

2005 TAX RETURN

CLIENT COPY

**Client:** THER2222

**Prepared for:** THE RICHMOND HERMET AIDS FOUNDATION  
C/O EMMANUEL A. SANTOS, CPA  
447 SUTTER STREET SUITE 714  
SAN FRANCISCO, CA 94108  
(415) 362-8921

**Prepared by:** EMMANUEL A. SANTOS, CPA, EA  
EMMANUEL A. SANTOS, CPA & ASSOCIATES  
447 SUTTER STREET SUITE 714  
SAN FRANCISCO, CA 94108  
(415) 362-8921

**Date:** APRIL 28, 2007

**Comments:**

**DO NOT FILE**

**Route to:** \_\_\_\_\_

**2005 Exempt Org. Return**  
prepared for:

**THE RICHMOND HERMET AIDS FOUNDATION**  
**C/O EMMANUEL A. SANTOS, CPA**  
447 SUTTER STREET Suite 714  
SAN FRANCISCO, CA 94108

**DO NOT FILE**

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SAN FRANCISCO, CA 94108  
(415) 362-8921

Client THER2222  
April 28, 2007

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**THE RICHMOND ERMET AIDS FOUNDATION**  
C/O EMMANUEL A. SANTOS, CPA  
447 SUTTER STREET #714  
SAN FRANCISCO, CA 94108  
(415) 362-8921

**FEDERAL FORMS**

Form 990  
Schedule A  
Schedule B

2005 Return of Organization Exempt from Income Tax  
Organization Exempt Under Section 501(c)(3)  
Schedule of Contributors  
Depreciation Schedules

**CALIFORNIA FORMS**

Form 199  
Schedule B  
Form 3885 (199)  
Form RRF-1

2005 California Exempt Organization Return  
Schedule of Contributors  
Depreciation and Amortization - Corp.  
2006 Registration/Renewal Fee Report  
California Depreciation Schedules

**FEE SUMMARY**

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DO NOT FILE

THE RICHMOND HERMET AIDS FOUNDATION

C/O EMMANUEL A. SANTOS, CPA

94-3232222

	2005	2004	DIFF
<b>REVENUE</b>			
CONTRIBUTIONS, GIFTS, AND GRANTS.....	486,206	446,177	40,029
INTEREST ON SAVINGS/TEMP CASH INVEST.....	455	355	100
TOTAL REVENUE.....	486,661	446,532	40,129
<b>EXPENSES</b>			
PROGRAM SERVICES.....	506,964	300,329	206,635
TOTAL EXPENSES.....	506,964	300,329	206,635
<b>NET ASSETS OR FUND BALANCES</b>			
EXCESS OR (DEFICIT) FOR THE YEAR.....	-20,303	146,203	-166,506
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	233,839	87,720	146,119
OTHER CHANGES IN NET ASSETS/FUND BAL.....	6,689	-84	6,773
NET ASSETS/FUND BAL. AT END OF YEAR.....	220,225	233,839	-13,614

DO NOT FILE

**CALIFORNIA 199 TAX SUMMARY**  
**THE RICHMOND HERMET AIDS FOUNDATION**  
**C/O EMMANUEL A. SANTOS, CPA**

	2005	2004	DIFF
<b>REVENUE</b>			
INTEREST.....	455	355	100
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	486,206	446,177	40,029
 TOTAL INCOME.....	 486,661	 446,532	 40,129
<b>EXPENSES AND DISBURSEMENTS</b>			
CONTRIBUTIONS, GIFTS, GRANTS.....	199,486	78,460	121,026
COMPENSATION OF OFFICERS, ETC.....	40,000	40,000	0
INTEREST.....	0	208	-208
TAXES.....	3,270	3,319	-49
DEPRECIATION AND DEPLETION.....	615	537	78
OTHER DEDUCTIONS.....	263,593	177,805	85,788
 TOTAL DEDUCTIONS.....	 506,964	 300,329	 206,635
 EXCESS OF RECEIPTS OVER DISBURSEMENTS....	 -20,303	 146,203	 -166,506
<b>FILING FEE</b>			
FILING FEE.....	0	0	0
BALANCE DUE.....	0	0	0
<b>SCHEDULE L</b>			
BEGINNING ASSETS.....	236,964	89,851	147,113
BEGINNING LIABILITIES & NET WORTH.....	236,964	89,851	147,113
 ENDING ASSETS.....	 223,863	 236,964	 -13,101
ENDING LIABILITIES & NET WORTH.....	223,863	236,964	-13,101

**DO NOT FILE**

2005

**GENERAL INFORMATION**  
THE RICHMOND HERMET AIDS FOUNDATION  
C/O EMMANUEL A. SANTOS, CPA

PAGE 1

94-3232222

**FORMS NEEDED FOR THIS RETURN**

FEDERAL: 990, SCH A, SCH B  
CALIFORNIA: 199, SCH B, 3885, RRF-1

**CARRYOVERS TO 2006**

NONE

**DO NOT FILE**

2005 FEDERAL BOOK DEPRECIATION SCHEDULE

THE RICHMOND HERMET AIDS FOUNDATION  
C/O EMMANUEL A. SANTOS, CPA

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
MACHINERY AND EQUIPMENT																
1	COMPUTER	9/30/97		2,399							2,399	2,399	200DB HY	5		0
2	PRINTER	9/04/98		986							986	986	200DB MQ	5		0
3	COMPUTER	2/04/00		2,649							2,649	2,649	200DB HY	5		0
4	COMPUTER-2004	11/15/04		1,923							1,923	385	200DB HY	5	.32000	615
TOTAL MACHINERY AND EQUIPME				7,957		0	0	0	0	0	7,957	6,419				615
TOTAL DEPRECIATION				7,957		0	0	0	0	0	7,957	6,419				615
GRAND TOTAL DEPRECIATION				7,957		0	0	0	0	0	7,957	6,419				615

DO NOT FILE

9/30/06

2005 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 1

THE RICHMOND HERMET AIDS FOUNDATION  
C/O EMMANUEL A. SANTOS, CPA

94-3232222

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 199																
MACHINERY AND EQUIPMENT																
1	COMPUTER	9/30/97		2,399							2,399	2,399	200DB HY	5		0
2	PRINTER	9/04/98		986							986	986	200DB MQ	5		0
3	COMPUTER	2/04/00		2,649							2,649	2,649	200DB HY	5		0
4	COMPUTER-2004	11/15/04		1,923							1,923	385	200DB HY	5	.32000	615
TOTAL MACHINERY AND EQUIPME				7,957		0	0	0	0	0	7,957	6,419				615
TOTAL DEPRECIATION				<u>7,957</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>7,957</u>	<u>6,419</u>				<u>615</u>
GRAND TOTAL DEPRECIATION				<u>7,957</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>7,957</u>	<u>6,419</u>				<u>615</u>

DO NOT FILE

Return of Organization Exempt From Income Tax

2005

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 10/01, 2005, and ending 9/30, 2006

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

Please use IRS label or print or type. See specific instructions.

THE RICHMOND ERMET AIDS FOUNDATION C/O EMMANUEL A. SANTOS, CPA 447 SUTTER STREET #714 SAN FRANCISCO, CA 94108

D Employer Identification Number 94-3232222 E Telephone number (415) 362-8921 F Accounting method: X Cash Accrual Other (specify)

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

H and I are not applicable to section 527 organizations.

- H (a) Is this a group return for affiliates? Yes No X
H (b) If 'Yes,' enter number of affiliates.
H (c) Are all affiliates included? Yes No
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No X

G Web site: WWW.RICHMONDERMET.ORG

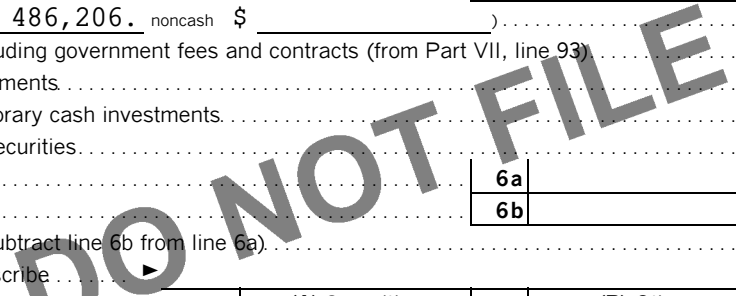
J Organization type (check only one) X 501(c) 3 (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 486,661.

