

TAXABLE YEAR
2017

California Exempt Organization Annual Information Return

728941 12-06-17
FORM
199

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) 07/01/2017, and ending (mm/dd/yyyy) 06/30/2018

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/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 Dissolved Surrendered (Withdrawn) Merged/Reorganized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 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 If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

P 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	13,694,087.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	29,043,320.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	42,737,407.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	2,007,742.00
	7	Total costs. Add line 5 and line 6	7	2,007,742.00
	8	Total gross income. Subtract line 7 from line 4	8	40,729,665.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	38,997,534.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,732,131.00
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	Filing fee \$10 or \$25. See General Information F	15	N/A 00
	16	Penalties and Interest. See General Information J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	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 Original signed by C. Damon Title INTERIM CFO Date 2/11/19 Telephone _____

Preparer's signature KATY BROWN Date 02/04/19 Check if self-employed PTIN P00650274

Paid Preparer's Use Only

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

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