

## TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

..... JUNE 30, 2013 .....

<b>Prepared for</b>	SOUTHERN ARIZONA AIDS FOUNDATION 375 S. EUCLID AVENUE TUCSON, AZ 85719
<b>Prepared by</b>	R & A CPAS A PROFESSIONAL CORPORATION 4542 E. CAMP LOWELL STE. 100 TUCSON, AZ 85712
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	MAY 15, 2014
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>SOUTHERN ARIZONA AIDS FOUNDATION</b>		<b>D Employer identification number</b> <b>86-0864100</b>
	Doing Business As		<b>E Telephone number</b> <b>(520) 628-7223</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City, town, or post office, state, and ZIP code <b>TUCSON, AZ 85719</b>		<b>G Gross receipts \$ 7,413,895.</b>
<b>F Name and address of principal officer: CONRAD MOSELEY SAME AS C ABOVE</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>J Website:</b> WWW.SAAF.ORG		<b>H(c) Group exemption number</b> ▶	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1997 <b>M State of legal domicile:</b> AZ	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO INCREASE AN AWARENESS OF THE AIDS EPIDEMIC IN SOUTHERN ARIZONA THROUGH EDUCATION, AS WELL AS</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 16
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 16
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b> 75
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 1224
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 0.

<b>Revenue</b>		Prior Year	Current Year
		<b>8</b> Contributions and grants (Part VIII, line 1h)	7,746,132.
<b>9</b> Program service revenue (Part VIII, line 2g)	269,812.	209,900.	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,217.	277.	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,477.	20,976.	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,035,638.	7,217,504.	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,846,580.	3,610,506.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,698,223.	2,446,485.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>381,183.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,416,140.	1,092,767.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,960,943.	7,149,758.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	74,695.	67,746.	

<b>Net Assets or Fund Balances</b>		Beginning of Current Year	End of Year
		<b>20</b> Total assets (Part X, line 16)	3,974,523.
<b>21</b> Total liabilities (Part X, line 26)	1,240,349.	1,308,745.	
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,734,174.	2,835,426.	

**Part II Signature Block**

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.

<b>Sign Here</b>	▶ Signature of officer		Date
	▶ <b>WENDELL HICKS, EXECUTIVE DIRECTOR</b>		Type or print name and title
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<b>DAVID SAMER</b>		
<b>Paid Preparer Use Only</b>	Firm's name ▶ <b>R &amp; A CPAS A PROFESSIONAL CORPORATION</b>	Firm's EIN ▶ <b>86-0550947</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00182147</b>
	Firm's address ▶ <b>4542 E. CAMP LOWELL STE. 100 TUCSON, AZ 85712</b>	Phone no. <b>(520) 881-4900</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: TO INCREASE AN AWARENESS OF THE AIDS EPIDEMIC IN SOUTHERN ARIZONA THROUGH EDUCATION, AS WELL AS PROVIDING SUPPORT FOR INDIVIDUALS WITH HIV/AIDS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 4,954,213. including grants of \$ 3,437,593. ) (Revenue \$ 209,900. ) CLIENT SERVICES: CARE SERVICES ENSURE THAT PEOPLE LIVING WITH HIV/AIDS HAVE ACCESS TO SERVICES THAT THEY NEED TO MAINTAIN OPTIMAL HEALTH AND LIVE AS INDEPENDENTLY AND SAFELY AS POSSIBLE. OF ALL THE PEOPLE SERVED LAST YEAR, 97% WERE LOW INCOME, WITH 54% LIVING BELOW THE POVERTY LEVEL.

SAAF SERVED 1,123 PEOPLE LIVING WITH HIV/AIDS AND THEIR HOUSEHOLD MEMBERS. OF THESE, 114 WERE NEW CLIENTS. SAAF WAS ABLE TO OFFER A COMPREHENSIVE ARRAY OF SERVICES THAT MADE A GREAT IMPACT FOR MANY PEOPLE LAST YEAR: 1,120 PEOPLE RECEIVED CASE MANAGEMENT AND PEER COUNSELING SERVICES, 749 ACCESSED DENTAL SERVICES, 514 RECEIVED FOOD, 616 RECEIVED ASSISTANCE WITH MEDICAL COSTS, 430 RECEIVED TRANSPORTATION

4b (Code: ) (Expenses \$ 1,197,509. including grants of \$ 172,858. ) (Revenue \$ ) PREVENTION/EDUCATION: SAAF'S PREVENTION DEPARTMENT CREATES HEALTHIER COMMUNITIES THROUGH INNOVATIVE EDUCATION, TRAINING, AND OUTREACH SERVICES TO REDUCE THE TRANSMISSION OF HIV, HEPATITIS AND SEXUALLY TRANSMITTED INFECTIONS BY USING SAFE AND SUPPORTIVE APPROACHES.

