

Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**A** For the 2022 calendar year, or tax year beginning , 2022, and ending ,**B** Check if applicable: **C**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

THE SAN FRANCISCO AERONAUTICAL SOCIETY
 P. O. BOX 250250
 SAN FRANCISCO, CA 94125

D Employer identification number

94-3283216

E Telephone number

650 821 6720

F Group Exemption
Number**G** Accounting Method: ☐ Cash ☒ Accrual Other (specify):**I** Website: WWW.SFAERO.ORG**J** Tax-exempt status (check only one) ~ ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not
required to attach Schedule B
(Form 990).**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other:**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total
assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 107,517.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I. ☒

| | | | | |
|-------------------|--|--|---------|----------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 40,313. |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | 753. |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | 5b | Less: cost or other basis and sales expenses | 5b | |
| | 5c | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | 5c | |
| | 6 | Gaming and fundraising events: | | |
| | 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| | 6b | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | 66,451. |
| 6c | Less: direct expenses from gaming and fundraising events | 6c | 63,622. | |
| 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 2,829. | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| 7b | Less: cost of goods sold | 7b | | |
| 7c | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) | 7c | | |
| 8 | Other revenue (describe in Schedule O) | 8 | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 43,895. | |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | |
| | 13 | Professional fees and other payments to independent contractors | 13 | 16,545. |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 3,800. |
| | 15 | Printing, publications, postage, and shipping | 15 | 771. |
| | 16 | Other expenses (describe in Schedule O) SEE SCHEDULE O | 16 | 28,808. |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 49,924. |
| 18 | Excess or (deficit) for the year (subtract line 17 from line 9) | 18 | -6,029. | |
| Net Assets | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 259,288. |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 253,259. |

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2022)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II. ☒

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 258,589. | 252,559. |
| 23 Land and buildings | | |
| 24 Other assets (describe in Schedule O) SEE SCHEDULE O | 699. | 700. |
| 25 Total assets | 259,288. | 253,259. |
| 26 Total liabilities (describe in Schedule O) | 0. | 0. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 259,288. | 253,259. |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III. ☒

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

| | | | |
|----|--|-----|---------|
| 28 | SCHOLARSHIPS | | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 42,246. |
| 29 | | | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 | | | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 | Other program services (describe in Schedule O) | | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 | 42,246. |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MIS/1099-NEC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|------------------------------------|--|--|---|--|
| JEAN CARAMATTI DIRECTOR | 2 | 0. | 0. | 0. |
| KENNETH TURPEN VICE PRESIDENT | 1 | 0. | 0. | 0. |
| ANGELA GITTENS DIRECTOR | 1 | 0. | 0. | 0. |
| JOHN MARTIN TREASURER | 1 | 0. | 0. | 0. |
| ED BARNES DIRECTOR | 1 | 0. | 0. | 0. |
| DENNIS BOUEY DIRECTOR | 1 | 0. | 0. | 0. |
| CATHERINE MAYER DIRECTOR | 2 | 0. | 0. | 0. |
| ERIC STARKS PRESIDENT | 2 | 0. | 0. | 0. |
| NAPOLEON BRANDFORD III DIRECTOR | 1 | 0. | 0. | 0. |
| CECILIA CORDERO SECRETARY | 3 | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. SEE SCH O ☐

| | | Yes | No |
|--|------------|-----|----|
| 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. | 33 | | X |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. | 34 | | X |
| 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | X |
| b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. | 35b | | |
| c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. | 35c | | X |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. | 36 | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0. | | | |
| b Did the organization file Form 1120-POL for this year? | 37b | | X |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X |
| b If "Yes," complete Schedule L, Part II, and enter the total amount involved. 38b 0. | | | |
| 39 Section 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on line 9. 39a 0. | | | |
| b Gross receipts, included on line 9, for public use of club facilities. 39b 0. | | | |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | | |
| section 4911: 0.; section 4912: 0.; section 4955: 0. | | | |
| b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. | 40b | | X |
| c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0. | | | |
| d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 0. | | | |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. | 40e | | X |
| 41 List the states with which a copy of this return is filed: <u>NONE</u> | | | |

