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990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2010

Open to Public
Inspection

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

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SAN FRANCISCO GENERAL HOSPITAL FOUNDATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 410836 Room/suite City or town, state or country, and ZIP + 4 SAN FRANCISCO, CA 94141	D Employer identification number 94-3189424
		E Telephone number 415-206-4478
		G Gross receipts \$ 5,533,145.
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
		H(c) Group exemption number ►
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ► WWW.SFGHF.NET	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation: 1993 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO RAISE FUNDS TO SUPPORT HEALTH CARE & RELATED ACTIVITIES AT THE SF GENERAL HOSPITAL & TRAUMA		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	3	27
	3 Number of voting members of the governing body (Part VI, line 1a)	4	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	11
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	6	8
	6 Total number of volunteers (estimate if necessary)	7a	0.
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,594,870.	3,312,161.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,844.	74,025.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,782,771.	1,520,522.
		7,445,485.	4,906,708.
		4,713,689.	4,456,034.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	676,898.	763,448.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e) ► 14 2011	821,661.	792,399.
	b Total fundraising expenses (Part IX, column (D), line 25)	6,212,248.	6,011,881.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,233,237.	<1,105,173.>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		
19 Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	16,774,897.	15,944,434.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,197,882.	1,401,904.
		15,577,015.	14,542,530.

Part II Signature Block

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

Sign Here	► Signature of officer	Date		
	► Stephanie Bray	October 4, 2011		
	► STEPHANIE BRAY, EXECUTIVE DIRECTOR			
	Type or print name and title			
Paid	Print/Type preparer's name JANET L. HOLLAND	Preparer's signature <i>Janet L. Holland</i>	Date 9/29/11	Check if self-employed <input checked="" type="checkbox"/> PTIN
Preparer	Firm's name ► DZH PHILLIPS LLP	Firm's EIN ►		
Use Only	Firm's address ► 135 MAIN STREET, 9TH FL. SAN FRANCISCO, CA 94105-1815	Phone no. (415)781-2500		

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

616 13

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Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission:

TO RAISE FUNDS TO SUPPORT HEALTH CARE & RELATED ACTIVITIES AT THE SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule Q.

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

4. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 893,663 including grants of \$ 893,663 -) (Revenue \$

THE SUPPORT FROM HOSPITAL TO HOME FOR ELDERS (SHHE) PROJECT IS AN INTERVENTION DESIGNED TO REDUCE UNNECESSARY HOSPITAL READMISSIONS FOR THE FULL RANGE OF SENIORS ADMITTED TO THE INTERNAL MEDICINE, CARDIOLOGY, FAMILY MEDICINE OR NEUROLOGY SERVICES AT SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER(SFGH). BEGUN INITIALLY AS A PILOT PROJECT, THE SHHE INTERVENTION WILL BE THE FIRST RANDOMIZED CONTROLLED TRIAL TO SPECIFICALLY ADDRESS THE MYRIAD OF CHALLENGES FACED BY NON-ENGLISH SPEAKING PATIENTS DURING THE TRANSITION FROM HOSPITAL TO PRIMARY CARE PROVIDER VISIT, A VULNERABLE TIME IN THEIR CARE. THE LESSONS LEARNED AND THE TOOLS DEVELOPED IN THE SHHE STUDY WILL BE OF BENEFIT TO PATIENTS AT OTHER HOSPITALS.

4b (Code: _____) (Expenses \$ **839,820.** including grants of \$ **839,820.**) (Revenue \$ _____)

THE AVON COMPREHENSIVE BREAST CANCER CENTER (THE CENTER) HAS PERFORMED OVER 36,000 MAMMOGRAMS AND MORE THAN 2,000 BREAST HEALTH PROCEDURES SINCE 2002. THIS MULTI-PART COMMUNITY AND HOSPITAL BASED PROGRAM ENABLES PATIENTS TO BE GUIDED FROM MAMMOGRAPHY TO DIAGNOSTIC AND FINALLY TREATMENT. THE CENTER ALSO OPERATES A MOBILE BREAST CANCER SCREENING VAN THAT ALLOWS IT TO BETTER REACH THE MOST VULNERABLE PORTION OF THE POPULATION: THE LOW-INCOME, UNINSURED AND UNDERINSURED WOMEN.