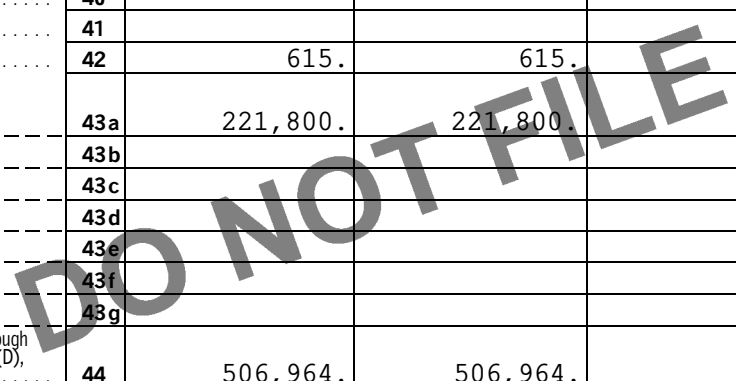
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with columns for Revenue, Expenses, and Assets. Rows include contributions received, program service revenue, membership dues, interest on savings, dividends, gross rents, other investment income, special events, and total revenue/expenses.



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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) SEE STM 2 (cash \$ 199,486. non-cash \$ _____)				
	If this amount includes foreign grants, check here <input type="checkbox"/>	22 199,486.	199,486.		
23	Specific assistance to individuals (att sch) . . . . .	23			
24	Benefits paid to or for members (att sch) . . . . .	24			
25	Compensation of officers, directors, etc . . . . .	25 40,000.	40,000.	0.	0.
26	Other salaries and wages . . . . .	26			
27	Pension plan contributions . . . . .	27			
28	Other employee benefits . . . . .	28			
29	Payroll taxes . . . . .	29 3,270.	3,270.		
30	Professional fundraising fees . . . . .	30			
31	Accounting fees . . . . .	31			
32	Legal fees . . . . .	32 6,940.	6,940.		
33	Supplies . . . . .	33 3,164.	3,164.		
34	Telephone . . . . .	34 2,369.	2,369.		
35	Postage and shipping . . . . .	35 7,377.	7,377.		
36	Occupancy . . . . .	36			
37	Equipment rental and maintenance . . . . .	37 6,878.	6,878.		
38	Printing and publications . . . . .	38 14,095.	14,095.		
39	Travel . . . . .	39 970.	970.		
40	Conferences, conventions, and meetings . . . . .	40			
41	Interest . . . . .	41			
42	Depreciation, depletion, etc (attach schedule) . . . . .	42 615.	615.		
43	Other expenses not covered above (itemize):				
a	SEE STATEMENT 3	43a 221,800.	221,800.		
b	-----	43b			
c	-----	43c			
d	-----	43d			
e	-----	43e			
f	-----	43f			
g	-----	43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).	44 506,964.	506,964.	0.	0.



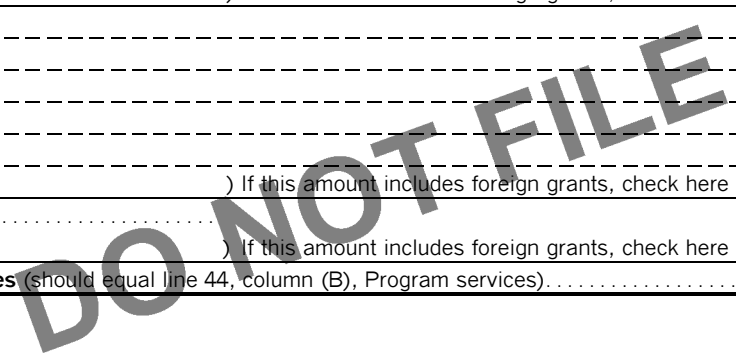
**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program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

Part III Statement of Program Service Accomplishments

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

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 4</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
<b>a</b> <u>SEE STATEMENT 5</u> ----- ----- ----- ----- ----- (Grants and allocations \$ 199,486. ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	506,964.
<b>b</b> ----- ----- ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c</b> ----- ----- ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b> ----- ----- ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e</b> Other program services ..... (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)..... ▶	506,964.

BAA Form 990 (2005)



**Part IV Balance Sheets** (See Instructions)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
<b>A S S E T S</b>	<b>45</b> Cash — non-interest-bearing .....	179,996.	<b>45</b>	183,568.
	<b>46</b> Savings and temporary cash investments .....	50,743.	<b>46</b>	27,995.
	<b>47 a</b> Accounts receivable .....	<b>47 a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>47 b</b>		<b>47 c</b>
	<b>48 a</b> Pledges receivable .....	<b>48 a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>48 b</b>		<b>48 c</b>
	<b>49</b> Grants receivable .....		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) .....		<b>50</b>	
	<b>51 a</b> Other notes & loans receivable (attach sch.) .....	<b>51 a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>51 b</b>		<b>51 c</b>
	<b>52</b> Inventories for sale or use .....		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges .....		<b>53</b>	
	<b>54</b> Investments — securities (attach schedule) .....	4,686.	<b>54</b>	11,375.
	▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			
	<b>55 a</b> Investments — land, buildings, & equipment: basis .....	<b>55 a</b>		
<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>55 b</b>		<b>55 c</b>	
<b>56</b> Investments — other (attach schedule) .....		<b>56</b>		
<b>57 a</b> Land, buildings, and equipment: basis .....	7,958.			
<b>b</b> Less: accumulated depreciation (attach schedule) .....	7,034.		<b>57 c</b>	
<b>58</b> Other assets (describe ▶ <u>SEE STATEMENT 7</u> ) .....	1,539.	<b>58</b>	924.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 .....	236,964.	<b>59</b>	223,863.	
<b>L I A B I L I T I E S</b>	<b>60</b> Accounts payable and accrued expenses .....		<b>60</b>	
	<b>61</b> Grants payable .....		<b>61</b>	
	<b>62</b> Deferred revenue .....		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....		<b>63</b>	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) .....		<b>64 a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) .....		<b>64 b</b>	
	<b>65</b> Other liabilities (describe ▶ <u>SEE STATEMENT 8</u> ) .....	3,125.	<b>65</b>	3,638.
<b>66 Total liabilities.</b> Add lines 60 through 65 .....	3,125.	<b>66</b>	3,638.	
<b>N E T A S S E T S O R F U N D B A L A N C E S</b>	<b>Organizations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted .....	233,839.	<b>67</b>	220,225.
	<b>68</b> Temporarily restricted .....		<b>68</b>	
	<b>69</b> Permanently restricted .....		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds .....		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) .....	233,839.	<b>73</b>	220,225.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	236,964.	<b>74</b>	223,863.

BAA

Form 990 (2005)

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	N/A
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
	1 Net unrealized gains on investments	<b>b1</b>	
	2 Donated services and use of facilities	<b>b2</b>	
	3 Recoveries of prior year grants	<b>b3</b>	
	4 Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>	
	2 Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	

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

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	N/A
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
	1 Donated services and use of facilities	<b>b1</b>	
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>	
	3 Losses reported on Part I, line 20	<b>b3</b>	
	4 Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>	
	2 Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
JOSEPH SEILER 942 DIVISADERO ST, STE 201 SAN FRANCISCO, CA 94115	PRESIDENT 10	0.	0.	0.
KENNETH HENDERSON 942 DIVISADERO ST, STE 201 SAN FRANCISCO, CA 94115	EXECUTIVE DIREC 40	40,000.	0.	0.
EMMANUEL SANTOS 447 SUTTER STREET, STE 714 SAN FRANCISCO, CA 94108	TREASURER 10	0.	0.	0.
JIM WIGGETT 100 SPEAR STREET SAN FRANCISCO, CA 94105	DIRECTOR 4	0.	0.	0.

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>		Yes	No
<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings . . . ▶ <u>4</u>			
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s) . . . . .	<b>75b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? . . . . .	<b>75c</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Note.</b> Related organizations include section 509(a)(3) supporting organizations.			
If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization			
<b>d</b> Does the organization have a written conflict of interest policy? . . . . .	<b>75d</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits</b> (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)				
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
KENNETH HENDERSON 942 DIVISADERO ST, STE 201 SAN FRANCISCO, CA 94115	0.	40,000.	0.	0.

