

2007

California Exempt Organization Annual Information Return

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For calendar year 2007 or fiscal year beginning month 07 day 01 year 2007, and ending month 06 day 30 year 2008.

IMPORTANT: Your number is required.

California corporation number C 2 3 6 1 1 5 9 Federal employer identification number (FEIN) 9 1 2 1 6 7 4 2 3

Corporation/Organization name
Pangaea Global AIDS Foundation

Address (including suite, room, or PMB no.)
995 Market Street, Suite 200
City State ZIP Code
San Francisco CA 94103

- A** Final return? Check applicable box. Yes No
 Dissolved Withdrawn Merged/Reorganized (attach explanation)
 If a box is checked, enter date _____
- B** Check forms filed this year: State: 109 100 100S 100W
 Federal: 990 990EZ 990T 990PF 1041 1120H 1120
- C** If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box **See General Instruction F. No filing fee is required.**
- D** Is this a group filing? See General Instruction N Yes No
- E** Accounting method used Accrual
- F** Type of organization Exempt under Section 23701 D (insert letter)
 IRC Section 4947(a)(1) trust

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	Description	Amount
1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1,243,555.00
2	Gross dues and assessments from members and affiliates	00
3	Gross contributions, gifts, grants, and similar amounts received. See instructions	2,420,195.00
4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C.	3,663,750.00
5	Cost of goods sold	00
6	Cost or other basis, and sales expenses of assets sold	1,163,493.00
7	Total costs. Add line 5 and line 6.	1,163,493.00
8	Total gross income. Subtract line 7 from line 4.	2,500,257.00
9	Total expenses and disbursements. From Side 2, Part II, line 18	3,004,933.00
10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	(504,677).00
11	Filing fee \$10 or \$25. See General Instruction F	00
12	Penalty for failure to file on time. See General Instruction L	00
13	Use tax. See "General Instruction M"	00
14	Balance due. Add line 11, line 12, and line 13	00

- 15** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. Yes No
- 16** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No
- 17** Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter amount of gross receipts from nonmember sources \$ _____ Yes No
- 18** Did the organization file Form 100, Form 100S, Form 100W, or Form 109 to report taxable income? Yes No
 If "Yes," enter amount of total income reported \$ _____

19 The financial records are in care of Vice President & Chief Financial Officer Daytime telephone (415) 487-3000
 located at 995 Market Street, Suite 200 San Francisco, CA 94103

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here	Original signed by <u>Marty Low</u> Signature of officer	Date <u>2-23-09</u>	Title <u>Vice Pres/CFO</u>	Daytime telephone <u>(415) 487-3000</u>
	Paid Preparer's signature <u>Original signed by Michael Steele</u>	Date <u>2/17/09</u>	Check if self-employed <input type="checkbox"/>	Paid preparer's SSN or PTIN <u>P00200234</u>
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address <u>MICHAEL STEELE CPA</u>	FEIN <u>900319009</u>	Daytime telephone <u>(501) 451-505</u>	