4c (Code. _____) (Expenses \$ 233,992. including grants of \$ 233,992.) (Revenue \$ _____)

THE GOAL OF THE SFGH SPECIALTY CARE INITIATIVE IS TO IMPROVE ACCESS AND QUALITY OF SPECIALTY CARE ACROSS SAN FRANCISCO'S SAFETY NET THROUGH THE COLLABORATIVE DEVELOPMENT OF FORMALIZED PRIMARY AND SPECIALTY CARE CO-MANAGEMENT STRATEGIES, SUCH AS IMPROVED REFERRAL PROCESS AND GUIDELINES AND PATIENT EDUCATION MATERIALS, THAT WILL BE IMPLEMENTED THROUGH A NOVEL ELECTRONIC CONSULTATION REFERRAL MANAGEMENT SYSTEM (EREFERRAL).

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 2,734,212. including grants of \$ 2,488,559.) (Revenue \$

4e Total program service expenses ► 4,701,687.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	11a X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	11b X	
12b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional...</i>	11c X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	11d X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	11e X	
14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	11f X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	12a X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	12b X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	13 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	14a X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	14b X	
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	15 X	
20b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	16 X	
	17 X	
	18 X	
	19 X	
	20a X	
	20b	

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Part IV Checklist of Required Schedules (continued)

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

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

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Part V. Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	104
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)</i>		X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a 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)?		
b If "Yes," enter the name of the foreign country: ► <i>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</i>		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c Enter the amount of reserves on hand	13b	
	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11b	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► **CA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **BABAK MOTIE - (415) 206-5929**
- 21 **2789 25TH STREET, SAN FRANCISCO, CA 94110**

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
JUDITH SWIFT GUGGENHIME <u>PRESIDENT</u>	5.00 <input checked="" type="checkbox"/>						0.	0.	0.
JONATHAN TSAO, AIA <u>VICE PRESIDENT</u>	5.00 <input checked="" type="checkbox"/>						0.	0.	0.
KRISTIN BIBBINS-DOMINGO, PH.D., MD <u>DIRECTOR</u>	5.00 <input checked="" type="checkbox"/>						0.	0.	0.
AMY BUSCH <u>DIRECTOR</u>	5.00 <input checked="" type="checkbox"/>						0.	0.	0.
PAM BAER <u>DIRECTOR</u>	5.00 <input checked="" type="checkbox"/>						0.	0.	0.
LISA HAUSWIRTH <u>DIRECTOR</u>	5.00 <input checked="" type="checkbox"/>						0.	0.	0.
ALEX ROSENBLATT <u>DIRECTOR</u>	5.00 <input checked="" type="checkbox"/>						0.	0.	0.
SUE CURRIN <u>DIRECTOR</u>	5.00 <input checked="" type="checkbox"/>						0.	0.	0.
MATTHEW PAUL CARBONE <u>VICE PRESIDENT</u>	5.00 <input checked="" type="checkbox"/>						0.	0.	0.
PRISCA GEESLIN <u>DIRECTOR</u>	5.00 <input checked="" type="checkbox"/>						0.	0.	0.
MICHAEL DOWLING <u>TREASURER</u>	5.00 <input checked="" type="checkbox"/>						0.	0.	0.
BETH S. VENIAR, CPA <u>DIRECTOR</u>	5.00 <input checked="" type="checkbox"/>						0.	0.	0.
TINA FRANK <u>DIRECTOR</u>	5.00 <input checked="" type="checkbox"/>						0.	0.	0.
WALTER NEWMAN <u>DIRECTOR</u>	5.00 <input checked="" type="checkbox"/>						0.	0.	0.
LYNN JIMENEZ-CATCHINGS <u>DIRECTOR</u>	5.00 <input checked="" type="checkbox"/>						0.	0.	0.
HELEN ARCHER DUSTE, R.N., M.S. <u>SECRETARY</u>	5.00 <input checked="" type="checkbox"/>						0.	0.	0.
SUE CARLISLE, PH.D., MD <u>EX-OFFICIO DIRECTOR</u>	5.00 <input checked="" type="checkbox"/>						0.	0.	0.