DO NOT FILE

<b>Part VI Other Information</b> <i>(See the instructions.)</i>		Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity . . . . .			
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If 'Yes,' attach a conformed copy of the changes.	<b>77</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement . . . . .	<b>79</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? . . . . .	<b>80a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If 'Yes,' enter the name of the organization ▶ <u>N/A</u> . . . . . and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.	<b>80b</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>81a</b> Enter direct and indirect political expenditures. (See line 81 instructions.) . . . . .	<b>81a</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Other Information (continued)		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?.....		X
<b>b</b>	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.).....		
	82b N/A		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?.....	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?.....	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?.....		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....		N/A
<b>85 a</b>	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?.....		N/A
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?.....		N/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members.....		N/A
	85c N/A		
<b>d</b>	Section 162(e) lobbying and political expenditures.....		N/A
	85d N/A		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.....		N/A
	85e N/A		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e).....		N/A
	85f N/A		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.....		N/A
<b>85 g</b>			N/A
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?.....		N/A
<b>85 h</b>			N/A
<b>86</b>	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.....		
	86a N/A		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities.....		N/A
	86b N/A		
<b>87</b>	501(c)(12) organizations. Enter: a Gross income from members or shareholders.....		N/A
	87a N/A		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).....		N/A
	87b N/A		
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.....		X
<b>89 a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
<b>b</b>	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.....		X
<b>89 b</b>			X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958..... ▶ 0.		0.
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization..... ▶ 0.		0.
<b>90 a</b>	List the states with which a copy of this return is filed ▶ NONE		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.).....	90b	0
<b>91 a</b>	The books are in care of ▶ EMMANUEL A. SANTOS, CPA Telephone number ▶ (415) 362-8921 Located at ▶ 447 SUTTER ST, STE 714 SF, CA, ZIP + 4 ▶ 94108		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.....	91b	X
	If 'Yes,' enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States?.....	91c	X
	If 'Yes,' enter the name of the foreign country ▶		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here..... N/A... ▶ and enter the amount of tax-exempt interest received or accrued during the tax year..... ▶ 92 N/A		

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

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees & contracts from government agencies . . .					
94 Membership dues and assessments . . .					
95 Interest on savings & temporary cash invmnts . .					455.
96 Dividends & interest from securities . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from pers prop. . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .					
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . .					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)). . . . .					455.
105 <b>Total</b> (add line 104, columns (B), (D), and (E)) . . . . .					455.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

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

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

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

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

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

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

**Please Sign Here**

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

Signature of officer: EMMANUEL A. SANTOS, CFO Date: \_\_\_\_\_

Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: EMMANUEL A. SANTOS, CPA & ASSOCIATES  
447 SUTTER STREET SUITE 714  
SAN FRANCISCO, CA 94108

EIN: N/A Phone no.: (415) 362-8921

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

Department of the Treasury  
Internal Revenue Service

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

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

Supplementary Information — (See separate instructions.)

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

OMB No. 1545-0047

**2005**

Name of the organization **THE RICHMOND ERMET AIDS FOUNDATION**  
**C/O EMMANUEL A. SANTOS, CPA** Employer identification number  
**94-3232222**

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

<b>Part III</b> Statements About Activities (See instructions.)		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>N/A</u> _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
<b>a</b>	Sale, exchange, or leasing of property?	2a	X
<b>b</b>	Lending of money or other extension of credit?	2b	X
<b>c</b>	Furnishing of goods, services, or facilities?	2c	X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
<b>e</b>	Transfer of any part of its income or assets?	2e	X
<b>3a</b>	Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
<b>b</b>	Do you have a section 403(b) annuity plan for your employees?	3b	X
<b>c</b>	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
<b>4a</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

**Part IV** Reason for Non-Private Foundation Status (See instructions.)

- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
  - 6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
  - 7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
  - 8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
  - 9**  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
  - 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
  - 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
  - 11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
  - 12**  An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and **(2) no more than 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). (Also complete the **Support Schedule** in Part IV-A.)
  - 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

**14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)



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

N/A  
 Yes No

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

DO NOT FILE

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

N/A

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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying).....	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying).....	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37).....	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures.....	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39).....	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table —		
	<b>If the amount on line 40 is —</b>		
	<b>The lobbying nontaxable amount is —</b>		
	Not over \$500,000..... 20% of the amount on line 40.....		
	Over \$500,000 but not over \$1,000,000..... \$100,000 plus 15% of the excess over \$500,000.....		
	Over \$1,000,000 but not over \$1,500,000..... \$175,000 plus 10% of the excess over \$1,000,000.....	<b>41</b>	
	Over \$1,500,000 but not over \$17,000,000..... \$225,000 plus 5% of the excess over \$1,500,000.....		
	Over \$17,000,000..... \$1,000,000.....		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41).....	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.....	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.....	<b>44</b>	
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.			

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

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				(e) Total
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
<b>45</b> Lobbying nontaxable amount.....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)).....					
<b>47</b> Total lobbying expenditures.....					
<b>48</b> Grassroots non-taxable amount.....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)).....					
<b>50</b> Grassroots lobbying expenditures.....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

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

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



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**Supplementary Information for**  
**line 1 of Form 990, 990-EZ and 990-PF (see instructions)**

OMB No. 1545-0047

**2005**

<b>Name of organization</b>	THE RICHMOND ERMET AIDS FOUNDATION C/O EMMANUEL A. SANTOS, CPA	<b>Employer identification number</b>	94-3232222
-----------------------------	---	---------------------------------------	------------

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 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 organizations 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 Form 990-EZ, that met the 33-1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate 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:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.**

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

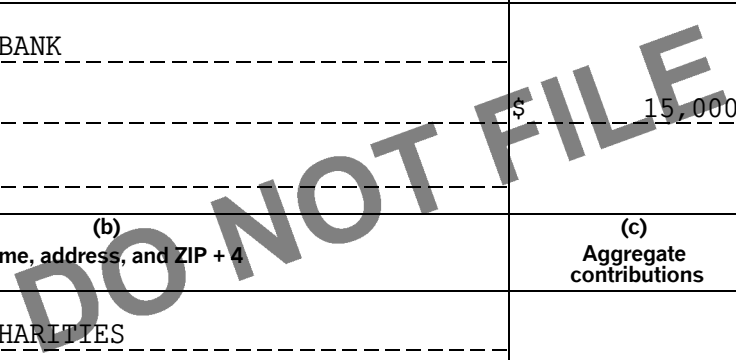
Employer identification number

THE RICHMOND HERMET AIDS FOUNDATION

94-3232222

**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WELLS FARGO BANK, N.A. 4TH AND PLUM STREETS RED WING, MN 55066	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	THE SILVA WATSON MOONWALK FUND 175 VIA LERIDA GREENBRAE, CA 94904	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	WASHINGTON MUTUAL BANK P.O. BOX 91150 SEATTLE, WA 98111	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	COMMUNITY HEALTH CHARITIES 530 BERGUT DRIVE, SUITE 5 SACRAMENTO, CA 95814	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THE SAN FRANCISCO FOUNDATION 225 BUSH STREET, SUITE 500 SAN FRANCISCO, CA 94104	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

THE RICHMOND HERMET AIDS FOUNDATION

94-3232222

**Part II** Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A ----- ----- -----		

DO NOT FILE

Name of organization

Employer identification number

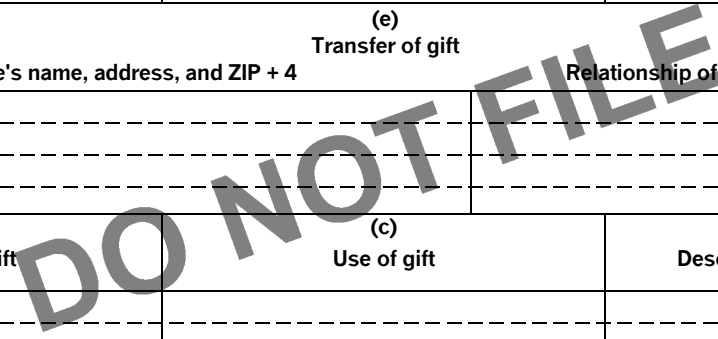
THE RICHMOND ERMET AIDS FOUNDATION

94-3232222

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ..... \$ N/A

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



**STATEMENT 1**  
**FORM 990, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

UNREALIZED GAIN AND LOSS.....	\$	6,689.
TOTAL	\$	<u>6,689.</u>

**STATEMENT 2**  
**FORM 990, PART II, LINE 22**  
**GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME:	BROADWAY CARES, EQUITY FI	
DONEE'S ADDRESS:	165 WEST 46TH ST #1300	
	NEW YORK, NY 10036,	
AMOUNT GIVEN:		\$ 11,666.
DONEE'S NAME:	BAY POSITIVES	
DONEE'S ADDRESS:	518 WALLER STREET	
	SAN FRANCISCO, CA 94117,	
AMOUNT GIVEN:		20,000.
DONEE'S NAME:	THEATRE BAY AREA	
DONEE'S ADDRESS:	870 MARKET STREET #375	
	SAN FRANCISCO, CA 94102,	
AMOUNT GIVEN:		2,000.
DONEE'S NAME:	PROJECT INFORM	
DONEE'S ADDRESS:	205 13TH STREET #2001	
	SAN FRANCISCO, CA 94103,	
AMOUNT GIVEN:		20,000.
DONEE'S NAME:	PROJECT OPEN HAND	
DONEE'S ADDRESS:	730 POLK STREET	
	SAN FRANCISCO, CA 94109,	
AMOUNT GIVEN:		25,000.
DONEE'S NAME:	MEALS OF MARIN	
DONEE'S ADDRESS:	1111EAST FRANCISCO BLVD,	
	SAN RAFAEL, CA 94901	
AMOUNT GIVEN:		25,000.
DONEE'S NAME:	POSITIVE RESOURCE CENTER	
DONEE'S ADDRESS:	785 MARKET ST, 10TH	
	SAN FRANCISCO, CA 94103,	
AMOUNT GIVEN:		25,200.
DONEE'S NAME:	UCSF FOUNDATION	
DONEE'S ADDRESS:	3333 CALIFORNIA ST #340	
	SAN FRANCISCO , CA 94118	
AMOUNT GIVEN:		25,000.
DONEE'S NAME:	VITAL LIFE SERVICE	
DONEE'S ADDRESS:	5720 SHATTUCK AVE	
	OAKLAND, CA 94609	
AMOUNT GIVEN:		25,000.