42a The organization's books are in care of: CECILIA CORDERO Telephone no. 415-405-5976
 Located at: P.O. BOX 250250 SAN FRANCISCO CA ZIP + 4 94125

| | | Yes | No |
|--|------------|-----|----|
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | X |
| If "Yes," enter the name of the foreign country: _____ | | | |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| c At any time during the calendar year, did the organization maintain an office outside the United States? | 42c | | X |
| If "Yes," enter the name of the foreign country: _____ | | | |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. **43** N/A

| | | Yes | No |
|--|------------|-----|----|
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. | 44a | | X |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. | 44b | | X |
| c Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 44d | | |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | X |
| b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions. | 45b | | X |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.....

46

Yes

No

X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.....

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.....

47

Yes

No

X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.....

48

X

49a Did the organization make any transfers to an exempt non-charitable related organization?.....

49a

X

b If "Yes," was the related organization a section 527 organization?.....

49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|--|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000.....

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000.....

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A.....

X Yes

No

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 officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

JOHN MARTIN

TREASURER

Type or print name and title

Paid Preparer Use Only

Print/type preparer's name

Preparer's signature

Date

Check ☒ if self-employed

PTIN

YUNYU HUANG

P02098957

Firm's name

CHEK TAN AND COMPANY, LLP

Firm's address

309 4TH AVE STE 300

Firm's EIN

81-1005081

SAN FRANCISCO, CA 94118

Phone no.

415-673-8573

May the IRS discuss this return with the preparer shown above? See instructions.....

X Yes

No

BAA

Form 990-EZ (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

THE SAN FRANCISCO AERONAUTICAL SOCIETY

Employer identification number

94-3283216

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 114,597. | 118,591. | 79,535. | 45,877. | 40,313. | 398,913. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | 0. |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | 0. |
| 4 Total. Add lines 1 through 3. | 114,597. | 118,591. | 79,535. | 45,877. | 40,313. | 398,913. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | 0. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 398,913. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4. | 114,597. | 118,591. | 79,535. | 45,877. | 40,313. | 398,913. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | 31. | 28. | 33. | 39. | 753. | 884. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. | | | | | | 0. |
| 10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI | 22,168. | 18,380. | | | 66,451. | 106,999. |
| 11 Total support. Add lines 7 through 10. | | | | | | 506,796. |
| 12 Gross receipts from related activities, etc. (see instructions). | | | | | 12 | 0. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-------------------------------------|---------|
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)). | 14 | 78.71 % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14. | 15 | 87.70 % |
| 16a 33-1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. | <input checked="" type="checkbox"/> | |
| b 33-1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| 17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. | <input type="checkbox"/> | |

BAA

Schedule A (Form 990) 2022

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | |
| 6 Total. Add lines 1 through 5. | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)). | 15 | % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15. | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|---|
| 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)). | 17 | % |
| 18 Investment income percentage from 2021 Schedule A, Part III, line 17. | 18 | % |

- 19a 33-1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐
- b 33-1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. | 3a | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 4c | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | 6 | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). | 8 | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | 10a | |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | 10b | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|---|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | 11a | |
| b A family member of a person described on line 11a above? | 11b | |
| c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. | 11c | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | |
| 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | |

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| | Yes | No |
|----|-----|----|
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C – Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

BAA

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D — Distributions**

| | | Current Year |
|----|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required — provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2022 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

Section E — Distribution Allocations (see instructions)

| | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
|---|---|--|---|
| 1 | Distributable amount for 2022 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reasonable cause required — explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2022 | | |
| a | From 2017 | | |
| b | From 2018 | | |
| c | From 2019 | | |
| d | From 2020 | | |
| e | From 2021 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2022 distributable amount | | |
| i | Carryover from 2017 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2022 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2022 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2018 | | |
| b | Excess from 2019 | | |
| c | Excess from 2020 | | |
| d | Excess from 2021 | | |
| e | Excess from 2022 | | |

BAA

Schedule A (Form 990) 2022

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME

| NATURE AND SOURCE | 2022 | 2021 | 2020 | 2019 | 2018 |
|-------------------|-------------------|--------------|--------------|-------------------|-------------------|
| SPECIAL EVENTS | \$ 66,451. | | | \$ 18,380. | \$ 22,168. |
| TOTAL | <u>\$ 66,451.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 18,380.</u> | <u>\$ 22,168.</u> |

