

TAXABLE YEAR  
**2022**

# California Exempt Organization Annual Information Return

228941 01-10-23  
FORM  
**199**

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) 07/01/2022, and ending (mm/dd/yyyy) 06/30/2023

Corporation/Organization name: **SAN FRANCISCO AIDS FOUNDATION**

California corporation number: **1241510**

FEIN: **94-2927405**

Street address (suite or room): **PO BOX 426182**

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

Foreign country name: Foreign province/state/county: 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  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized

**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

**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

**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

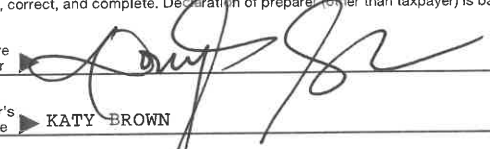
**O** Is federal Form 1023/1024 pending?  Yes  No

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	1	13,430,747	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	31,839,913	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	45,270,660	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	3,703,066	00
	7	Total costs. Add line 5 and line 6	7	3,703,066	00
	8	Total gross income. Subtract line 7 from line 4	8	41,567,594	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	46,505,433	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-4,937,839	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		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.

Signature of officer:  Title: **CFO** Date: **7/23/24** Telephone: \_\_\_\_\_

Preparer's signature: **KATY BROWN** Date: **04/03/24** Check if self-employed:  PTIN: **P00650274**

Firm's name (or yours, if self-employed) and address: **ARMANINO LLP**  
**2700 CAMINO RAMON, STE. 350**  
**SAN RAMON, CA 94583-5004** Telephone: **925-790-2600**

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