**STATEMENT 2 (CONTINUED)**  
**FORM 990, PART II, LINE 22**  
**GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME:	AIDS EMERGENCY		
DONEE'S ADDRESS:	965 MISSION ST		
	SAN FRANCISCO, CA 94103		
AMOUNT GIVEN:		\$	120.
DONEE'S NAME:	ACADEMY OF FRIENDS		
DONEE'S ADDRESS:	650 5TH ST #203		
	SAN FRANCISCO, CA 94107		
AMOUNT GIVEN:			500.
DONEE'S NAME:	MAITRI		
DONEE'S ADDRESS:	401 DUBOCE AVE		
	SAN FRANCISCO, CA 94114		
AMOUNT GIVEN:			20,000.

TOTAL GRANTS AND ALLOCATIONS \$ 199,486.

**STATEMENT 3**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT &amp; GENERAL</u>	<u>FUNDRAISING</u>
ADVERTISING	9,798.	9,798.		
AUDIO	22.	22.		
AUTO EXPENSES	716.	716.		
BANK CHARGES	174.	174.		
CD EXPENSE	375.	375.		
CLEANING & MAINTENANCE	300.	300.		
COMMUNICATION SERVICES	1,115.	1,115.		
COMPUTER CHARGE	990.	990.		
DUES & SUBSCRIPTIONS	500.	500.		
ENTERTAINMENT EXPENSES	4,197.	4,197.		
FILING FEES	100.	100.		
HOST RECEPTION EXPENSES	21,001.	21,001.		
INSURANCE	4,630.	4,630.		
MERCHANT FEES	7,574.	7,574.		
MISC	80.	80.		
MUSICIAN FEES	5,693.	5,693.		
OFFICE EXPENSES	263.	263.		
OUTSIDE SERVICE	30,900.	30,900.		
PARKING & TOLLS	852.	852.		
PERFORMERS GIFT	55.	55.		
PERFORMER'S TRAVEL	11,378.	11,378.		
PRODUCER'S FEES	7,500.	7,500.		
PRODUCTION EXPENSES	9,967.	9,967.		
PRODUCTION HONORARIUM	13,050.	13,050.		
SEMINAR	25.	25.		
SILENT AUCTION EXPENSES	44,892.	44,892.		
TALENT RESEARCH	1,263.	1,263.		

**STATEMENT 3 (CONTINUED)**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
THEATER RENTAL	42,460.	42,460.		
VIDEO PRODUCTION	1,930.	1,930.		
<b>TOTAL</b>	<u>\$ 221,800.</u>	<u>\$ 221,800.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**STATEMENT 4**  
**FORM 990, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO CONTRIBUTE NET PROCEEDS FROM ANNUAL MUSICAL VARIETY SHOW TO CERTAIN CHARITABLE ORGANIZATIONS THAT PROVIDE SERVICES TO AIDS PATIENTS.

**STATEMENT 5**  
**FORM 990, PART III, LINE A**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
THE RICHMOND/ERMET AIDS FOUNDATION CONTRIBUTES TO OTHER CHARITABLE ORGANIZATIONS THAT PROVIDE SERVICES TO PATIENTS SUFFERING FROM AIDS. THIS YEAR, THE FOUNDATION CONTRIBUTED TO SEVERAL CHARITIES. SOME OF THESE CHARITIES PROVIDE AIDS PATIENTS WITH HOME AND HOSPICE CARE, PHYSICAL REHABILITATION, ART AND EMOTIONAL THERAPY, AND MEALS AT HOME. ONE CHARITY PROVIDES GRANTS TO AIDS PATIENTS WHO ARE MEMBERS OF ACTOR'S EQUITY.	199,486.	506,964.
INCLUDES FOREIGN GRANTS: NO		
	<u>\$ 199,486.</u>	<u>\$ 506,964.</u>

**STATEMENT 6**  
**FORM 990, PART IV, LINE 57**  
**LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 7,958.	\$ 7,034.	\$ 924.
<b>TOTAL</b>	<u>\$ 7,958.</u>	<u>\$ 7,034.</u>	<u>\$ 924.</u>

STATEMENT 7  
FORM 990, PART IV, LINE 58  
OTHER ASSETS

ROUNDING ..... TOTAL \$ 1.

STATEMENT 8  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

SALES TAX PAYABLE ..... TOTAL \$ 3,638.

DO NOT FILE

YEAR  
**2005**

# California Exempt Organization Annual Information Return

FORM  
**199**

For calendar or fiscal year beginning month 10 day 01 year 2005, and ending month 09 day 30 year 2006

<b>IMPORTANT: Your number is required.</b>		<b>A</b> Final return? Check applicable box. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date	
California corporation number <b>1950145</b>	Federal employer identification number (FEIN) <b>94-3232222</b>	<b>B</b> Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Fed: <input checked="" type="checkbox"/> 990 Fed: <input type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120	
Corporation/Organization name <b>THE RICHMOND ERMET AIDS FOUNDATION C/O EMMANUEL A. SANTOS, CPA</b>		<b>C</b> 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. <b>See General Instruction F. No filing fee is required.</b> <input checked="" type="checkbox"/>	
Address <b>447 SUTTER STREET #714</b>	PMB no.	<b>D</b> Is this a group filing? See General Instruction N. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City <b>SAN FRANCISCO, CA 94108</b>	State ZIP Code	<b>E</b> Accounting method used. <u>CASH</u>	
		<b>F</b> Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 <u>D</u> (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust	

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

<b>Receipts and Revenues</b> <small>(Enclose, but do not staple, any payment.)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8. . . . .	1	455.
	2	Gross dues and assessments from members and affiliates . . . . .	2	
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions. . . . . SEE .SCH. .B. . . . .	3	486,206.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3 <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction C. . . . .	4	486,661.
	5	Cost of goods sold . . . . .	5	
	6	Cost or other basis, and sales expenses of assets sold. . . . .	6	
	7	Total costs. Add line 5 and line 6 . . . . .	7	
	8	Total gross income. Subtract line 7 from line 4 . . . . .	8	486,661.
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18. . . . .	9	506,964.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. . . . .	10	-20,303.
<b>Filing Fee</b>	11	Filing fee \$10 or \$25. See General Instruction F. . . . .	11	
	12	Penalty for failure to file on time. See General Instruction L. . . . .	12	
	13	Use tax. See instructions. . . . .	13	
	14	<b>Balance due.</b> Add line 11, line 12, and line 13. . . . .	14	

- 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. . . \$ \_\_\_\_\_
- 18** Did the organization file Form 100, Form 100S, 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. EMMANUEL A. SANTOS, CPA Daytime telephone (415) 362-8921  
located at 447 SUTTER ST, STE 714 SF, CA 94108

<b>Please Sign Here</b>	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.		<b>CFO</b> Title • <b>(415) 362-8921</b> Daytime telephone	
	Signature of officer _____ Date _____			
<b>Paid Preparer's Use Only</b>	Paid Preparer's signature _____ Date _____	Check if self-employed <input checked="" type="checkbox"/>	Paid preparer's SSN or PTIN • <b>P00448693</b>	
	Firm's name (or yours, if self-employed) and address <b>EMMANUEL A. SANTOS, CPA &amp; ASSOCIATES</b> <b>447 SUTTER STREET SUITE 714</b> <b>SAN FRANCISCO, CA 94108</b>		FEIN • <b>94-3129341</b>	Daytime telephone • <b>(415) 362-8921</b>

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	1	
	2	Interest	2	455.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income. Attach schedule	7	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	455.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 1	9	199,486.
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 2	11	40,000.
	12	Other salaries and wages	12	
	13	Interest	13	
	14	Taxes	14	3,270.
	15	Rents	15	
	16	Depreciation and depletion	16	615.
	17	Other. Attach schedule SEE STATEMENT 3	17	263,593.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	506,964.

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		230,739.		211,563.
2 Net accounts receivable				
3 Net notes receivable. Attach schedule				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds. Attach schedule				
7 Investments in stock. Attach schedule		4,686.		11,375.
8 Mortgage loans (number of loans: _____)				
9 Other investments. Attach schedule				
10a Depreciable assets	7,958.		7,958.	
b Less accumulated depreciation	6,419.	1,539.	7,034.	924.
11 Land				
12 Other assets. Attach schedule ST. 4				1.
13 Total assets		236,964.		223,863.
<b>Liabilities and net worth</b>				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable. Attach schedule				
17 Mortgages payable				
18 Other liabilities. Attach schedule ST. 5		3,125.		3,638.
19 Capital stock or principle fund		233,839.		220,225.
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 Total liabilities and net worth		236,964.		223,863.