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Form 990 (2010)

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
JOHN LUCE, MD VICE PRESIDENT	5.00	X					0.	0.	0.
JAMES MESSEMER DIRECTOR	5.00	X					0.	0.	0.
MARY BERSOT DIRECTOR	5.00	X					0.	0.	0.
ROLAND PICKENS DIRECTOR	5.00	X					0.	0.	0.
CONNIE SHANAHAN DIRECTOR	5.00	X					0.	0.	0.
MICHAEL WEST DIRECTOR	5.00	X					0.	0.	0.
LEON TUAN, PARTNER DIRECTOR	5.00	X					0.	0.	0.
THEODORE MICLAU, III, MD DIRECTOR	5.00	X					0.	0.	0.
MAGDALEN MUI DIRECTOR	5.00	X					0.	0.	0.
1b Sub-total							0.	0.	0.
c Total from continuation sheets to Part VII, Section A							215,417.	0.	6,994.
d Total (add lines 1b and 1c)							215,417.	0.	6,994.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
BABAK MOTIE 1167 DISCOVERY WAY, CONCORD, CA 94521	ACCOUNTING	160,229.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 1

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	374,118.		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2938043.		
	g Noncash contributions included in lines 1a-1f \$		63,672.		
	h Total. Add lines 1a-1f		3312161.		
Program Service Revenue	2 a	Business Code			
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		56,415.		56,415.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross Rents	(i) Real	(ii) Personal		
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b Less: cost or other basis and sales expenses	209436.			
	c Gain or (loss)	191826.			
	d Net gain or (loss)	17,610.		17,610.	17,610.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	1 190,107.		
	b Less: direct expenses	b	434611.		
	c Net income or (loss) from fundraising events			755,496.	755,496.
	9 a Gross income from gaming activities. See Part IV, line 19	a			
	b Less: direct expenses	b			
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances	a			
	b Less: cost of goods sold	b			
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue	Business Code			
	11 a FISCAL AGENT FEES	900099	509,540.	509,540.	
	b VOLUNTEER PROGRAM CONC	900099	232,946.	232,946.	
	c OTHER	900099	22,540.	22,540.	
	d All other revenue				
	e Total. Add lines 11a-11d		765,026.		
	12 Total revenue. See instructions.		4906708.	782,636.	0. 811,911.

**SAN FRANCISCO GENERAL HOSPITAL
FOUNDATION**

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,456,034.	4,456,034.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	215,417.	47,392.	60,317.	107,708.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	425,815.	147,768.	77,932.	200,115.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	75,927.	19,539.	15,704.	40,684.
10 Payroll taxes	46,289.	14,516.	8,975.	22,798.
11 Fees for services (non-employees):				
a Management				
b Legal	18,844.		5,191.	13,653.
c Accounting	177,668.		48,945.	128,723.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,534.		4,004.	10,530.
g Other	290,336.		79,984.	210,352.
12 Advertising and promotion				
13 Office expenses	184,715.		20,524.	164,191.
14 Information technology				
15 Royalties				
16 Occupancy	6,237.		3,292.	2,945.
17 Travel	37,372.	7,500.	13,673.	16,199.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,134.		304.	8,830.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,792.	8,938.	10,427.	10,427.
23 Insurance	10,684.		6,993.	3,691.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a DUES AND SUBSCRIPTIONS	13,083.		3,459.	9,624.
b _____				
c _____				
d _____				
e _____				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	6,011,881.	4,701,687.	359,724.	950,470.
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**SAN FRANCISCO GENERAL HOSPITAL
FOUNDATION**

