue \$ 0.) SFAF'S RENTAL SUBSIDIES PROGRAM PROVIDED HOUSING ASSISTANCE TO 418 UNDUPLICATED CLIENTS DURING THE FISCAL YEAR THROUGH THREE LONG-TERM SUBSIDY PROGRAMS (PARTIAL, SHALLOW, AND FULL RENTAL SUBSIDIES). THE THREE PROGRAMS PROVIDED A TOTAL OF 140,896 NIGHTS OF RENTAL ASSISTANCE DURING THIS PERIOD.

4d Other program services (Describe in Schedule O.) (Expenses \$ 4,407,637. including grants of \$ 155,738.) (Revenue \$)

4e Total program service expenses 18,726,399.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input checked="" type="checkbox"/>	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with Yes/No columns and input fields for numerical values.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (23), 1b (23), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
JONATHAN ZIMMAN - 415-487-3000
1035 MARKET STREET, STE 400, SAN FRANCISCO, CA 94103

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVEN ABBOTT DIRECTOR	2.00	X					0.	0.	0.	
(2) WESLEY BURWELL DIRECTOR	2.00	X					0.	0.	0.	
(3) BRUNO DELAGNEAU, MD DIRECTOR	2.00	X					0.	0.	0.	
(4) DALE FREEMAN DIRECTOR	2.00	X					0.	0.	0.	
(5) DON HOWARD DIRECTOR	2.00	X					0.	0.	0.	
(6) MICHAEL KIDD DIRECTOR	2.00	X					0.	0.	0.	
(7) JACK STEPHENSON DIRECTOR	2.00	X					0.	0.	0.	
(8) JUDY WILBER DIRECTOR	2.00	X					0.	0.	0.	
(9) PHILIP BESIROF DIRECTOR	2.00	X					0.	0.	0.	
(10) HAMISH CHANDRA DIRECTOR	2.00	X					0.	0.	0.	
(11) LAURIE HANE DIRECTOR	2.00	X					0.	0.	0.	
(12) ROB JANSSEN DIRECTOR	2.00	X					0.	0.	0.	
(13) MATT MAFFFEI DIRECTOR	2.00	X					0.	0.	0.	
(14) MIKE RICHEY DIRECTOR	2.00	X					0.	0.	0.	
(15) LISA STERMAN, MD DIRECTOR	2.00	X					0.	0.	0.	
(16) CAROL BROSGART, MD DIRECTOR	2.00	X					0.	0.	0.	
(17) STEVEN CHIODINI DIRECTOR AND SECRETARY	2.00	X		X			0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MATT DENCKLA DIRECTOR	2.00	X					0.	0.	0.	
(19) DAVID A. HENDRICKS DIRECTOR	2.00	X					0.	0.	0.	
(20) TIM JONES DIRECTOR	2.00	X					0.	0.	0.	
(21) TOM PERRAULT DIRECTOR AND CHAIR	5.00	X		X			0.	0.	0.	
(22) ERIC ROZENDAHL DIRECTOR	2.00	X					0.	0.	0.	
(23) ALAN TAYLOR DIRECTOR	2.00	X					0.	0.	0.	
(24) NEIL GIULIANO CHIEF EXECUTIVE OFFICER	40.00			X			253,840.	0.	15,578.	
(25) JONATHAN ZIMMAN CHIEF FINANCIAL OFFICER	40.00			X			144,461.	0.	11,717.	
(26) JAMES LODUCA VICE PRESIDENT OF PUBLIC AFFAIRS	40.00					X	158,796.	0.	7,652.	
1b Sub-total							557,097.	0.	34,947.	
c Total from continuation sheets to Part VII, Section A							665,952.	0.	68,668.	
d Total (add lines 1b and 1c)							1,223,049.	0.	103,615.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LYON MARTIN HEALTH SERVCES, 1748 MARKET STREET, SUITE 201, SAN FRANCISCO, CA 94102	MENTAL HEALTH COUNSELING	547,464.
SHANTI PROJECT 730 POLK STREET, SAN FRANCISCO, CA 94109	HIV PREVENTION SERVICES	340,032.
MZA EVENTS, 121 SECOND STREET, 4TH FLOOR, SAN FRANCISCO, CA 94105	FUNDRAISER/PRODUCER	212,000.
TIDES FOUNDATION PO BOX 29907, SAN FRANCISCO, CA 94129	HIV PREVENTION SERVICES	173,016.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROBERT RYBICKI VICE PRESIDENT OF PROGRAMS	40.00					X		188,705.	0.	20,869.
(28) ERNEST HOPKINS DIRECTOR OF FEDERAL AFFAIRS	40.00					X		125,385.	0.	16,570.
(29) JUDITH AUERBACH VP SCIENCE & POLICY	40.00					X		183,564.	0.	14,108.
(30) BARBARA KIMPORT VICE PRESIDENT OF DEVELOPMENT	40.00					X		168,298.	0.	17,121.
Total to Part VII, Section A, line 1c								665,952.		68,668.