Schedule M-1 Reconciliation of income per books with income per return				
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000				
1	Net income per books	-20,303.	7	Income recorded on books this year not included in this return.
2	Federal income tax			Attach schedule
3	Excess of capital losses over capital gains		8	Deductions in this return not charged against book income this year.
4	Income not recorded on books this year. Attach schedule			Attach schedule
5	Expenses recorded on books this year not deducted in this return. Attach schedule		9	Total. Add line 7 and line 8
6	Total. Add line 1 through line 5	-20,303.	10	Net income per return.
				Subtract line 9 from line 6
				-20,303.

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

Department of the Treasury  
Internal Revenue Service

CALIFORNIA COPY  
**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

**2005**

<b>Name of organization</b>	THE RICHMOND ERMET AIDS FOUNDATION C/O EMMANUEL A. SANTOS, CPA	<b>Employer identification number</b>	94-3232222
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**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 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 organizations 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 Form 990-EZ, that met the 33-1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate 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:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.**

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

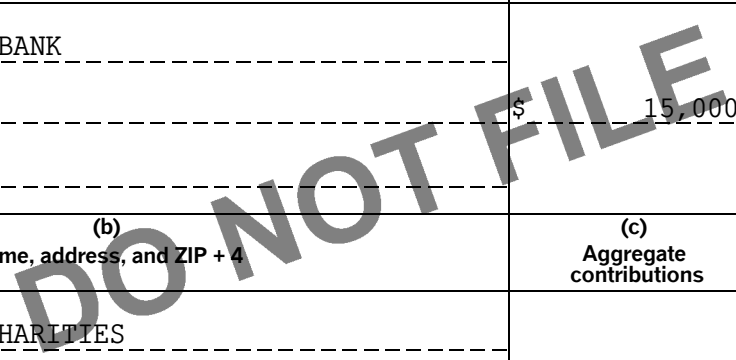
Employer identification number

THE RICHMOND HERMET AIDS FOUNDATION

94-3232222

**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WELLS FARGO BANK, N.A. 4TH AND PLUM STREETS RED WING, MN 55066	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	THE SILVA WATSON MOONWALK FUND 175 VIA LERIDA GREENBRAE, CA 94904	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	WASHINGTON MUTUAL BANK P.O. BOX 91150 SEATTLE, WA 98111	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	COMMUNITY HEALTH CHARITIES 530 BERGUT DRIVE, SUITE 5 SACRAMENTO, CA 95814	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THE SAN FRANCISCO FOUNDATION 225 BUSH STREET, SUITE 500 SAN FRANCISCO, CA 94104	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

THE RICHMOND ERMET AIDS FOUNDATION

94-3232222

**Part II** Noncash Property (See Specific Instructions.)

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

DO NOT FILE

Name of organization

Employer identification number

THE RICHMOND ERMET AIDS FOUNDATION

94-3232222

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) ... \$ N/A

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Row 1 contains 'N/A' in column (b).

Table with 2 columns: (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4, and Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

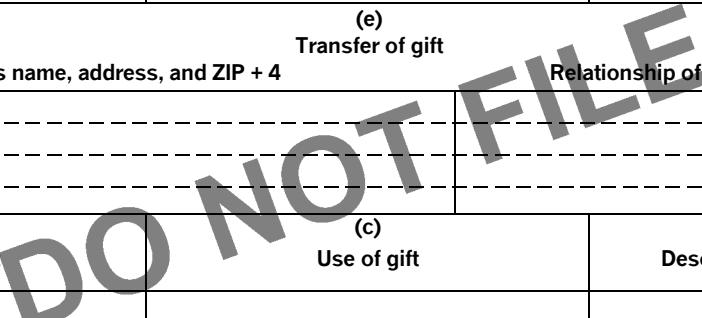
Table with 2 columns: (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4, and Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4, and Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4, and Relationship of transferor to transferee.



2005 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with 2 columns: Corporation name (THE RICHMOND ERMET AIDS FOUNDATION C/O EMMANUEL A. SANTOS, CPA) and California corporation number (1950145)

Part I Election to Expense Certain Property Under IRC Section 179

Table with 3 columns: Line number, Description, and Amount. Includes rows for maximum deduction, total cost, threshold cost, reduction in limitation, and dollar limitation.

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

Table with 8 columns: Line number, Description of property, Date acquired, Cost or other basis, Depreciation allowed or allowable in earlier years, Method of figuring depreciation, Life or rate, Depreciation for this year, and Additional first year depreciation.

Part III Summary

Table with 3 columns: Line number, Description, and Amount. Includes rows for total election, total depreciation claimed, and depreciation adjustment.

Part IV Amortization

Table with 8 columns: Line number, Description of property, Date acquired, Cost or other basis, Amortization allowed or allowable in earlier years, R&TC section, Period or percentage, and Amortization for this year.

STATEMENT 1  
FORM 199, PART II, LINE 9  
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	BROADWAY CARES, EQUITY FI	
DONEE'S STREET ADDRESS:	165 WEST 46TH ST #1300	
DONEE'S CITY, STATE, ZIP:	NEW YORK, NY 10036,	
AMOUNT GIVEN:		\$ 11,666.
DONEE'S NAME:	BAY POSITIVES	
DONEE'S STREET ADDRESS:	518 WALLER STREET	
DONEE'S CITY, STATE, ZIP:	SAN FRANCISCO, CA 94117,	
AMOUNT GIVEN:		20,000.
DONEE'S NAME:	THEATRE BAY AREA	
DONEE'S STREET ADDRESS:	870 MARKET STREET #375	
DONEE'S CITY, STATE, ZIP:	SAN FRANCISCO, CA 94102,	
AMOUNT GIVEN:		2,000.
DONEE'S NAME:	PROJECT INFORM	
DONEE'S STREET ADDRESS:	205 13TH STREET #2001	
DONEE'S CITY, STATE, ZIP:	SAN FRANCISCO, CA 94103,	
AMOUNT GIVEN:		20,000.
DONEE'S NAME:	PROJECT OPEN HAND	
DONEE'S STREET ADDRESS:	730 POLK STREET	
DONEE'S CITY, STATE, ZIP:	SAN FRANCISCO, CA 94109,	
AMOUNT GIVEN:		25,000.
DONEE'S NAME:	MEALS OF MARIN	
DONEE'S STREET ADDRESS:	1111 EAST FRANCISCO BLVD,	
DONEE'S CITY, STATE, ZIP:	SAN RAFAEL, CA 94901	
AMOUNT GIVEN:		25,000.
DONEE'S NAME:	POSITIVE RESOURCE CENTER	
DONEE'S STREET ADDRESS:	785 MARKET ST, 10TH	
DONEE'S CITY, STATE, ZIP:	SAN FRANCISCO, CA 94103,	
AMOUNT GIVEN:		25,200.
DONEE'S NAME:	UCSF FOUNDATION	
DONEE'S STREET ADDRESS:	3333 CALIFORNIA ST #340	
DONEE'S CITY, STATE, ZIP:	SAN FRANCISCO, CA 94118	
AMOUNT GIVEN:		25,000.
DONEE'S NAME:	VITAL LIFE SERVICE	
DONEE'S STREET ADDRESS:	5720 SHATTUCK AVE	
DONEE'S CITY, STATE, ZIP:	OAKLAND, CA 94609	
AMOUNT GIVEN:		25,000.
DONEE'S NAME:	AIDS EMERGENCY	
DONEE'S STREET ADDRESS:	965 MISSION ST	
DONEE'S CITY, STATE, ZIP:	SAN FRANCISCO, CA 94103	
AMOUNT GIVEN:		120.
DONEE'S NAME:	ACADEMY OF FRIENDS	
DONEE'S STREET ADDRESS:	650 5TH ST #203	
DONEE'S CITY, STATE, ZIP:	SAN FRANCISCO, CA 94107	
AMOUNT GIVEN:		500.

**STATEMENT 1 (CONTINUED)**  
**FORM 199, PART II, LINE 9**  
**CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID**

DONEE'S NAME:	MAITRI		
DONEE'S STREET ADDRESS:	401 DUBOCE AVE		
DONEE'S CITY, STATE, ZIP:	SAN FRANCISCO, CA 94114		
AMOUNT GIVEN:		\$	20,000.
		TOTAL \$	<u>199,486.</u>

**STATEMENT 2**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
JOSEPH SEILER 942 DIVISADERO ST, STE 201 SAN FRANCISCO, CA 94115	PRESIDENT 10	\$ 0.	\$ 0.	\$ 0.
KENNETH HENDERSON 942 DIVISADERO ST, STE 201 SAN FRANCISCO, CA 94115	EXECUTIVE DIREC 40	40,000.	0.	0.
EMMANUEL SANTOS 447 SUTTER STREET, STE 714 SAN FRANCISCO, CA 94108	TREASURER 10	0.	0.	0.
JIM WIGGETT 100 SPEAR STREET SAN FRANCISCO, CA 94105	DIRECTOR 4	0.	0.	0.
	TOTAL	<u>\$ 40,000.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**STATEMENT 3**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

ADVERTISING.....	\$	9,798.
AUDIO.....		22.
AUTO EXPENSES.....		716.
BANK CHARGES.....		174.
CD EXPENSE.....		375.
CLEANING & MAINTENANCE.....		300.
COMMUNICATION SERVICES.....		1,115.
COMPUTER CHARGE.....		990.
DUES & SUBSCRIPTIONS.....		500.
ENTERTAINMENT EXPENSES.....		4,197.
EQUIPMENT RENTAL AND MAINTENANCE.....		6,878.
FILING FEES.....		100.
HOST RECEPTION EXPENSES.....		21,001.
INSURANCE.....		4,630.
LEGAL FEES.....		6,940.
MERCHANT FEES.....		7,574.