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

THE SAN FRANCISCO AERONAUTICAL SOCIETY

Employer identification number

94-3283216

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

| | |
|--|--------------------------------|
| Name of organization | Employer identification number |
| THE SAN FRANCISCO AERONAUTICAL SOCIETY | 94-3283216 |

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | HKS INC. 564 MARKET STREET, STE 450 SAN FRANCISCO, CA 94104 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | JEAN CARAMATTI 2636 CHESTNUT STREET SAN FRANCISCO, CA 94123 | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | PHYLLIS TURPEN 520 ROEHAMPTON ROAD HILLSBOROUGH, CA 94010 | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | WINSLOW & ASSOCIATES 746 HAYES ST SAN FRANCISCO, CA 94102 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | DENNIS P BOUEY 136 MAYWOOD DRIVE SAN FRANCISCO, CA 94127 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | AIRPORT & AVIATION PROFESSIONALS 3555 KRAFT ROAD, SUITE 300 NAPLES, FL 34105 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

THE SAN FRANCISCO AERONAUTICAL SOCIETY

94-3283216

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|---|----------------------|
| | N/A | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

Name of organization

THE SAN FRANCISCO AERONAUTICAL SOCIETY

Employer identification number

94-3283216

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ _____ N/A
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---|-----------------|--|
| | N/A | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

THE SAN FRANCISCO AERONAUTICAL SOCIETY

Employer identification number

94-3283216

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations **e** ☐ Solicitation of non-government grants
b ☐ Internet and email solicitations **f** ☐ Solicitation of government grants
c ☐ Phone solicitations **g** ☐ Special fundraising events
d ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 <u>GALA</u> (event type) | (b) Event #2 <u>SILENT AUCTION</u> (event type) | (c) Other events <u>NONE</u> (total number) | (d) Total events (add column (a) through column (c)) |
|-----------------|----|---|---|---|---|
| | | | | | |
| Revenue | 1 | Gross receipts..... | 47,101. | 12,500. | 59,601. |
| | 2 | Less: Contributions..... | | | |
| | 3 | Gross income (line 1 minus line 2)..... | 47,101. | 12,500. | 59,601. |
| Direct Expenses | 4 | Cash prizes..... | | | |
| | 5 | Noncash prizes..... | | | |
| | 6 | Rent/facility costs..... | | | |
| | 7 | Food and beverages..... | | | |
| | 8 | Entertainment..... | | | |
| | 9 | Other direct expenses..... | 63,622. | | 63,622. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d)..... | | | 63,622. |
| | 11 | Net income summary. Subtract line 10 from line 3, column (d)..... | | | -4,021. |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add column (a) through column (c)) |
|-----------------|---|---|---|-------------------|---|
| | | | | | |
| Revenue | 1 | Gross revenue..... | | | |
| | 2 | Cash prizes..... | | | |
| Direct Expenses | 3 | Noncash prizes..... | | | |
| | 4 | Rent/facility costs..... | | | |
| | 5 | Other direct expenses..... | | | |
| | 6 | Volunteer labor..... | Yes _____ % No | Yes _____ % No | Yes _____ % No |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d)..... | | | |
| | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d)..... | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year... \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

THE SAN FRANCISCO AERONAUTICAL SOCIETY

94-3283216

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

| | | |
|-------------------------|-----------|----------------|
| AWARD..... | \$ | 375. |
| BANK FEE..... | | 1,621. |
| DEPRECIATION..... | | 349. |
| DONATION TO MUSEUM..... | | 11,535. |
| INSURANCE..... | | 1,513. |
| MISCELLANEOUS..... | | 2,684. |
| OFFICE EXPENSES..... | | 44. |
| TAXES & LICENSES..... | | 25. |
| WEBSITE..... | | 10,662. |
| TOTAL | \$ | 28,808. |

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

| | <u>BEGINNING</u> | <u>ENDING</u> |
|------------------------------|------------------|----------------|
| MACHINERY AND EQUIPMENT..... | \$ 699. | \$ 350. |
| PREPAID EXPENSE..... | 0. | 350. |
| TOTAL | \$ 699. | \$ 700. |