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	107,570.					
	b Membership dues	1b						
	c Fundraising events	1c	10855552.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	10095942.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,853,153.					
	g Noncash contributions included in lines 1a-1f: \$		127,603.					
	h Total. Add lines 1a-1f			23912217.				
	Program Service Revenue	2 a _____	Business Code					
b _____								
c _____								
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f								
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			210,808.			210,808.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties			980.			980.	
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)			158,400.			158,400.
	8 a Gross income from fundraising events (not including \$ 10,855,552. of contributions reported on line 1c). See Part IV, line 18	a		213,282.				
		b Less: direct expenses		1418649.				
		c Net income or (loss) from fundraising events			-1205367.			-1205367.
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses								
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold							
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a EVENT MERCH REVENUE		453220	79,918.	79,918.				
b OTHER MISCELLANEOUS		999999	508.	508.				
c _____								
d All other revenue								
e Total. Add lines 11a-11d			80,426.					
12 Total revenue. See instructions.			23157464.	80,426.	0.	-835,179.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	412,659.	412,659.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	461,220.	348,037.	16,419.	96,764.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,843,984.	6,371,592.	360,367.	1,112,025.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	166,125.	132,820.	8,292.	25,013.
9 Other employee benefits	1,332,716.	1,098,317.	49,381.	185,018.
10 Payroll taxes	684,602.	559,458.	28,469.	96,675.
11 Fees for services (non-employees):				
a Management				
b Legal	6,788.	4,340.	1,168.	1,280.
c Accounting	98,000.	63,684.	18,260.	16,056.
d Lobbying	36,804.	36,804.		
e Professional fundraising services. See Part IV, line 17	334,727.			334,727.
f Investment management fees	49,043.	31,981.	8,452.	8,610.
g Other	3,031,910.	2,415,091.	103,376.	513,443.
12 Advertising and promotion	427,629.	281,205.	4,510.	141,914.
13 Office expenses	1,240,098.	584,953.	9,163.	645,982.
14 Information technology	3,283.	2,133.	612.	538.
15 Royalties				
16 Occupancy	1,534,355.	1,249,341.	44,617.	240,397.
17 Travel	200,819.	173,215.	3,208.	24,396.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	94,884.	74,327.	7,125.	13,432.
20 Interest	54,346.	35,316.	10,126.	8,904.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	474,845.	362,781.	24,751.	87,313.
23 Insurance	110,163.	91,196.	4,409.	14,558.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a HOUSING PROG. SUBSID.	2,759,015.	2,759,015.		
b EVENT PRODUCTION	917,046.	657,105.	943.	258,998.
c PROGRAM SUPPLIES	822,695.	790,421.	5,402.	26,872.
d VOLUNTEER SUPPORT	201,747.	118,662.	2,803.	80,282.
e All other expenses	106,697.	71,946.	2,396.	32,355.
25 Total functional expenses. Add lines 1 through 24e	23,406,200.	18,726,399.	714,249.	3,965,552.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	2,050,840.	1	909,727.	
	2 Savings and temporary cash investments	1,697,950.	2	518,874.	
	3 Pledges and grants receivable, net	656,593.	3	512,748.	
	4 Accounts receivable, net	824,543.	4	2,919,389.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	636,532.	9	551,452.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,769,962.			
	b Less: accumulated depreciation	10b 2,057,210.	1,649,726.	10c	1,712,752.
	11 Investments - publicly traded securities	7,893,611.	11	8,107,658.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	138,477.	15	126,484.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	15,548,272.	16	15,359,084.		
Liabilities	17 Accounts payable and accrued expenses	2,943,218.	17	3,412,357.	
	18 Grants payable	241,000.	18	255,000.	
	19 Deferred revenue	222,115.	19	199,679.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	170,704.	25	168,810.	
	26 Total liabilities. Add lines 17 through 25	3,577,037.	26	4,035,846.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	11,226,718.	27	10,694,390.	
	28 Temporarily restricted net assets	324,888.	28	209,219.	
	29 Permanently restricted net assets	419,629.	29	419,629.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	11,971,235.	33	11,323,238.		
34 Total liabilities and net assets/fund balances	15,548,272.	34	15,359,084.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,157,464.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,406,200.
3	Revenue less expenses. Subtract line 2 from line 1	3	-248,736.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,971,235.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-399,261.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11,323,238.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization **SAN FRANCISCO AIDS FOUNDATION** Employer identification number **94-2927405**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% 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)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24372529.	22027403.	18931985.	20626207.	23912217.	109870341
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	24372529.	22027403.	18931985.	20626207.	23912217.	109870341
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						109870341