**STATEMENT 3 (CONTINUED)**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

MISC.....	\$ 80.
MUSICIAN FEES.....	5,693.
OFFICE EXPENSES.....	263.
OUTSIDE SERVICE.....	30,900.
PARKING & TOLLS.....	852.
PERFORMERS GIFT.....	55.
PERFORMER'S TRAVEL.....	11,378.
POSTAGE AND SHIPPING.....	7,377.
PRINTING AND PUBLICATIONS.....	14,095.
PRODUCER'S FEES.....	7,500.
PRODUCTION EXPENSES.....	9,967.
PRODUCTION HONORARIUM.....	13,050.
SEMINAR.....	25.
SILENT AUCTION EXPENSES.....	44,892.
SUPPLIES.....	3,164.
TALENT RESEARCH.....	1,263.
TELEPHONE.....	2,369.
THEATER RENTAL.....	42,460.
TRAVEL.....	970.
VIDEO PRODUCTION.....	1,930.
	TOTAL \$ <u>263,593.</u>

**STATEMENT 4**  
**FORM 199, SCHEDULE L, LINE 12**  
**OTHER ASSETS**

ROUNDING.....	1.
	TOTAL \$ <u>1.</u>

**STATEMENT 5**  
**FORM 199, SCHEDULE L, LINE 18**  
**OTHER LIABILITIES**

SALES TAX PAYABLE.....	3,638.
	TOTAL \$ <u>3,638.</u>

**DO NOT FILE**

IN  
**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

**WEBSITE ADDRESS:**  
<http://ag.ca.gov/charities/>

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



<b>State Charity Registration Number</b> <u>040340</u> <b>THE RICHMOND HERMET AIDS FOUNDATION</b> <b>C/O EMMANUEL A. SANTOS, CPA</b> <small>Name of Organization</small> <u>447 SUTTER STREET #714</u> <small>Address (Number and Street)</small> <u>SAN FRANCISCO, CA 94108</u> <small>City or Town State ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> <b>Change of address</b> <input type="checkbox"/> <b>Amended report</b>  <b>Corporate or Organization No.</b> <u>1950145</u>  <b>Federal Employer ID No.</b> <u>94-3232222</u>
--	--

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
**Make Check Payable to Attorney General's Registry of Charitable Trusts**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 10/01/05 ending 9/30/06) list:  
 Gross annual revenue \$ 486,661. Total assets \$ 223,863.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number (415) 362-8921  
 Organization's e-mail address NOEL@EAS-CPA.COM

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

<u>EMMANUEL A. SANTOS</u>	<u>CFO</u>		
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>	<small>Date</small>

Return of Organization Exempt From Income Tax

2005

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 10/01, 2005, and ending 9/30, 2006

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

Please use IRS label or print or type. See specific instructions.

THE RICHMOND ERMET AIDS FOUNDATION C/O EMMANUEL A. SANTOS, CPA 447 SUTTER STREET #714 SAN FRANCISCO, CA 94108

D Employer Identification Number 94-3232222 E Telephone number (415) 362-8921 F Accounting method: X Cash Accrual Other (specify)

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

H and I are not applicable to section 527 organizations.

- H (a) Is this a group return for affiliates? Yes No X
H (b) If 'Yes,' enter number of affiliates.
H (c) Are all affiliates included? Yes No
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No X

G Web site: WWW.RICHMONDERMET.ORG

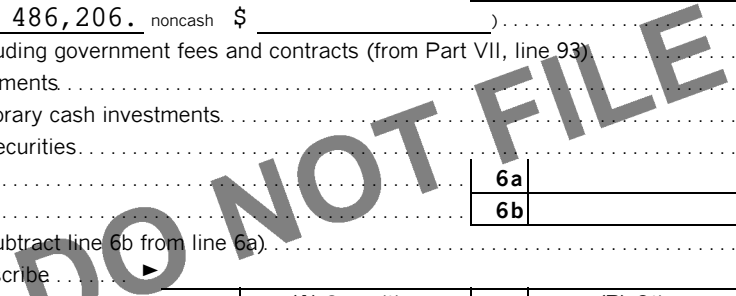
J Organization type (check only one) X 501(c) 3 (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 486,661.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with columns for Revenue, Expenses, and Net Assets. Rows include contributions, program service revenue, membership dues, interest, dividends, gross rents, other investment income, gross amount from sales of assets, special events, gross sales of inventory, other revenue, total revenue, program services, management and general, fundraising, payments to affiliates, total expenses, excess or deficit, net assets at beginning/end of year.



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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) SEE STM 2 (cash \$ 199,486. non-cash \$ _____)				
	If this amount includes foreign grants, check here <input type="checkbox"/>	22 199,486.	199,486.		
23	Specific assistance to individuals (att sch) . . . . .	23			
24	Benefits paid to or for members (att sch) . . . . .	24			
25	Compensation of officers, directors, etc . . . . .	25 40,000.	40,000.	0.	0.
26	Other salaries and wages . . . . .	26			
27	Pension plan contributions . . . . .	27			
28	Other employee benefits . . . . .	28			
29	Payroll taxes . . . . .	29 3,270.	3,270.		
30	Professional fundraising fees . . . . .	30			
31	Accounting fees . . . . .	31			
32	Legal fees . . . . .	32 6,940.	6,940.		
33	Supplies . . . . .	33 3,164.	3,164.		
34	Telephone . . . . .	34 2,369.	2,369.		
35	Postage and shipping . . . . .	35 7,377.	7,377.		
36	Occupancy . . . . .	36			
37	Equipment rental and maintenance . . . . .	37 6,878.	6,878.		
38	Printing and publications . . . . .	38 14,095.	14,095.		
39	Travel . . . . .	39 970.	970.		
40	Conferences, conventions, and meetings . . . . .	40			
41	Interest . . . . .	41			
42	Depreciation, depletion, etc (attach schedule) . . . . .	42 615.	615.		
43	Other expenses not covered above (itemize):				
a	SEE STATEMENT 3	43a 221,800.	221,800.		
b	-----	43b			
c	-----	43c			
d	-----	43d			
e	-----	43e			
f	-----	43f			
g	-----	43g			
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15). . . . .	44 506,964.	506,964.	0.	0.

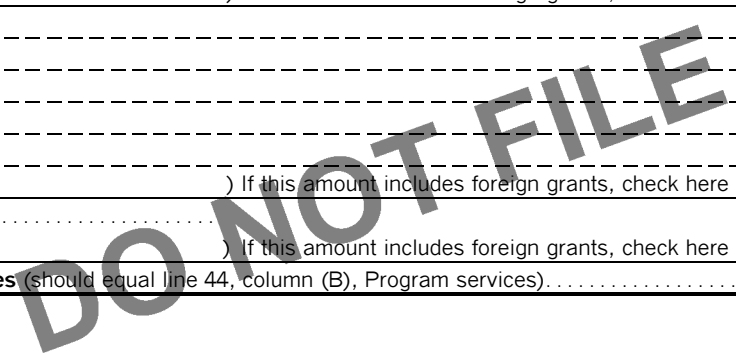
**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program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

**Part III Statement of Program Service Accomplishments**

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

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 4</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>SEE STATEMENT 5</u> ----- ----- ----- ----- (Grants and allocations \$ 199,486. ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	506,964.
b ----- ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services ..... (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)..... ▶	506,964.

