

TAXABLE YEAR
2021

California Exempt Organization Annual Information Return

128941 12-29-21
FORM
199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 07/01/2021, and ending (mm/dd/yyyy) 06/30/2022

Corporation/Organization name **SAN FRANCISCO AIDS FOUNDATION** California corporation number **1241510**

Additional information. See instructions. FEIN **94-2927405**

Street address (suite or room) **PO BOX 426182** PMB no.

City **SAN FRANCISCO** State **CA** ZIP code **94142**

Foreign country name Foreign province/state/country Foreign postal code

- A First return Yes No
- B Amended return Yes No
- C IRC Section 4947(a)(1) trust Yes No
- D Final information return?
 - Dissolved Surrendered (Withdrawn) Merged/Reorganized
 - Enter date: (mm/dd/yyyy)
- E Check accounting method: (1) Cash (2) Accrual (3) Other
- F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series
- G Is this a group filing? See instructions Yes No
- H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name?

- I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No
- J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
- K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$
- L Is the organization a limited liability company? Yes No
- M Did the organization file Form 100 or Form 109 to report taxable income? Yes No
- N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- O Is federal Form 1023/1024 pending? Yes No
Date filed with IRS

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	21,565,308	00
	2	Gross dues and assessments from members and affiliates		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	35,949,255	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2 This line must be completed. If the result is less than \$50,000, see General Information B	57,514,563	00
	5	Cost of goods sold		00
	6	Cost or other basis, and sales expenses of assets sold	6,676,956	00
	7	Total costs. Add line 5 and line 6	6,676,956	00
	8	Total gross income. Subtract line 7 from line 4	50,837,607	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	45,613,108	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	5,224,499	00
Filing Fee	11	Total payments		00
	12	Use tax. See General Information K		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12		00
	15	Penalties and interest. See General Information J		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result		00

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

Sign Here Signature of officer **TAXPAYER COPY** Title **INTERIM CFO** Date **3-29-23** Telephone

Preparer's signature **KATY BROWN** Date **03/28/23** Check if self-employed PTIN **P00650274**

Firm's name (or yours, if self-employed) and address **ARMANINO LLP
12657 ALCOSTA BLVD, STE. 500
SAN RAMON, CA 94583-4600** Telephone **94-6214841
925-790-2600**

May the FTB discuss this return with the preparer shown above? See instructions Yes No