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	24372529.	22027403.	18931985.	20626207.	23912217.	109870341
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	430,730.	368,844.	233,241.	229,095.	211,788.	1473698.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	182,731.	93,428.	84,089.	88,228.	80,426.	528,902.
11 Total support. Add lines 7 through 10						111872941
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	98.21	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	97.75	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 10 OTHER INCOME CONSISTS OF EVENT MERCHANDISE REVENUE.

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization

SAN FRANCISCO AIDS FOUNDATION

Employer identification number

94-2927405

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization SAN FRANCISCO AIDS FOUNDATION	Employer identification number 94-2927405
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ <u>719,767.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAN FRANCISCO AIDS FOUNDATION	Employer identification number 94-2927405
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization SAN FRANCISCO AIDS FOUNDATION	Employer identification number 94-2927405
--	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2011

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization SAN FRANCISCO AIDS FOUNDATION	Employer identification number 94-2927405
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011

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Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)		16,695.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		195,230.													
c Total lobbying expenditures (add lines 1a and 1b)		211,925.													
d Other exempt purpose expenditures		23,194,274.													
e Total exempt purpose expenditures (add lines 1c and 1d)		23,406,199.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
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.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	279,154.	219,724.	193,822.	195,230.	887,930.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	59,197.	43,056.	19,745.	16,695.	138,693.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

SAN FRANCISCO AIDS FOUNDATION

Employer identification number

94-2927405

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	504,314.	439,188.	419,629.	419,629.	
b Contributions					
c Net investment earnings, gains, and losses	-8,304.	85,126.	60,955.		
d Grants or scholarships					
e Other expenditures for facilities and programs	-1,864.	20,000.	41,396.		
f Administrative expenses					
g End of year balance	497,874.	504,314.	439,188.	419,629.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 0.00 %
- b Permanent endowment 84.28 %
- c Temporarily restricted endowment 15.72 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		899,719.	116,086.	783,633.
d Equipment		1,756,826.	1,178,169.	578,657.
e Other		1,113,417.	762,955.	350,462.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,712,752.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATION	168,810.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	168,810.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	23,157,464.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	23,406,200.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-248,736.
4	Net unrealized gains (losses) on investments	4	-399,261.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-399,261.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-647,997.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	24,284,750.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-399,261.
b	Donated services and use of facilities	2b	1,526,547.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,127,286.
3	Subtract line 2e from line 1	3	23,157,464.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	23,157,464.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	24,932,747.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,526,547.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,526,547.
3	Subtract line 2e from line 1	3	23,406,200.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	23,406,200.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: HIV PREVENTION AND TREATMENT EDUCATION

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open To Public
Inspection

Name of the organization **SAN FRANCISCO AIDS FOUNDATION** Employer identification number **94-2927405**

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MZA EVENTS - 1035 MARKET STREET, SAN FRANCISCO, CA	FUNDRAISER/ EVENT PRODUCER	X		3,005,325.	212,000.	2,793,325.
MAL WARWICK AND ASSOCIATES - 2550 NINTH STREET, SUITE 103,	DIRECT MAIL APPEALS AND STRATEGY		X	893,297.	572,939.	320,358.
ARIA COMMUNICATIONS - 717 WEST ST. GERMAIN STREET,	TELEMARKETING		X	11,136.	8,892.	2,244.
Total				3,909,758.	793,831.	3,115,927.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		AIDS LIFECYCLE (event type)	AIDS WALK SF (event type)	5 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	7,695,740.	3,005,325.	365,034.	11,066,099.
	2 Less: Charitable contributions	7,517,081.	3,005,325.	330,411.	10,852,817.
	3 Gross income (line 1 minus line 2)	178,659.		34,623.	213,282.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	44,537.		6,603.	51,140.
	7 Food and beverages	532,861.		645.	533,506.
	8 Entertainment				
	9 Other direct expenses	818,961.		15,042.	834,003.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(1,418,649)
	11 Net income summary. Combine line 3, column (d), and line 10				-1,205,367.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(_____)	
8 Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity operated in:

13a		%
13b		%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: MZA EVENTS

(I) ADDRESS OF FUNDRAISER: 1035 MARKET STREET, SAN FRANCISCO, CA 94103

(I) NAME OF FUNDRAISER: MAL WARWICK AND ASSOCIATES

(I) ADDRESS OF FUNDRAISER:
2550 NINTH STREET, SUITE 103, BERKELEY, CA 94710

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: ARIA COMMUNICATIONS

(I) ADDRESS OF FUNDRAISER: 717 WEST ST. GERMAIN STREET, ST.CLOUD, MN 56301

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

SAN FRANCISCO AIDS FOUNDATION

**Employer identification number
94-2927405**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIVE AMERICAN AIDS PROJECT 1540 MARKET ST, STE 130 SAN FRANCISCO, CA 94102	20-2574629	501(C)(3)	5,815.	0.			HIV/AIDS SERVICES
TRI-CITY HEALTH CENTER 39500 LIBERTY STREET FREMONT, CA 94538	23-7255435	501(C)(3)	10,000.	0.			HIV/AIDS SERVICES
CAEAR COALITION 1718 1/2 FLORIDA AVENUE NW WASHINGTON, DC 20009	52-2254781	501(C)(4)	14,900.	0.			HIV/AIDS SERVICES
MARIN AIDS PROJECT 910 IRWIN ST SAN RAFAEL, CA 94901	68-0072470	501(C)(3)	21,650.	0.			HIV/AIDS SERVICES
RAINBOW COMMUNITY CENTER OF CONTRA COSTA COUNTY - 3024 WILLOW PASS ROAD, STE 200 - CONCORD, CA 94519	68-0375857	501(C)(3)	28,613.	0.			HIV/AIDS SERVICES
WESTSIDE COMMUNITY MENTAL HEALTH CENTER INC. - 1153 OAK STREET - SAN FRANCISCO, CA 94117	94-1164909	501(C)(3)	10,000.	0.			HIV/AIDS SERVICES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **25.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO SUICIDE PREVENTION INC - P.O. BOX 191350 - SAN FRANCISCO, CA 94119	94-1581618	501(C)(3)	6,125.	0.			HIV/AIDS SERVICES
HUCKLEBERRY YOUTH PROGRAMS, INC 3310 GEARY BLVD SAN FRANCISCO, CA 94118	94-1687559	501(C)(3)	7,195.	0.			HIV/AIDS SERVICES
THE SHANTI PROJECT 730 POLK STREET SAN FRANCISCO, CA 94109-7813	94-2297147	501(C)(3)	14,217.	0.			HIV/AIDS SERVICES
LARKIN STREET YOUTH SERVICES 701 SUTTER ST, FLOOR 2 SAN FRANCISCO, CA 94109	94-2917999	501(C)(3)	7,500.	0.			HIV/AIDS SERVICES
AIDS EMERGENCY FUND 12 GRACE STREET, SUITE 300 SAN FRANCISCO, CA 94103	94-2922039	501(C)(3)	13,705.	0.			HIV/AIDS SERVICES
STOP AIDS PROJECT 2128 15TH STREET SAN FRANCISCO, CA 94114	94-2971280	501(C)(3)	10,265.	0.			HIV/AIDS SERVICES
PROJECT OPEN HAND 730 POLK STREET SAN FRANCISCO, CA 94109	94-3023551	501(C)(3)	24,140.	0.			HIV/AIDS SERVICES
PROJECT INFORM INC AIDS TREATMENT AND RESEARCH INFO - 1375 MISSION STREET - SAN FRANCISCO, CA 94103	94-3052723	501(C)(3)	10,000.	0.			HIV/AIDS SERVICES
AIDS PROJECT OF THE EAST BAY 1320 WEBSTER ST OAKLAND, CA 94612	94-3061583	501(C)(3)	20,700.	0.			HIV/AIDS SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POSITIVE RESOURCE CENTER 785 MARKET STREET, FLOOR 10 SAN FRANCISCO, CA 94103	94-3078431	501(C)(3)	11,635.	0.			HIV/AIDS SERVICES
QUAN YIN HEALING ARTS CENTER 965 MISSION STREET, SUITE 405 SAN FRANCISCO, CA 94103	94-3088805	501(C)(3)	6,942.	0.			HIV/AIDS SERVICES
ASIAN & PACIFIC ISLANDER WELLNESS CENTER - 730 POLK STREET - SAN FRANCISCO, CA 94109	94-3096109	501(C)(3)	20,125.	0.			HIV/AIDS SERVICES
AIDS COMMUNITY RESEARCH CONSORTIUM 1048 EL CAMINO REAL STE B REDWOOD CITY, CA 94063	94-3100725	501(C)(3)	7,500.	0.			HIV/AIDS SERVICES
AIDS LEGAL REFERRAL PANEL OF THE SAN FRANCISCO BAY AREA - 1663 MISSION STREET, STE 500 - SAN FRANCISCO, CA 94103	94-3111738	501(C)(3)	22,621.	0.			HIV/AIDS SERVICES
WOMEN ORGANIZED TO RESPOND TO LIFE THREATENING DISEASE WORLD - 414 13TH STREET, FL 2 - OAKLAND, CA 94612	94-3177103	501(C)(3)	10,360.	0.			HIV/AIDS SERVICES
PETS ARE WONDERFUL SUPPORT 3170 23RD STREET SAN FRANCISCO, CA 94110	94-6049133	501(C)(3)	10,694.	0.			HIV/AIDS SERVICES
COMMUNITY AWARENESS AND TREATMENT SERVICES - 1171 MISSION STREET - SAN FRANCISCO, CA 94103	94-2335626	501(C)(3)	9,860.	0.			HIV/AIDS SERVICES
HOMELESS YOUTH ALLIANCE PO BOX 170427 SAN FRANCISCO, CA 94117	94-3153687	501(C)(3)	13,540.	0.			HIV/AIDS SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S COMMUNITY CLINIC 1833 FILLMORE STREET, 3RD FLOOR SAN FRANCISCO, CA 94115	94-3213100	501(C)(3)	11,195.	0.			HIV/AIDS SERVICES
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION - 220 MONTGOMERY STREET, FLOOR 5 - SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	42,500.	0.			HIV/AIDS SERVICES FOR 360 POSITIVE CARE CENTER, ALLIANCE HEALTH PROJECT, CENTER FOR AIDS