BAA Form 990 (2005)



**Part IV Balance Sheets** (See Instructions)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
<b>A S S E T S</b>	<b>45</b> Cash – non-interest-bearing .....	179,996.	<b>45</b>	183,568.
	<b>46</b> Savings and temporary cash investments .....	50,743.	<b>46</b>	27,995.
	<b>47 a</b> Accounts receivable .....			
	<b>b</b> Less: allowance for doubtful accounts .....		<b>47 c</b>	
	<b>48 a</b> Pledges receivable .....			
	<b>b</b> Less: allowance for doubtful accounts .....		<b>48 c</b>	
	<b>49</b> Grants receivable .....		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) .....		<b>50</b>	
	<b>51 a</b> Other notes & loans receivable (attach sch.) .....			
	<b>b</b> Less: allowance for doubtful accounts .....		<b>51 c</b>	
	<b>52</b> Inventories for sale or use .....		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges .....		<b>53</b>	
	<b>54</b> Investments – securities (attach schedule) .....	4,686.	<b>54</b>	11,375.
	▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			
	<b>55 a</b> Investments – land, buildings, & equipment: basis .....			
<b>b</b> Less: accumulated depreciation (attach schedule) .....		<b>55 c</b>		
<b>56</b> Investments – other (attach schedule) .....		<b>56</b>		
<b>57 a</b> Land, buildings, and equipment: basis .....	7,958.			
<b>b</b> Less: accumulated depreciation (attach schedule) .....	7,034.	<b>57 c</b>	924.	
<b>58</b> Other assets (describe ▶ SEE STATEMENT 7) .....	1,539.	<b>58</b>	1.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 .....	236,964.	<b>59</b>	223,863.	
<b>L I A B I L I T I E S</b>	<b>60</b> Accounts payable and accrued expenses .....		<b>60</b>	
	<b>61</b> Grants payable .....		<b>61</b>	
	<b>62</b> Deferred revenue .....		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....		<b>63</b>	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) .....		<b>64 a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) .....		<b>64 b</b>	
	<b>65</b> Other liabilities (describe ▶ SEE STATEMENT 8) .....	3,125.	<b>65</b>	3,638.
<b>66 Total liabilities.</b> Add lines 60 through 65 .....	3,125.	<b>66</b>	3,638.	
<b>N E T A S S E T S O R F U N D B A L A N C E S</b>	<b>Organizations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted .....	233,839.	<b>67</b>	220,225.
	<b>68</b> Temporarily restricted .....		<b>68</b>	
	<b>69</b> Permanently restricted .....		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds .....		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	233,839.	<b>73</b>	220,225.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	236,964.	<b>74</b>	223,863.

BAA

Form 990 (2005)

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements .....	<b>a</b>	N/A
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
	1 Net unrealized gains on investments .....	<b>b1</b>	
	2 Donated services and use of facilities .....	<b>b2</b>	
	3 Recoveries of prior year grants .....	<b>b3</b>	
	4 Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
	2 Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	

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

<b>a</b>	Total expenses and losses per audited financial statements .....	<b>a</b>	N/A
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
	1 Donated services and use of facilities .....	<b>b1</b>	
	2 Prior year adjustments reported on Part I, line 20 .....	<b>b2</b>	
	3 Losses reported on Part I, line 20 .....	<b>b3</b>	
	4 Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
	2 Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
JOSEPH SEILER 942 DIVISADERO ST, STE 201 SAN FRANCISCO, CA 94115	PRESIDENT 10	0.	0.	0.
KENNETH HENDERSON 942 DIVISADERO ST, STE 201 SAN FRANCISCO, CA 94115	EXECUTIVE DIREC 40	40,000.	0.	0.
EMMANUEL SANTOS 447 SUTTER STREET, STE 714 SAN FRANCISCO, CA 94108	TREASURER 10	0.	0.	0.
JIM WIGGETT 100 SPEAR STREET SAN FRANCISCO, CA 94105	DIRECTOR 4	0.	0.	0.

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>		Yes	No
<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings . . . ▶ <u>4</u>			
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s) . . . . .	<b>75b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? . . . . .	<b>75c</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Note.</b> Related organizations include section 509(a)(3) supporting organizations.  If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization			
<b>d</b> Does the organization have a written conflict of interest policy? . . . . .	<b>75d</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits</b> (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)				
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
KENNETH HENDERSON 942 DIVISADERO ST, STE 201 SAN FRANCISCO, CA 94115	0.	40,000.	0.	0.

DO NOT FILE

<b>Part VI Other Information</b> <i>(See the instructions.)</i>		Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity . . . . .	<b>76</b>		<input checked="" type="checkbox"/>
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If 'Yes,' attach a conformed copy of the changes.	<b>77</b>		<input checked="" type="checkbox"/>
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>		<input checked="" type="checkbox"/>
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>		N/A
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement . . . . .	<b>79</b>		<input checked="" type="checkbox"/>
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? . . . . .	<b>80a</b>		<input checked="" type="checkbox"/>
<b>b</b> If 'Yes,' enter the name of the organization ▶ <u>N/A</u> . . . . . and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
<b>81a</b> Enter direct and indirect political expenditures. (See line 81 instructions.) . . . . . <b>81a</b> <u>0.</u>			
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>		<input checked="" type="checkbox"/>

Part VI Other Information (continued)		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?.....		X
<b>b</b>	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.).....		
	82b N/A		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?.....	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?.....	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?.....		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....		N/A
<b>85 a</b>	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?.....		N/A
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?.....		N/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members.....		N/A
<b>d</b>	Section 162(e) lobbying and political expenditures.....		N/A
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.....		N/A
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e).....		N/A
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.....		N/A
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?.....		N/A
<b>86</b>	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.....		N/A
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities.....		N/A
<b>87</b>	501(c)(12) organizations. Enter: a Gross income from members or shareholders.....		N/A
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).....		N/A
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.....		X
<b>89 a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
<b>b</b>	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.....		X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958..... ▶ 0.		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization..... ▶ 0.		
<b>90 a</b>	List the states with which a copy of this return is filed ▶ NONE		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.).....	90b	0
<b>91 a</b>	The books are in care of ▶ EMMANUEL A. SANTOS, CPA Telephone number ▶ (415) 362-8921 Located at ▶ 447 SUTTER ST, STE 714 SF, CA, ZIP + 4 ▶ 94108		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?..... If 'Yes,' enter the name of the foreign country ▶	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States?..... If 'Yes,' enter the name of the foreign country ▶	91c	X
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here..... N/A... ▶ and enter the amount of tax-exempt interest received or accrued during the tax year..... ▶ 92 N/A		

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

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees & contracts from government agencies . . .					
94 Membership dues and assessments . . .					
95 Interest on savings & temporary cash invmnts . .					455.
96 Dividends & interest from securities . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from pers prop. . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .					
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . .					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)). . . . .					455.
105 <b>Total</b> (add line 104, columns (B), (D), and (E)) . . . . .					455.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

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

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

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

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

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

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

**Please Sign Here**

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

Signature of officer: EMMANUEL A. SANTOS, CFO Date: \_\_\_\_\_

Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: EMMANUEL A. SANTOS, CPA & ASSOCIATES  
447 SUTTER STREET SUITE 714  
SAN FRANCISCO, CA 94108

EIN: N/A Phone no.: (415) 362-8921

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

Department of the Treasury  
Internal Revenue Service

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

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

Supplementary Information — (See separate instructions.)

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

OMB No. 1545-0047

**2005**

Name of the organization **THE RICHMOND ERMET AIDS FOUNDATION  
C/O EMMANUEL A. SANTOS, CPA** Employer identification number **94-3232222**

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

<b>Part III Statements About Activities</b> (See instructions.)		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
<b>a</b>	Sale, exchange, or leasing of property?	2a	X
<b>b</b>	Lending of money or other extension of credit?	2b	X
<b>c</b>	Furnishing of goods, services, or facilities?	2c	X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
<b>e</b>	Transfer of any part of its income or assets?	2e	X
<b>3a</b>	Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
<b>3b</b>	Do you have a section 403(b) annuity plan for your employees?	3b	X
<b>3c</b>	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
<b>4a</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
<b>4b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9**  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12**  An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and **(2) no more than 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

**14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)



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

N/A

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

DO NOT FILE

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

N/A

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

**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying).....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying).....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37).....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures.....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39).....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table —			
<b>If the amount on line 40 is —</b>	<b>The lobbying nontaxable amount is —</b>		
Not over \$500,000.....	20% of the amount on line 40.....		
Over \$500,000 but not over \$1,000,000.....	\$100,000 plus 15% of the excess over \$500,000.....		
Over \$1,000,000 but not over \$1,500,000.....	\$175,000 plus 10% of the excess over \$1,000,000.....	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000.....	\$225,000 plus 5% of the excess over \$1,500,000.....		
Over \$17,000,000.....	\$1,000,000.....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41).....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.....	<b>44</b>		
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.			

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

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				(e) Total
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
<b>45</b> Lobbying nontaxable amount.....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)).....					
<b>47</b> Total lobbying expenditures.....					
<b>48</b> Grassroots non-taxable amount.....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)).....					
<b>50</b> Grassroots lobbying expenditures.....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
<b>a</b> Volunteers.....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .).....			
<b>c</b> Media advertisements.....			
<b>d</b> Mailings to members, legislators, or the public.....			
<b>e</b> Publications, or published or broadcast statements.....			
<b>f</b> Grants to other organizations for lobbying purposes.....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body.....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means.....			
<b>i</b> Total lobbying expenditures (add lines <b>c</b> through <b>h</b> .).....			

