TAXABLE YEAR

California Exempt Organization Annual Information Return

028941 12-22-20 FORM

199

202	20 Annual Informati	on Return						18	19	
	r 2020 or fiscal year beginning (mm/dd/yyyyy)	07/01/2020		, and ending	(mm/dd/yyy	y)	06/3	0/2021		
Corporation/Org						ornia corpo	ration nu	mber		
Corporations	•									
SAN FRANC	CISCO AIDS FOUNDATION					124151	0			_
	nation. See instructions.				FEI					
						94-2927405				
Street address (suite or room)					PMB no.				
ро вох 42	26182					ZIP code				_
City					State	94142				
SAN FRANCISCO					CA	Foreign po	netal code	•		_
Foreign country	name	Foreign province/state	/county			r or eight pe	Jolai God	<u> </u>		
			I Distable		o any chanc	ine to ite	nuidelin	96		
A First retu	Ty at the standard to the ETDO Con instructions								Х	No
	DOTO O July 00701d has the orga									
engaged in political activities? See instructions.						ns.	• X Yes		No	
	K to the organization evernt under R&TC Section 23						on 2370	01g? • Yes	X	No
	If "Voe " optor the gross receipt									_
Enter date	counting method: (1) Cash (2) X Accrus	at (3) Other		ganization a lin					X	No
E Federal return filed? (1) • 990T (2) • 990PF (3) • Sch H (990) M Did the organization file Form 100 (r Form 10	09 to			
(4) X	Other OOD caries report taxable income?							X	No	
G Is this a	a group filing? See instructions Yes X No N Is the organization under audit by the IRS or has the									
H Is this or	rganization in a group exemption	Yes X No IRS audited in a prior year?								No
If "Yes,"	what is the parent's name? O Is federal Form 1023/1024 per							Yes	A	No
			Date file	d with IRS						
Part I	Complete Part I unless not required to file this fo	orm. See General into	rmation b a	ina C.		•	1	22,915	384	00
	1 Gross sales or receipts from other source	s. From Side 2, Part II	, line o				2	· · · · · · · · · · · · · · · · · · ·		00
	2 Gross dues and assessments from memb					•	3	25,893	,267	00
	 3 Gross contributions, gifts, grants, and sim 4 Total gross receipts for filing requirement 	tact Add line 1 through	oh line 3				100			
Receipts	4 Total gross receipts for filing requirement This line must be completed. If the resul	t is less than \$50,000	, see Genera	I Information B		•	4	48,808	,651	00
and	5 Cost of goods sold	110 1000 111111 \$00,000	•	5		00				
Revenues	6 Cost or other basis, and sales expenses of	f assets sold	•	6	4,299,	152 00				
	7 Total costs. Add line 5 and line 6						7	4,299	_	-
	8 Total gross income. Subtract line 7 from I						8	44,509		+
-	9 Total expenses and disbursements. From	Side 2, Part II, line 18					9	48,110		
Expenses	10 Excess of receipts over expenses and dist	ursements. Subtract	line 9 from l	ine 8		•	10	-3,601	,409	_
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				14			00
	14 Use tax balance. If line 12 is more than lin						15			00
	15 Penalties and Interest. See General Inform	NATION J	m the recult			(()				00
	Under penalties of perjury, I declare that I have examined	this return, including acco	ompanying sch	edules and statem	ents, and to the	e best of m	y knowle	dge and belief,		
Sign	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kind it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.						1	Telephone		
Here	Signature INTERIM CEO					15/22	-			
	of officer		1	Date	Check	if ·		PTIN		
	Preparer's signature KATY BROWN 02/11/22 self-employed						P00650274			
Paid	Firm's name (or yours, ARMANINO LLP							Firm's FEIN		
Preparer's								94-6214841 • Telephone		
Use Only	employed) 12657 ALCOSTA BLVD, STE. 500									
	SAN RAMON, CA 94583-4600						925-790-2600			
	May the FTB discuss this return with the prepar	er shown above? See	instructions			• X	Yes	No		