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE MISSION OF SAN FRANCISCO AERONAUTICAL SOCIETY IS TO SUPPORT THE SAN FRANCISCO
AIRPORT COMMISSION AVIATION LIBRARY AND LOUIS A. TURPEN AVIATION MUSEUM.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022Attachment
Sequence No. **179**

Name(s) shown on return

THE SAN FRANCISCO AERONAUTICAL SOCIETY

Identifying number

94-3283216

Business or activity to which this form relates

FORM 990/990-PF**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|--|------------------------------|------------------|
| 1 | Maximum amount (see instructions)..... | 1 | |
| 2 | Total cost of section 179 property placed in service (see instructions)..... | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions)..... | 3 | |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions..... | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29..... | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7..... | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8..... | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2021 Form 4562..... | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs..... | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11..... | 12 | |
| 13 | Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12..... | 13 | |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

| | | | |
|----|---|----|-------------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions..... | 14 | |
| 15 | Property subject to section 168(f)(1) election..... | 15 | |
| 16 | Other depreciation (including ACRS)..... | 16 | 349. |

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

| | | | |
|----|---|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2022..... | 17 | |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here..... <input type="checkbox"/> | | |

Section B — Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only — see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|-------------------------------------|---|---|------------------------|-------------------|---------------|-------------------------------|
| 19 a 3-year property..... | | | | | | |
| b 5-year property..... | | | | | | |
| c 7-year property..... | | | | | | |
| d 10-year property..... | | | | | | |
| e 15-year property..... | | | | | | |
| f 20-year property..... | | | | | | |
| g 25-year property..... | | | 25 yrs | | S/L | |
| h Residential rental property..... | | | 27.5 yrs | MM | S/L | |
| i Nonresidential real property..... | | | 39 yrs | MM | S/L | |

Section C — Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

| (a) Class life | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only — see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|----------------------|---|---|------------------------|-------------------|---------------|-------------------------------|
| 20 a Class life..... | | | | | S/L | |
| b 12-year..... | | | 12 yrs | | S/L | |
| c 30-year..... | | | 30 yrs | MM | S/L | |
| d 40-year..... | | | 40 yrs | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|---|----|-------------|
| 21 | Listed property. Enter amount from line 28..... | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions..... | 22 | 349. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs..... | 23 | |

TAXABLE YEAR

2022

California Exempt Organization
Annual Information Return

FORM

199

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name

THE SAN FRANCISCO AERONAUTICAL SOCIETY

Additional information. See instructions.

California corporation number

2012834

FEIN

94-3283216

Street address (suite or room)

P. O. BOX 250250

PMB no.

City

SAN FRANCISCO

State

CA

Zip code

94125

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?
 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 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 | 67,204. |
| | 2 | Gross dues and assessments from members and affiliates. | 2 | |
| | 3 | Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B. | 3 | 40,313. |
| | 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 | 107,517. |
| | 5 | Cost of goods sold. | 5 | |
| | 6 | Cost or other basis, and sales expenses of assets sold. | 6 | |
| | 7 | Total costs. Add line 5 and line 6. | 7 | |
| | 8 | Total gross income. Subtract line 7 from line 4. | 8 | 107,517. |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18. | 9 | 113,546. |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. | 10 | -6,029. |
| Filing Fee | 11 | Total payments. | 11 | |
| | 12 | Use tax. See General Information K. | 12 | |
| | 13 | Payments balance. If line 11 is more than line 12, subtract line 12 from line 11. | 13 | |
| | 14 | Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12. | 14 | |
| | 15 | Penalties and interest. See General Information J. | 15 | |
| | 16 | Balance due. Add line 12 and line 15. Then subtract line 11 from the result. | 16 | 0. |
| 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 | TREASURER | Date | Telephone 650 821 6720 |
| | Preparer's signature | | Date | PTIN P02098957 |
| | Firm's name (or yours, if self-employed) and address | CHEK TAN AND COMPANY, LLP 309 4TH AVE STE 300 SAN FRANCISCO, CA 94118 | | Firm's FEIN 81-1005081 |
| | | | | Telephone 415-673-8573 |
| | | | | |
| May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