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: HIV/AIDS SERVICES FOR 360 POSITIVE

CARE CENTER, ALLIANCE HEALTH PROJECT, CENTER FOR AIDS PREVENTION STUDIES,

AND THE WOMEN'S HIV PROGRAM.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

SAN FRANCISCO AIDS FOUNDATION

Employer identification number

94-2927405

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	X
b	Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	X
b	Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 NEIL GIULIANO	(i)	253,358.	0.	482.	6,225.	9,353.	269,418.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JONATHAN ZIMMAN	(i)	144,178.	0.	283.	3,923.	7,794.	156,178.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JAMES LODUCA	(i)	156,325.	0.	2,471.	4,642.	3,010.	166,448.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ROBERT RYBICKI	(i)	188,115.	0.	590.	5,516.	15,353.	209,574.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JUDITH AUERBACH	(i)	151,539.	0.	32,025.	5,364.	8,744.	197,672.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 BARBARA KIMPORT	(i)	132,895.	0.	35,403.	4,788.	12,333.	185,419.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization **SAN FRANCISCO AIDS FOUNDATION** Employer identification number **94-2927405**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	11	60,788.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	6	15,043.	FMV
20 Drugs and medical supplies	X	1	15,000.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GIFT CERTIF.)	X	14	14,643.	FACE VALUE
26 Other ▶ (SUPPLIES)	X	5	8,629.	FMV
27 Other ▶ (OFFICE EQUIP.)	X	30	6,350.	FMV
28 Other ▶ (TRUCK RENTAL)	X	1	3,600.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

BICYCLES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 4

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3550.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE M, PART I, COLUMN (B): LINE 32B: BNY MELLON WEALTH MANAGEMENT COMPANY MANAGED OUR STOCK PORTFOLIO. ALL STOCK GIFTS THE FOUNDATION RECEIVES ARE PROCESSED THROUGH BNY MELLON COMPANY.