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Part X Balance Sheet

		(A) Beginning of year	(B) End of year
	Assets		
1	Cash - non-interest-bearing	1,715,155.	2,098,280.
2	Savings and temporary cash investments	7,760,899.	8,404,640.
3	Pledges and grants receivable, net	4,543,049.	3,578,482.
4	Accounts receivable, net	4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	6	
7	Notes and loans receivable, net	7	
8	Inventories for sale or use	1,020.	1,020.
9	Prepaid expenses and deferred charges	11,934.	18,876.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 251,695.	
b	Less: accumulated depreciation	10b 95,197.	10c 156,498.
11	Investments - publicly traded securities	11	
12	Investments - other securities. See Part IV, line 11	2,606,038.	1,658,497.
13	Investments - program-related. See Part IV, line 11	13	
14	Intangible assets	34,115.	28,141.
15	Other assets. See Part IV, line 11	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	16 16,774,897.	16 15,944,434.
	Liabilities		
17	Accounts payable and accrued expenses	668,697.	752,396.
18	Grants payable	18	
19	Deferred revenue	19	
20	Tax-exempt bond liabilities	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	22	
23	Secured mortgages and notes payable to unrelated third parties	23	
24	Unsecured notes and loans payable to unrelated third parties	24	
25	Other liabilities. Complete Part X of Schedule D	25 529,185.	25 649,508.
26	Total liabilities. Add lines 17 through 25	26 1,197,882.	26 1,401,904.
	Net Assets or Fund Balances		
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27	Unrestricted net assets	4,766,954.	27 5,106,939.
28	Temporarily restricted net assets	10,455,632.	28 9,081,162.
29	Permanently restricted net assets	354,429.	29 354,429.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.		
30	Capital stock or trust principal, or current funds	30	
31	Paid-in or capital surplus, or land, building, or equipment fund	31	
32	Retained earnings, endowment, accumulated income, or other funds	32	
33	Total net assets or fund balances	33 15,577,015.	33 14,542,530.
34	Total liabilities and net assets/fund balances	34 16,774,897.	34 15,944,434.

Form 990 (2010)

**SAN FRANCISCO GENERAL HOSPITAL
FOUNDATION**

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Part XI Reconciliation of Net Assets

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

1	4,906,708.
2	6,011,881.
3	<1,105,173.>
4	15,577,015.
5	70,688.
6	14,542,530.

Part XII Financial Statements and Reporting

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

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

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

**SAN FRANCISCO GENERAL HOSPITAL
FOUNDATION**

Employer identification number
94-3189424

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

► Attach to Form 990 or Form 990-EZ. ► See separate

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

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

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

1	<input type="checkbox"/> A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/> A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3	<input type="checkbox"/> A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
5	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6	<input type="checkbox"/> A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input checked="" type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8	<input type="checkbox"/> A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9	<input type="checkbox"/> An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11	<input type="checkbox"/> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
e	<input type="checkbox"/> By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii)	A family member of a person described in (i) above?
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?
h	Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

THAI

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

Schedule A (Form 990 or 990-EZ) 2010

SAN FRANCISCO GENERAL HOSPITAL

Schedule A (Form 990 or 990-EZ) 2010 FOUNDATION

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,707,381.	7,425,726.	8,726,583.	5,494,870.	3,255,861.	27,610,421.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3 ..	2,707,381.	7,425,726.	8,726,583.	5,494,870.	3,255,861.	27,610,421.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,148,627.
6 Public support. Subtract line 5 from line 4						21,461,794.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,707,381.	7,425,726.	8,726,583.	5,494,870.	3,255,861.	27,610,421.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	282,054.	352,951.	247,443.	67,845.	74,025.	1,024,318.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	28,563.	182,146.	668,402.	549,437.	765,026.	2,193,574.
11 Total support. Add lines 7 through 10						30,828,313.
12 Gross receipts from related activities, etc. (see instructions)					12	5,769,659.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	69.62	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	72.19	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
► <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
► <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			
► <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			
► <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			
► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010Open to Public
InspectionName of the organization **SAN FRANCISCO GENERAL HOSPITAL FOUNDATION** Employer identification number **94-3189424****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ► \$