THE SAN FRANCISCO AERONAUTICAL SOCIETY

94-3283216

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

| | | | | | |
|-----------------------------|----|--|---|----|----------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions. | • | 1 | |
| | 2 | Interest | • | 2 | 614. |
| | 3 | Dividends | • | 3 | 139. |
| | 4 | Gross rents | • | 4 | |
| | 5 | Gross royalties | • | 5 | |
| | 6 | Gross amount received from sale of assets (See instructions). | • | 6 | |
| | 7 | Other income. Attach schedule. SEE STATEMENT 1 | • | 7 | 66,451. |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1. | • | 8 | 67,204. |
| Expenses and Disbursements | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule. | • | 9 | |
| | 10 | Disbursements to or for members | • | 10 | |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 2 | • | 11 | 0. |
| | 12 | Other salaries and wages | • | 12 | |
| | 13 | Interest | • | 13 | |
| | 14 | Taxes | • | 14 | |
| | 15 | Rents | • | 15 | 3,800. |
| | 16 | Depreciation and depletion (See instructions) | • | 16 | 349. |
| | 17 | Other expenses and disbursements. Attach schedule. SEE STATEMENT 3 | • | 17 | 109,397. |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9. | • | 18 | 113,546. |

Schedule L Balance Sheet

| | | Beginning of taxable year | | End of taxable year | |
|---------------------------|---|---------------------------|----------|---------------------|----------|
| Assets | | (a) | (b) | (c) | (d) |
| 1 | Cash | | 258,589. | | 71,686. |
| 2 | Net accounts receivable | | | | |
| 3 | Net notes receivable | | | | |
| 4 | Inventories | | | | |
| 5 | Federal and state government obligations | | | | 180,873. |
| 6 | Investments in other bonds | | | | |
| 7 | Investments in stock | | | | |
| 8 | Mortgage loans | | | | |
| 9 | Other investments. Attach schedule | | | | |
| 10a | Depreciable assets | 3,457. | | 3,457. | |
| b | Less accumulated depreciation | 2,758. | 699. | 3,107. | 350. |
| 11 | Land | | | | |
| 12 | Other assets. Attach schedule. STM 4 | | | | 350. |
| 13 | Total assets | | 259,288. | | 253,259. |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | | | |
| 15 | Contributions, gifts, or grants payable | | | | |
| 16 | Bonds and notes payable | | | | |
| 17 | Mortgages payable | | | | |
| 18 | Other liabilities. Attach schedule | | | | |
| 19 | Capital stock or principal fund | | 259,288. | | 253,259. |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | | |
| 21 | Retained earnings or income fund | | | | |
| 22 | Total liabilities and net worth | | 259,288. | | 253,259. |

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

| | | | | | | | |
|---|---|---|---------|----|---|---|---------|
| 1 | Net income per books | • | -6,029. | 7 | Income recorded on books this year not included in this return. Attach schedule | • | |
| 2 | Federal income tax | • | | 8 | Deductions in this return not charged against book income this year. | • | |
| 3 | Excess of capital losses over capital gains | • | | 9 | Total. Add line 7 and line 8 | • | |
| 4 | Income not recorded on books this year. Attach schedule | • | | 10 | Net income per return. | • | |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | • | | | Subtract line 9 from line 6. | • | -6,029. |
| 6 | Total. Add line 1 through line 5 | • | -6,029. | | | | |

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY
Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

THE SAN FRANCISCO AERONAUTICAL SOCIETY

Employer identification number

94-3283216

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

| | |
|--|--------------------------------|
| Name of organization | Employer identification number |
| THE SAN FRANCISCO AERONAUTICAL SOCIETY | 94-3283216 |

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | HKS INC. 564 MARKET STREET, STE 450 SAN FRANCISCO, CA 94104 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | JEAN CARAMATTI 2636 CHESTNUT STREET SAN FRANCISCO, CA 94123 | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | PHYLLIS TURPEN 520 ROEHAMPTON ROAD HILLSBOROUGH, CA 94010 | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | WINSLOW & ASSOCIATES 746 HAYES ST SAN FRANCISCO, CA 94102 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | DENNIS P BOUEY 136 MAYWOOD DRIVE SAN FRANCISCO, CA 94127 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | AIRPORT & AVIATION PROFESSIONALS 3555 KRAFT ROAD, SUITE 300 NAPLES, FL 34105 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

