

TAXABLE YEAR
2014

California Exempt Organization Annual Information Return

428941 11-26-14
FORM
199

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) **07/01/2014**, and ending (mm/dd/yyyy) **06/30/2015**

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	

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990)</p> <p>G Is this a group filing? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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? _____</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input checked="" type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O 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</p> <p>P Is an IRS Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	3,787,450.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	28,156,781.00
	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 Instruction B	4	31,944,231.00
5 Cost of goods sold	5	00	
6 Cost or other basis, and sales expenses of assets sold	6	3,885,280.00	
7 Total costs. Add line 5 and line 6	7	3,885,280.00	
8 Total gross income. Subtract line 7 from line 4	8	28,058,951.00	
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	24,800,223.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	3,258,728.00
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	N/A 00
	12 Total payments	12	00
	13 Penalties and Interest. See General Instruction J	13	00
	14 Use tax. See General Instruction K	14	00
15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	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 E. Pesch	Title CFO	Date 1/25/16	<input type="checkbox"/> Telephone <input type="checkbox"/> PTIN
	Preparer's signature Original signed by J. Panetta	Date 1/28/16	Check if self-employed <input type="checkbox"/>	P00365375
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address ARMANINO LLP 12657 ALCOSTA BOULEVARD, SUITE 500 SAN RAMON, CA 94583-4600	<input type="checkbox"/> FEIN <input type="checkbox"/> 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			