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

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

**SAN FRANCISCO GENERAL HOSPITAL
FOUNDATION**

Schedule D (Form 990) 2010

94-3189424 Page 3

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MUTUAL FUND / MARKETABLE		
(B) EQUITY SECURITIES	1,658,497.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►	1,658,497.	

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

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

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

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

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ACCRUED EMPLOYEE BENEFITS	11,470.
(3) FUNDS HELD IN CUSTODY FOR OTHERS	638,038.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	649,508.

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

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12-20-10

Schedule D (Form 990) 2010

**SAN FRANCISCO GENERAL HOSPITAL
FOUNDATION**

Schedule D (Form 990) 2010

94-3189424 Page 4

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,906,708.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	6,011,881.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	<1,105,173.>
4 Net unrealized gains (losses) on investments	4	70,688.
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV.)	8	
9 Total adjustments (net). Add lines 4 through 8	9	70,688.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<1,034,485.>

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

1 Total revenue, gains, and other support per audited financial statements	1	5,001,396.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	70,688.
b Donated services and use of facilities	2b	24,000.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	94,688.
3 Subtract line 2e from line 1	3	4,906,708.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,906,708.

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

1 Total expenses and losses per audited financial statements	1	6,035,881.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	24,000.
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	24,000.
3 Subtract line 2e from line 1	3	6,011,881.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,011,881.

Part XIV Supplemental Information

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

PART IV, LINE 2B: THE FOUNDATION ACTS AS A FISCAL AGENT FOR SEVERAL

ORGANIZATIONS PROVIDING SERVICES TO THE HOSPITAL AND AFFILIATES. IN

RETURN FOR PROVIDING SUCH SERVICES, THE FOUNDATION CHARGES A FISCAL AGENT

FEES OF UP TO TEN PERCENT OF THE FUNDS RECEIVED.

PART V, LINE 4: TWO ENDOWMENT FUNDS WERE RAISED DURING THE PERIOD FROM

2000 THROUGH 2004 FOR THE VOLUNTEER PROGRAM AND FOR GENERAL OPERATIONS.

THE FUNDS ARE HELD IN NONINTEREST BEARING ACCOUNTS. MANAGEMENT IS IN THE

SAN FRANCISCO GENERAL HOSPITAL
FOUNDATION

94-3189424 Page 5

Schedule D (Form 990) 2010

Part XIV Supplemental Information (continued)

PROCESS OF DETERMINING THE IMPACT OF THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT ON THE ENDOWMENT FUNDS, WHICH BECAME EFFECTIVE ON JANUARY 1, 2009, AND WILL ALSO BE DETERMINING INVESTMENT AND SPENDING POLICIES FOR THESE ENDOWMENT FUNDS AS A PART THAT PROCESS.

PART X, LINE 2: THE FOUNDATION IS QUALIFIED AS A TAX EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND BY THE CALIFORNIA REVENUE AND TAXATION CODE UNDER SECTION 23701D. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS.

