

TAXABLE YEAR  
2023

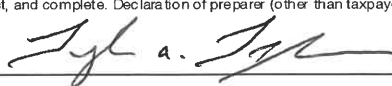

# California Exempt Organization Annual Information Return

328941 12-26-23  
FORM  
199

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) 07 / 01 / 2023 , and ending (mm/dd/yyyy) 06 / 30 / 2024	
Corporation/Organization name <b>SAN FRANCISCO AIDS FOUNDATION</b>	
California corporation number <b>1241510</b>	
Additional information. See instructions. FEIN <b>94-2927405</b>	
Street address (suite or room) <b>PO BOX 426182</b>	
PMB no.	
City <b>SAN FRANCISCO</b>	State <b>CA</b>
ZIP code <b>94142</b>	
Foreign country name	Foreign province/state/county
Foreign postal code	

A First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <b>STMT 2</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D Final information return? • <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) •	L If "Yes," enter the gross receipts from nonmember sources \$
E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	M Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series	N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?	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 <b>STMT 1</b>	•	3	28,472,665	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. <b>STMT 3</b>	•	4	54,429,601	00
	This line must be completed. If the result is less than \$50,000, see General Information B				
	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	
Expenses	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 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.				
Paid Preparer's Use Only	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
	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					