THE SAN FRANCISCO AERONAUTICAL SOCIETY

94-3283216

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|---|----------------------|
| | N/A | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

Name of organization

THE SAN FRANCISCO AERONAUTICAL SOCIETY

Employer identification number

94-3283216

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ _____ N/A
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---|-----------------|--|
| | N/A | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |

2022**Corporation Depreciation and Amortization****3885**Attach to Form 100 or Form 100W. **FORM 199**

Corporation name

California corporation number

THE SAN FRANCISCO AERONAUTICAL SOCIETY**2012834****Part I Election To Expense Certain Property Under IRC Section 179**

| | | | |
|----|--|------------------------------|------------------|
| 1 | Maximum deduction under IRC Section 179 for California..... | 1 | \$25,000 |
| 2 | Total cost of IRC Section 179 property placed in service..... | 2 | |
| 3 | Threshold cost of IRC Section 179 property before reduction in limitation..... | 3 | \$200,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... | 4 | |
| 5 | Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-..... | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| | | | |
| | | | |
| | | | |
| 7 | Listed property (elected IRC Section 179 cost)..... | 7 | |
| 8 | Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7..... | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8..... | 9 | |
| 10 | Carryover of disallowed deduction from prior taxable years..... | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | 11 | |
| 12 | IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11..... | 12 | |
| 13 | Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12..... | 13 | |

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

| 14 | (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|----|---|--------------------------------------|-------------------------------|--|-------------------------------|------------------------|--------------------------------------|---|
| | COMPUTER | 1/14/2019 | 1,746. | 349. | S/L | 5 | 349. | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 15 | Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... | | | | | | 15 | 349. |

Part III Summary

| | | | |
|----|--|----|--|
| 16 | Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)..... | 16 | |
| 17 | Total depreciation claimed for federal purposes from federal Form 4562, line 22..... | 17 | |
| 18 | Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)..... | 18 | |

Part IV Amortization

| 19 | (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see Instr) | (f) Period or percentage | (g) Amortization for this year |
|----|--|--------------------------------------|-------------------------------|---|---------------------------------------|--------------------------------|--------------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 20 | Total. Add the amounts in column (g)..... | | | | | | 20 |
| 21 | Total amortization claimed for federal purposes from federal Form 4562, line 44..... | | | | | | 21 |
| 22 | Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... | | | | | | 22 |

THE SAN FRANCISCO AERONAUTICAL SOCIETY

94-3283216

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

INCOME FROM SPECIAL EVENTS..... \$ 66,451.
TOTAL \$ 66,451.

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | TOTAL COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|--|--|----------------------------|----------------------------------|------------------------------|
| JEAN CARAMATTI PO BOX 250250 SAN FRANCISCO, CA 94125 | DIRECTOR 2.00 | \$ 0. | \$ 0. | \$ 0. |
| KENNETH TURPEN PO BOX 250250 SAN FRANCISCO, CA 94125 | VICE PRESIDENT 1.00 | 0. | 0. | 0. |
| ANGELA GITTENS PO BOX 250250 SAN FRANCISCO, CA 94125 | DIRECTOR 1.00 | 0. | 0. | 0. |
| JOHN MARTIN PO BOX 250250 SAN FRANCISCO, CA 94125 | TREASURER 1.00 | 0. | 0. | 0. |
| ED BARNES PO BOX 250250 SAN FRANCISCO, CA 94125 | DIRECTOR 1.00 | 0. | 0. | 0. |
| DENNIS BOUEY PO BOX 250250 SAN FRANCISCO, CA 94125 | DIRECTOR 1.00 | 0. | 0. | 0. |
| CATHERINE MAYER PO BOX 250250 SAN FRANCISCO, CA 94125 | DIRECTOR 2.00 | 0. | 0. | 0. |
| ERIC STARKS PO BOX 250250 SAN FRANCISCO, CA 94125 | PRESIDENT 2.00 | 0. | 0. | 0. |
| NAPOLEON BRANDFORD III PO BOX 250250 SAN FRANCISCO, CA 94125 | DIRECTOR 1.00 | 0. | 0. | 0. |
| CECILIA CORDERO PO BOX 250250 SAN FRANCISCO, CA 94125 | SECRETARY 3.00 | 0. | 0. | 0. |
| TOTAL | | \$ <u>0.</u> | \$ <u>0.</u> | \$ <u>0.</u> |