EACH YEAR, MANAGEMENT CONSIDERS WHETHER ANY MATERIAL TAX POSITION THE FOUNDATION HAS TAKEN IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY. MANAGEMENT BELIEVES THAT ANY POSITIONS THE FOUNDATION HAS TAKEN ARE SUPPORTED BY SUBSTANTIAL AUTHORITY AND, HENCE, DO NOT NEED TO BE MEASURED OR DISCLOSED IN THE ACCOMPANYING FINANCIAL STATEMENTS. TAX RETURNS FOR YEARS SUBSEQUENT TO DECEMBER 31, 2006 ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See s
**SAN FRANCISCO GENERAL HOSPITAL
FOUNDATION**

Employer identification number
94-3189424

Name of the organization SAN FRANCISCO GENERAL HOSPITAL FOUNDATION Employer identification number 94-3189424

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

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

Total

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

LHA Paperwork Reduction Act Notice. See the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2010

**SAN FRANCISCO GENERAL HOSPITAL
FOUNDATION**

Schedule G (Form 990 or 990-EZ) 2010

94-3189424 Page 2

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

		(a) Event #1 HEROES & HEARTS LUNCH (event type)	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(total number)	(total number)	
Revenue	1 Gross receipts	1,190,107.			1,190,107.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	1,190,107.			1,190,107.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	434,611.			434,611.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				► (434,611)
	11 Net income summary. Combine line 3, column (d), and line 10				► 755,496.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____ Yes No

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

SAN FRANCISCO GENERAL HOSPITAL

Schedule G (Form 990 or 990-EZ) 2010 FOUNDATION

94-3189424 Page 3

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount

of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____
_____ Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

**SAN FRANCISCO GENERAL HOSPITAL
FOUNDATION**

FOUNDA.TION

Grants and Other Assistance to Individuals in the Unit

Grants and Other Assistance to Individuals in the Units
Part III can be duplicated if additional space is needed.

United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Comments shall not be considered about information contained in Part I lines 2 and 3 and other additional information

HOSPITAL EQUIPMENT AND WILL PAY THE VENDOR DIRECTLY, FROM A VENDOR INVOICE, UPON VERIFICATION WITH THE HOSPITAL OF RECEIPT OF THE EQUIPMENT IN WORKING ORDER. OTHER PAYMENTS MADE DIRECTLY TO VENDORS ON BEHALF OF THE HOSPITAL MUST BE SUPPORTED BY VENDOR INVOICES OR RELEVANT PAYROLL INFORMATION SUCH AS TIME CARDS. THE FOUNDATION VERIFIES SATISFACTION WITH THE SERVICES PROVIDED TO THE HOSPITAL PRIOR TO PAYING THE VENDOR.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

**SAN FRANCISCO GENERAL HOSPITAL
FOUNDATION**

Employer identification number
94-3189424

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment from the organization or a related organization?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	<input checked="" type="checkbox"/>	
4b	<input checked="" type="checkbox"/>	
4c	<input checked="" type="checkbox"/>	
5a	<input checked="" type="checkbox"/>	
5b	<input checked="" type="checkbox"/>	
6a	<input checked="" type="checkbox"/>	
6b	<input checked="" type="checkbox"/>	
7	<input checked="" type="checkbox"/>	
8	<input checked="" type="checkbox"/>	
9		

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

Schedule J (Form 990) 2010

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2010.04020 SAN FRANCISCO GENERAL HOSPI 13142_1

**SAN FRANCISCO GENERAL HOSPITAL
FOUNDATION**

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STEPHANIE BRAY	215,417.	0.	0.	0.	6,994.	222,411.	0.
2	0.	0.	0.	0.	0.	0.	0.
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

94-3189424

Page 2.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
- ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No 1545-0047

2010

**Open To Public
Inspection**

Name of the organization **SAN FRANCISCO GENERAL HOSPITAL FOUNDATION** Employer identification number **94-3189424**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under

section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Total **Part III** **Grants or Assistance Benefiting Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

SAN FRANCISCO GENERAL HOSPITAL
FOUNDATION

94-3189424

Page 2

Schedule L (Form 990 or 990-EZ) 2010

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule I. (see instructions).