PART I, COLUMN B: THE ORGANIZATION REPORTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

SAN FRANCISCO AIDS FOUNDATION

Employer identification number

94-2927405

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REDUCTION OF NEW INFECTIONS IN SAN FRANCISCO. THROUGH EDUCATION,
ADVOCACY AND DIRECT SERVICES FOR PREVENTION AND CARE, WE ARE
CONFRONTING HIV IN COMMUNITIES MOST VULNERABLE TO THE DISEASE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISEASE.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

STOP AIDS PROJECT

IN NOVEMBER 2011, THE FOUNDATION ACQUIRED CERTAIN HIV PREVENTION
PROGRAMS AND OPERATIONS OF THE STOP AIDS PROJECT VIA AN ASSET TRANSFER
TRANSACTION. TOTAL REVENUE FROM THESE PROGRAMS WAS APPROXIMATELY \$900
THOUSAND.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

STOP AIDS PROJECT, WHICH BECAME PART OF THE FOUNDATION IN NOVEMBER
2011, PROVIDED 532 HOURS OF PREVENTION CASE MANAGEMENT AND WORKSHOPS,
MAKING 1,644 CLIENT CONTACTS SINCE JOINING SFAF.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CARE COORDINATION FOR HIV-POSITIVE CLIENTS INCLUDED CASE MANAGEMENT AND
FINANCIAL BENEFITS ASSISTANCE, AND TWO "CENTERS OF EXCELLENCE" (COES):
BLACK HEALTH AND CCHAMP (CHRONIC CARE HIV/AIDS MULTIDISCIPLINARY
PROGRAM). THE CASE MANAGEMENT/FINANCIAL BENEFITS TEAM PROVIDED CLIENT

Name of the organization SAN FRANCISCO AIDS FOUNDATION	Employer identification number 94-2927405
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ADVOCACY, FINANCIAL BENEFITS COUNSELING, CARE COORDINATION AND CASE MANAGEMENT TO 749 PEOPLE LIVING WITH HIV. THE BLACK HEALTH COE PROVIDED 2,770 HOURS OF CASE MANAGEMENT AND PEER ADVOCACY SERVICES TO 132 HIV-POSITIVE AFRICAN AMERICANS, WHILE CCHAMP, WHICH STARTED IN SEPTEMBER 2011, PROVIDED 2,010 HOURS TO 93 GAY MEN, TRANSWOMEN, AND INJECTION DRUG USERS.

BETA PUBLICATION:

PUBLISHED TWO PRINT ISSUES OF BETA (BULLETIN OF EXPERIMENTAL TREATMENTS FOR AIDS). LAUNCHED THE NEW BETA BLOG TO REACH A BROADER AUDIENCE WITH MORE TIMELY AND DIVERSE HIV PREVENTION AND TREATMENT NEWS AND EDUCATIONAL RESOURCES. ARTICLES AND POSTS ARE PUBLISHED 3-5 TIMES PER WEEK, AND THE BLOG HAS RECEIVED MORE THAN 22,400 PAGE VIEWS BY NEARLY 13,000 UNIQUE VISITORS. ALSO PUBLISHED FOUR PRINT AND ELECTRONIC ISSUES OF HIV RESOURCE, OUR NEWSLETTER CONNECTING READERS WITH HIV-RELATED CLINICAL TRIALS AND FREE MEDICAL CARE IN THE SAN FRANCISCO BAY AREA.

COMMUNICATIONS:

THE FOUNDATION HAS A COMPREHENSIVE MARKETING AND COMMUNICATIONS PLAN IN PLACE TO RAISE AWARENESS ABOUT ALL PROGRAM AND POLICY INITIATIVES. SPECIFIC ACTIVITIES IN 2011/2012 INCLUDED: USING THE FOUNDATION'S WEBSITE, WITH NEARLY 1,000 UNIQUE VISITORS DAILY, TO PUBLISH ORIGINAL NEWS ARTICLES, HIGHLIGHT CLIENT SERVICES, EXPLAIN POLICY INITIATIVES, AND SHARE PRESS RELEASES AND OFFICIAL FOUNDATION STATEMENTS RELATED TO DEVELOPMENTS IN SCIENCE, RESEARCH, AND POLITICS.

