

TAXABLE YEAR  
**2016**

# California Exempt Organization Annual Information Return

628941 11-30-16  
FORM  
**199**

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) **07/01/2016** , and ending (mm/dd/yyyy) **06/30/2017**

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**

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 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  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) 990-PF (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 a 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 Instructions B and C.**

<b>Receipts and Revenues</b>	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8	<b>1</b>	9,609,099.00
	<b>2</b> Gross dues and assessments from members and affiliates	<b>2</b>	00
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	<b>3</b>	26,837,684.00
	<b>4</b> 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	<b>4</b>	36,446,783.00
	<b>5</b> Cost of goods sold	<b>5</b>	00
	<b>6</b> Cost or other basis, and sales expenses of assets sold	<b>6</b>	2,987,739.00
	<b>7</b> Total costs. Add line 5 and line 6	<b>7</b>	2,987,739.00
	<b>8</b> Total gross income. Subtract line 7 from line 4	<b>8</b>	33,459,044.00
<b>Expenses</b>	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18	<b>9</b>	33,326,157.00
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	<b>10</b>	132,887.00
<b>Filing Fee</b>	<b>11</b> Total payments	<b>11</b>	00
	<b>12</b> Use tax. See General Instruction K	<b>12</b>	00
	<b>13</b> Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	<b>13</b>	00
	<b>14</b> Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	<b>14</b>	00
	<b>15</b> Filing fee \$10 or \$25. See General Instruction F	<b>15</b>	N/A 00
	<b>16</b> Penalties and Interest. See General Instruction J	<b>16</b>	00
	<b>17</b> <b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	<b>17</b>	00
<b>Sign Here</b>	Signature of officer <b>Original signed by E. Pesch</b>	Title <b>CFO</b>	Date <b>1/10/2018</b>
	Preparer's signature <b>Original signed by K. Brown</b>		Date <b>1/10/2018</b>
<b>Paid Preparer's Use Only</b>	Firm's name (or yours, if self-employed) and address <b>ARMANINO LLP 12657 ALCOSTA BLVD, STE. 500 SAN RAMON, CA 94583-4600</b>	Check if self-employed <input type="checkbox"/>	Telephone <b>94-6214841</b>
			Telephone <b>925-790-2600</b>
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		