SCH. L. PART IV. BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JONATHAN TSAO. TSAO DESIGN GROUP

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CEO OF THE COMPANY IS A BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: DURING THE YEAR ENDED DECEMBER 31, 2010,

A BOARD MEMBER'S COMPANY RECEIVED \$27,185 FOR ARCHITECTURAL SERVICES

PROVIDED TO THE FOUNDATION. THE AMOUNT CHARGED WAS SIGNIFICANTLY

DISCOUNTED FROM STANDARD RATES

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization **SAN FRANCISCO GENERAL HOSPITAL FOUNDATION** Employer identification number **94-3189424**

Part I Types of Property

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

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) (2010)

032141
12-23-10

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization SAN FRANCISCO GENERAL HOSPITAL FOUNDATION Employer identification number 94-3189424

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

CENTER.

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

THE FOUNDATION HAS A NUMBER OF OTHER PROGRAM SERVICES AS DESCRIBED
BELOW:

A. VMI PROGRAM

THE VIDEOCONFERENCING MEDICAL INTERPRETATION AND CALL CENTER (VMI)
OFFERS 15 NEAR-INSTANT VIDEO AND PHONE INTERPRETER STATIONS THAT CAN
HANDLE 10 DIFFERENT LANGUAGES AND RESPOND TO UP TO 100,000 REQUESTS.
THE VMI PROGRAM SAVES BOTH TIME AND MONEY BY REDUCING PROLONGED WAITING
TIME FOR PATIENTS, DOCTORS AND MEDICAL STAFF. THE SAN FRANCISCO GENERAL
HOSPITAL AND TRAUMA CENTER'S (SFGH) VMI PROGRAM IS CONNECTED TO
OAKLAND'S HIGHLAND HOSPITAL THEREBY ENABLING BOTH MEDICAL CENTERS TO
SHARE INTERPRETER SERVICES. THE USE OF VMI TECHNOLOGY BY SFGH HAS BEEN
RECOGNIZED AS A MODEL FOR OTHER HEALTHCARE PROVIDERS IN THE UNITED
STATES AND ABROAD.

B. THE CENTER FOR VULNERABLE POPULATIONS

THE CENTER FOR VULNERABLE POPULATIONS (CVP) CONDUCTS AND DISSEMINATES
INNOVATIVE RESEARCH TO PREVENT AND TREAT CHRONIC DISEASES IN PATIENTS
WHO STRUGGLE WITH MULTIPLE VULNERABILITIES SUCH AS POVERTY, LOW
LITERACY OR LIVING IN UNSAFE NEIGHBORHOODS. THE GOAL OF THE CVP IS TO
DEVELOP SOLUTIONS TO TREAT CHRONIC DISEASES SUCH AS DIABETES, ASTHMA,
HYPERTENSION, DEPRESSION AND CORONARY HEART DISEASE. IN ADDITION, THE
CVP PLANS TO DEVELOP AND SHARE TOOLS IN MULTIPLE LANGUAGES TO IMPROVE

Name of the organization SAN FRANCISCO GENERAL HOSPITAL FOUNDATION

Employer identification number
94-3189424

COMMUNICATION BETWEEN DOCTORS, PATIENTS, COMMUNITIES AND HEALTH SYSTEMS.

C. THE GENERAL MEDICINE

THE PREVENT HEART ATTACKS AND STROKES EVERYDAY (PHASE) PROGRAM IS A PROJECT OF THE GENERAL MEDICINE CLINIC, THE ADULT OUTPATIENT CLINIC AT SFGH WHICH MANAGES OVER 23,000 PATIENT VISITS EVERY YEAR. PHASE EMPHASIZES THE BUNDLING OF FOUR MEDICATIONS TO IMPROVE THE HEALTH OF PATIENTS WHILE REDUCING THE EMPHASIS ON MONITORING AND PATIENT VISITS.