Name of the organization SAN FRANCISCO AIDS FOUNDATION	Employer identification number 94-2927405
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THE FOUNDATION PUBLISHED A MONTHLY E-NEWSLETTER CALLED STATUS. IT IS DISTRIBUTED TO A MAILING LIST OF NEARLY 100,000 SUBSCRIBERS, AND ALL THE ARTICLES ARE POSTED ON THE FOUNDATION WEBSITE. STATUS INCLUDES NEWS ARTICLES, FEATURE STORIES ABOUT CLIENTS AND STAFF MEMBERS, INFORMATION ABOUT FOUNDATION EVENTS. STATUS ALSO PROVIDES DETAILED INFORMATION ABOUT PROGRAMS, SERVICES AND INCREASES AIDS AWARENESS.

THE FOUNDATION DRAMATICALLY GREW ITS FACEBOOK PAGE FROM SEVERAL THOUSAND FOLLOWERS TO MORE THAN 20,000. THE FOUNDATION'S FACEBOOK PAGE IS ONE OF THE MOST ACTIVE AND ENGAGED ONLINE COMMUNITIES FOR AN AIDS SERVICE ORGANIZATION. SFAF ALSO MAINTAINS AN ACTIVE TWITTER FEED. WE UTILIZE THESE SOCIAL SITES TO PROMOTE HIV AWARENESS AND ENCOURAGE INVOLVEMENT WITH THE FOUNDATION.

THE FOUNDATION LAUNCHED AN INNOVATIVE NEW HIV TESTING CAMPAIGN CALLED "MANY SHADES OF GAY". THE WEBSITE, WHICH ASKS USERS TO CREATE AN AVATAR THAT DIRECTS THEM TO THE NEAREST TESTING LOCATION, HAS BEEN VISITED BY THOUSANDS OF PEOPLE AND IS CONTRIBUTING TO A UPTICK IN HIV AND STI TESTING.

MAJOR SPECIAL EVENTS, SUCH AS AIDS LIFECYCLE AND AIDS WALK SAN FRANCISCO, WERE PROMOTED NATIONALLY IN BROADCAST, PRINT, AND ELECTRONIC MEDIA. THESE EVENTS PROMOTE HIV/AIDS AWARENESS IN ADDITION TO RAISING FUNDS. IN 2012, THE FOUNDATION GARNERED MORE LOCAL, NATIONAL, AND INTERNATIONAL MEDIA ATTENTION AS IT BEGAN TO COMMEMORATE ITS 30TH ANNIVERSARY IN THE FIGHT AGAINST HIV/AIDS. THE FOUNDATION IS ALSO ROUTINELY CALLED UPON BY JOURNALISTS AS ONE OF THE MOST WELL-RESPECTED HIV/AIDS ORGANIZATIONS IN THE WORLD.

Name of the organization SAN FRANCISCO AIDS FOUNDATION	Employer identification number 94-2927405
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EXPENSES \$ 4,407,637. INCLUDING GRANTS OF \$ 155,738. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY OUR CPA, REVIEWED AND APPROVED BY MANAGEMENT AND IS SENT TO THE BOARD OF DIRECTORS FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: A CONFLICT OF INTEREST POLICY IS INCLUDED IN THE PERSONEL HANDBOOK WHICH EVERY EMPLOYEE IS REQUIRED TO REVIEW AND ADHERE TO UPON HIRING. KEY EMPLOYEES MUST SIGN A SEPARATE ACKNOWLEDGEMENT FORM REGARDING THE CONFLICT OF INTEREST POLICY ANNUALLY. IN ADDITION, WE PROVIDE A COPY OF THE CONFLICT OF INTEREST POLICY TO ALL DIRECTORS ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: ALL STAFF COMPENSATION IS REVIEWED BY AN INDEPENDENT CONSULTANT FOR MARKET RATE COMPARISON. THE CEO'S COMPENSATION IS ALSO APPROVED BY THE BOARD, BASED ON THE CONSULTANT'S RECOMMENDATION.

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND ANNUAL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, THE ANNUAL AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON OUR WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -399,261.

FORM 990, PART XII, LINE 2C

132212
01-23-12

Name of the organization

SAN FRANCISCO AIDS FOUNDATION

Employer identification number

94-2927405

THERE HAS BEEN NO CHANGE TO THE AUDIT COMMITTEE OVERSIGHT OR AUDIT SELECTION PROCESS.

Multiple horizontal lines for additional text or notes.