

TAXABLE YEAR
2023**California Exempt Organization
Annual Information Return**

328941 12-26-23

FORM

199Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) **07/01/2023**, and ending (mm/dd/yyyy) **06/30/2024**

Corporation/Organization name

California corporation number

SAN FRANCISCO AIDS FOUNDATION**1241510**

Additional information. See instructions.

FEIN

94-2927405

Street address (suite or room)

PMB no.

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 • Dissolved Surrendered (Withdrawn) Merged/Reorganized
 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 **STMT 2** 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	•	1	25,956,936	00
	2	Gross dues and assessments from members and affiliates	•	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	•	3	28,472,665	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3.	•	4	54,429,601	00
	This line must be completed. If the result is less than \$50,000, see General Information B					
Expenses	5	Cost of goods sold	•	5		00
	6	Cost or other basis, and sales expenses of assets sold	•	6	14,745,844	00
	7	Total costs. Add line 5 and line 6	•	7	14,745,844	00
	8	Total gross income. Subtract line 7 from line 4	•	8	39,683,757	00
	9	Total expenses and disbursements. From Side 2, Part II, line 18	•	9	46,241,423	00
10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	•	10	-6,557,666	00	
Payments	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	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	•	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including a company's 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 CEO	Date 04/08/25	• Telephone	
Preparer's signature	► KATY BROWN		Date 03/28/25	Check if self-employed ► <input type="checkbox"/>	• PTIN P00650274	
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address ► ARMANINO ADVISORY LLC 2700 CAMINO RAMON, STE. 350 SAN RAMON, CA 94583-5004				• Firm's FEIN 94-6214841 • Telephone 925-790-2600	
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						