D. CARE

THE CANCER AWARENESS, RESOURCES AND EDUCATION (CARE) PROGRAM WAS ESTABLISHED IN 2002 TO ADDRESS THE DISPARITY IN HEALTH OUTCOMES FOR CANCER PATIENTS BASED ON ETHNICITY AND INCOME. CARE IMPROVES ACCESS TO VITAL HEALTH AND WELLNESS INFORMATION BY PROVIDING MULTI LINGUAL HEALTH EDUCATION PROGRAMS FOR LOW-INCOME AND SOCIALLY ISOLATED PATIENTS. THESE PROGRAMS INCLUDE, AMONG OTHER THINGS, RELAXATION AND GOAL-SETTING EXERCISES, SYMPTOM MANAGEMENT AND COMPLIMENTARY MEDICINE. CARE HAS ALSO CREATED THE BILINGUAL ARACELI THEATER PROJECT, WHERE PATIENTS PERFORM THEATER PIECES FOR THEIR PROVIDERS, MEDICAL STUDENTS AND THE GREATER COMMUNITY. THIS PROJECT PROVIDES THE PATIENTS WITH AN OUTLET TO EXPRESS THEMSELVES AND ENGAGE THE COMMUNITY, WHICH FURTHER PROMOTES THEIR OWN HEALTH AND WELL-BEING.

E. RAISING FUNDS FOR PROGRAMS TO IMPROVE PATIENT CARE AND COMFORT THROUGH THE ACQUISITION OF CAPITAL ASSETS AND SUPPORT OF HOSPITAL PROGRAMS.

EXPENSES \$ 2,734,212. INCLUDING GRANTS OF \$ 2,488,559. REVENUE \$ 0.

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization SAN FRANCISCO GENERAL HOSPITAL FOUNDATION

Employer identification number
94-3189424

FORM 990, PART VI, SECTION A, LINE 2: LISA HAUSWIRTH (BOARD MEMBER) IS JUDITH GUGGENHIME'S (BOARD MEMBER) STEPDAUGHTER. LISA WAS ELECTED AS A BOARD MEMBER FOR THE FIRST TIME IN 2010.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION'S BYLAWS WAS AMENDED ON NOVEMBER 17, 2010 TO INCREASE THE MAXIMUM NUMBER OF DIRECTORS FROM 30 TO 36.

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE COMMITTEE REVIEWS THE TAX RETURNS AND AT SUBSEQUENT BOARD MEETING COPIES OF THE RETURNS WILL BE AVAILABLE FOR REVIEW BY BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THE POLICY THROUGH SIGNED DECLARATIONS.

FORM 990, PART VI, SECTION B, LINE 15A: EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED AND APPROVED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS OF THE SAN FRANCISCO GENERAL HOSPITAL FOUNDATION ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19: EXCERPTS OF THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

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

NET UNREALIZED GAINS ON INVESTMENTS:

70,688.

**SAN FRANCISCO GENERAL HOSPITAL
FOUNDATION**

Employer identification number
94-3189424

FORM 990, PART XII, LINE 2C:

NO CHANGE IN REVIEW PROCESS. EACH YEAR, THE AUDIT COMMITTEE MEETS WITH THE AUDITORS TO GO OVER A DRAFT AUDIT REPORT AND APPROVES THE AUDIT FOR FINAL ISSUANCE.

**SAN FRANCISCO GENERAL HOSPITAL
FOUNDATION**

Form 990 (2010)

94-3189424

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

Total to Part VII, Section A, line 1c

215,417.

6,994.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing your return. See instructions	Name of exempt organization SAN FRANCISCO GENERAL HOSPITAL FOUNDATION	Employer identification number 94-3189424
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 410836	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94141	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

BABAK MOTIE

- The books are in the care of ► **2789 25TH STREET - SAN FRANCISCO, CA 94110**
Telephone No. ► **(415) 206-5929** FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011**.

5 For calendar year **2010**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension

AN ADDITIONAL EXTENSION OF TIME IS REQUIRED IN ORDER TO GATHER ALL ITEMS OF INCOME AND DEDUCTION SO THAT A COMPLETE AND ACCURATE RETURN MAY BE FILED.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ► **CPA**

Date ►

Form 8868 (Rev. 1-2011)