2022

CALIFORNIA STATEMENTS

PAGE 2

THE SAN FRANCISCO AERONAUTICAL SOCIETY

94-3283216

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

| | | |
|--------------------------------|----|-----------------|
| ACCOUNTING FEES..... | \$ | 16,020. |
| AWARD..... | | 375. |
| BANK FEE..... | | 1,621. |
| DONATION TO MUSEUM..... | | 11,535. |
| INSURANCE..... | | 1,513. |
| MISCELLANEOUS..... | | 2,684. |
| OFFICE EXPENSES..... | | 44. |
| OTHER FEES..... | | 525. |
| POSTAGE AND SHIPPING..... | | 451. |
| PRINTING AND PUBLICATIONS..... | | 320. |
| SPECIAL EVENT EXPENSES..... | | 63,622. |
| TAXES & LICENSES..... | | 25. |
| WEBSITE..... | | 10,662. |
| TOTAL | \$ | <u>109,397.</u> |

STATEMENT 4
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

| | | |
|----------------------|----|-------------|
| PREPAID EXPENSE..... | | 350. |
| TOTAL | \$ | <u>350.</u> |

STATE OF CALIFORNIA
RRF-1
(Rev. 02/2021)
IN
MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities



(For Registry Use Only)

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

| | | | |
|---|--|--|--|
| THE SAN FRANCISCO AERONAUTICAL SOCIETY Name of Organization | | Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report | |
| List all DBAs and names the organization uses or has used P. O. BOX 250250 Address (Number and Street) | | State Charity Registration Number 107394 | |
| SAN FRANCISCO, CA 94125 City or Town, State, and ZIP Code | | Corporation or Organization No. 2012834 | |
| 650 821 6720 Telephone Number | INFO@SFAERO.ORG E-mail Address | Federal Employer ID No. 94-3283216 | |

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice

| Total Revenue | Fee | Total Revenue | Fee | Total Revenue | Fee |
|---------------------------------|------|--------------------------------------|-------|---|---------|
| Less than \$50,000 | \$25 | Between \$250,001 and \$1 million | \$100 | Between \$20,000,001 and \$100 million | \$800 |
| Between \$50,000 and \$100,000 | \$50 | Between \$1,000,001 and \$5 million | \$200 | Between \$100,000,001 and \$500 million | \$1,000 |
| Between \$100,001 and \$250,000 | \$75 | Between \$5,000,001 and \$20 million | \$400 | Greater than \$500 million | \$1,200 |

PART A -- ACTIVITIES

For your most recent full accounting period (beginning 1/01/22 ending 12/31/22) list:

Total Revenue \$
(including noncash contributions) 43,895. Noncash Contributions \$ 0. Total Assets \$ 253,259.
Program Expenses \$ 42,246. Total Expenses \$ 113,546.

PART B -- STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During this reporting period, did the organization receive any governmental funding? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SEE STATEMENT 1 | | |
| 6 During this reporting period, did the organization hold a raffle for charitable purposes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Does the organization conduct a vehicle donation program? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

| | | |
|---|---------------------------|------|
| JOHN MARTIN Signature of Authorized Agent | TREASURER Title | Date |
|---|---------------------------|------|

THE SAN FRANCISCO AERONAUTICAL SOCIETY

94-3283216

STATEMENT 1
FORM RRF-1, PART B, LINE 5
GOVERNMENT AGENCY THAT PROVIDED FUNDING

CITY AND COUNTY OF SAN FRANCISCO
AIRPORT COMMISSION
710 N. MCDONNELL ROAD
SAN FRANCISCO, CA. 94128
LARRY MAZZOLA
(650) 821-5042