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



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**Supplementary Information for**  
**line 1 of Form 990, 990-EZ and 990-PF (see instructions)**

OMB No. 1545-0047

**2005**

<b>Name of organization</b>	THE RICHMOND ERMET AIDS FOUNDATION C/O EMMANUEL A. SANTOS, CPA	<b>Employer identification number</b>	94-3232222
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**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 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 organizations 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 Form 990-EZ, that met the 33-1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate 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:** Organizations that are not covered by the *General Rule* and/or the *Special Rules* do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.**

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

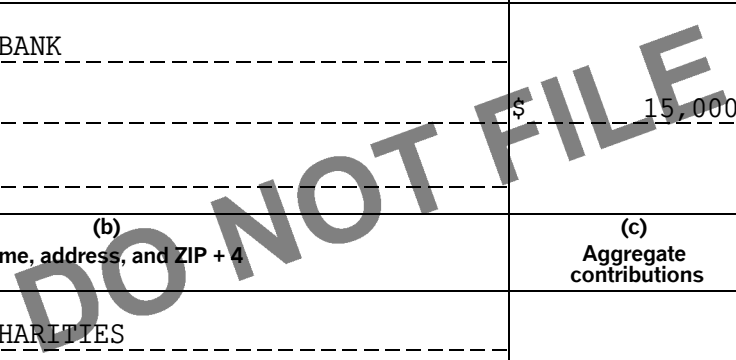
Employer identification number

THE RICHMOND HERMET AIDS FOUNDATION

94-3232222

**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WELLS FARGO BANK, N.A. 4TH AND PLUM STREETS RED WING, MN 55066	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	THE SILVA WATSON MOONWALK FUND 175 VIA LERIDA GREENBRAE, CA 94904	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	WASHINGTON MUTUAL BANK P.O. BOX 91150 SEATTLE, WA 98111	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	COMMUNITY HEALTH CHARITIES 530 BERECUT DRIVE, SUITE 5 SACRAMENTO, CA 95814	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THE SAN FRANCISCO FOUNDATION 225 BUSH STREET, SUITE 500 SAN FRANCISCO, CA 94104	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

THE RICHMOND HERMET AIDS FOUNDATION

94-3232222

**Part II** Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		

DO NOT FILE

Name of organization

Employer identification number

THE RICHMOND ERMET AIDS FOUNDATION

94-3232222

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ..... \$ N/A

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

DO NOT FILE

**STATEMENT 1**  
**FORM 990, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

UNREALIZED GAIN AND LOSS.....	\$	6,689.
TOTAL	\$	<u>6,689.</u>

**STATEMENT 2**  
**FORM 990, PART II, LINE 22**  
**GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME:	BROADWAY CARES, EQUITY FI		
DONEE'S ADDRESS:	165 WEST 46TH ST #1300		
	NEW YORK, NY 10036,		
AMOUNT GIVEN:		\$	11,666.
DONEE'S NAME:	BAY POSITIVES		
DONEE'S ADDRESS:	518 WALLER STREET		
	SAN FRANCISCO, CA 94117,		
AMOUNT GIVEN:			20,000.
DONEE'S NAME:	THEATRE BAY AREA		
DONEE'S ADDRESS:	870 MARKET STREET #375		
	SAN FRANCISCO, CA 94102,		
AMOUNT GIVEN:			2,000.
DONEE'S NAME:	PROJECT INFORM		
DONEE'S ADDRESS:	205 13TH STREET #2001		
	SAN FRANCISCO, CA 94103,		
AMOUNT GIVEN:			20,000.
DONEE'S NAME:	PROJECT OPEN HAND		
DONEE'S ADDRESS:	730 POLK STREET		
	SAN FRANCISCO, CA 94109,		
AMOUNT GIVEN:			25,000.
DONEE'S NAME:	MEALS OF MARIN		
DONEE'S ADDRESS:	1111EAST FRANCISCO BLVD,		
	SAN RAFAEL, CA 94901		
AMOUNT GIVEN:			25,000.
DONEE'S NAME:	POSITIVE RESOURCE CENTER		
DONEE'S ADDRESS:	785 MARKET ST, 10TH		
	SAN FRANCISCO, CA 94103,		
AMOUNT GIVEN:			25,200.
DONEE'S NAME:	UCSF FOUNDATION		
DONEE'S ADDRESS:	3333 CALIFORNIA ST #340		
	SAN FRANCISCO , CA 94118		
AMOUNT GIVEN:			25,000.
DONEE'S NAME:	VITAL LIFE SERVICE		
DONEE'S ADDRESS:	5720 SHATTUCK AVE		
	OAKLAND, CA 94609		
AMOUNT GIVEN:			25,000.

**STATEMENT 2 (CONTINUED)**  
**FORM 990, PART II, LINE 22**  
**GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME:	AIDS EMERGENCY		
DONEE'S ADDRESS:	965 MISSION ST		
	SAN FRANCISCO, CA 94103		
AMOUNT GIVEN:		\$	120.
DONEE'S NAME:	ACADEMY OF FRIENDS		
DONEE'S ADDRESS:	650 5TH ST #203		
	SAN FRANCISCO, CA 94107		
AMOUNT GIVEN:			500.
DONEE'S NAME:	MAITRI		
DONEE'S ADDRESS:	401 DUBOCE AVE		
	SAN FRANCISCO, CA 94114		
AMOUNT GIVEN:			20,000.

TOTAL GRANTS AND ALLOCATIONS \$ 199,486.

**STATEMENT 3**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT &amp; GENERAL</u>	<u>FUNDRAISING</u>
ADVERTISING	9,798.	9,798.		
AUDIO	22.	22.		
AUTO EXPENSES	716.	716.		
BANK CHARGES	174.	174.		
CD EXPENSE	375.	375.		
CLEANING & MAINTENANCE	300.	300.		
COMMUNICATION SERVICES	1,115.	1,115.		
COMPUTER CHARGE	990.	990.		
DUES & SUBSCRIPTIONS	500.	500.		
ENTERTAINMENT EXPENSES	4,197.	4,197.		
FILING FEES	100.	100.		
HOST RECEPTION EXPENSES	21,001.	21,001.		
INSURANCE	4,630.	4,630.		
MERCHANT FEES	7,574.	7,574.		
MISC	80.	80.		
MUSICIAN FEES	5,693.	5,693.		
OFFICE EXPENSES	263.	263.		
OUTSIDE SERVICE	30,900.	30,900.		
PARKING & TOLLS	852.	852.		
PERFORMERS GIFT	55.	55.		
PERFORMER'S TRAVEL	11,378.	11,378.		
PRODUCER'S FEES	7,500.	7,500.		
PRODUCTION EXPENSES	9,967.	9,967.		
PRODUCTION HONORARIUM	13,050.	13,050.		
SEMINAR	25.	25.		
SILENT AUCTION EXPENSES	44,892.	44,892.		
TALENT RESEARCH	1,263.	1,263.		

**STATEMENT 3 (CONTINUED)**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
THEATER RENTAL	42,460.	42,460.		
VIDEO PRODUCTION	1,930.	1,930.		
<b>TOTAL</b>	<u>\$ 221,800.</u>	<u>\$ 221,800.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**STATEMENT 4**  
**FORM 990, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO CONTRIBUTE NET PROCEEDS FROM ANNUAL MUSICAL VARIETY SHOW TO CERTAIN CHARITABLE ORGANIZATIONS THAT PROVIDE SERVICES TO AIDS PATIENTS.

**STATEMENT 5**  
**FORM 990, PART III, LINE A**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
THE RICHMOND/ERMET AIDS FOUNDATION CONTRIBUTES TO OTHER CHARITABLE ORGANIZATIONS THAT PROVIDE SERVICES TO PATIENTS SUFFERING FROM AIDS. THIS YEAR, THE FOUNDATION CONTRIBUTED TO SEVERAL CHARITIES. SOME OF THESE CHARITIES PROVIDE AIDS PATIENTS WITH HOME AND HOSPICE CARE, PHYSICAL REHABILITATION, ART AND EMOTIONAL THERAPY, AND MEALS AT HOME. ONE CHARITY PROVIDES GRANTS TO AIDS PATIENTS WHO ARE MEMBERS OF ACTOR'S EQUITY.	199,486.	506,964.
INCLUDES FOREIGN GRANTS: NO		
	<u>\$ 199,486.</u>	<u>\$ 506,964.</u>

**STATEMENT 6**  
**FORM 990, PART IV, LINE 57**  
**LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 7,958.	\$ 7,034.	\$ 924.
<b>TOTAL</b>	<u>\$ 7,958.</u>	<u>\$ 7,034.</u>	<u>\$ 924.</u>

STATEMENT 7  
FORM 990, PART IV, LINE 58  
OTHER ASSETS

ROUNDING ..... TOTAL \$ 1.

STATEMENT 8  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

SALES TAX PAYABLE ..... TOTAL \$ 3,638.

DO NOT FILE