SAAF REOPENED THE MSHAPE LOUNGE; STARTED STEPP, A PROGRAM TARGETING PEOPLE LIVING WITH HIV/AIDS, THEIR PARTNERS, AND OTHER HIGH-RISK NEGATIVES; BEGAN PROVIDING HEPATITIS EDUCATION AND RAPID TESTING SERVICES; THE RAPP PROGRAM LAUNCHED A SOCIAL MARKETING CAMPAIGN TARGETING YOUTH AT RISK; SYRINGE ACCESS SERVICES WERE EXPANDED. PREVENTION PROGRAMS CONDUCTED HUNDREDS OF OUTREACH AND EDUCATIONAL EVENTS, MAKING OVER 23,599 CONTACTS; 44 PARTICIPANTS RECEIVED OVER 160

4c (Code: ) (Expenses \$ 33,373. including grants of \$ 55. ) (Revenue \$ ) VOLUNTEER RESOURCES: THE VOLUNTEER RESOURCES PROGRAM OFFERS VOLUNTEER SUPPORT TO ALL AREAS OF SAAF IN ADDITION TO PROVIDING VITAL OUTREACH TO THE COMMUNITY. VOLUNTEERS ARE GIVEN TRAINING, CONTINUING EDUCATION, AND STAFF SUPPORT TO ACQUIRE THE SKILLS NEEDED TO TAKE ON THESE IMPORTANT ROLES THROUGHOUT THE AGENCY. VR PROVIDES MONTHLY ORIENTATIONS TO NEW VOLUNTEERS, AS WELL AS QUARTERLY ADVANCED TRAININGS. VOLUNTEERS MADE AN IMPACT BY HELPING TO SUPPORT A HEALTHIER COMMUNITY THROUGH ADVOCACY, OUTREACH, AND SUPPORT.

IN 2013, 1,099 VOLUNTEERS PROVIDED MORE THAN 17,000 VOLUNTEER HOURS WHICH EQUATES TO APPROXIMATELY \$346,000, ACCORDING TO THE INDEPENDENTSECTOR.ORG AND THE BUREAU OF LABOR STATISTICS.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,185,095.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....	<b>24a</b>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>38</b>	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, sub-questions (1a-14b), and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (16), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AZ
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - (520) 628-7223 375 S. EUCLID AVENUE, TUCSON, AZ 85719

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CONRAD MOSELEY PRESIDENT	1.00	X		X				0.	0.	0.
(2) MIGUEL CRUZ VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(3) JULIET YARDY VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(4) KATHY WELLS TREASURER	1.00	X		X				0.	0.	0.
(5) ARLETTE STEVENS DIRECTOR	1.00	X						0.	0.	0.
(6) JOHN BRASWELL DIRECTOR	1.00	X						0.	0.	0.
(7) MICHAEL MCDONALD DIRECTOR	1.00	X						0.	0.	0.
(8) CHERYL SMITH DIRECTOR	1.00	X						0.	0.	0.
(9) PAM MEICHEL DIRECTOR	1.00	X						0.	0.	0.
(10) CLIFF MARTIN DIRECTOR	1.00	X						0.	0.	0.
(11) KEVIN MCCOY DIRECTOR	1.00	X						0.	0.	0.
(12) STEVE GOTTLIEB DIRECTOR	1.00	X						0.	0.	0.
(13) GWEN VALENTINE DIRECTOR	1.00	X						0.	0.	0.
(14) MELISSA HESS DIRECTOR	1.00	X						0.	0.	0.
(15) TRISH KORDAS DIRECTOR	1.00	X						0.	0.	0.
(16) MELISSA PETRO DIRECTOR	1.00	X						0.	0.	0.
(17) WENDELL HICKS EXECUTIVE DIRECTOR	40.00			X				100,242.	0.	4,178.



**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 303,465.				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 6,107,181.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 575,705.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	146,841.				
	<b>h Total.</b> Add lines 1a-1f	▶ 6,986,351.				
	<b>Program Service Revenue</b>	<b>2 a</b> <u>RENTAL INCOME</u>	Business Code 531390	167,272.	167,272.	
<b>b</b> <u>MANAGEMENT FEES</u>		900099	42,628.	42,628.		
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		▶ 209,900.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	▶	277.		277.	
	<b>4</b> Income from investment of tax-exempt bond proceeds	▶				
	<b>5</b> Royalties	▶				
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss)	▶				
	<b>8 a</b> Gross income from fundraising events (not including \$ 303,465. of contributions reported on line 1c). See Part IV, line 18	<b>a</b> 155,410.				
		<b>b</b> Less: direct expenses	<b>b</b> 145,424.			
<b>c</b> Net income or (loss) from fundraising events		▶ 9,986.			9,986.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b> 61,957.					
	<b>b</b> Less: cost of goods sold	<b>b</b> 50,967.				
	<b>c</b> Net income or (loss) from sales of inventory	▶ 10,990.			10,990.	
Miscellaneous Revenue		Business Code				
<b>11</b>	<b>a</b>					
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d	▶				
<b>12 Total revenue.</b> See instructions.	▶	7,217,504.	209,900.	0.	21,253.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	3,610,506.	3,610,506.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,014,485.	1,464,652.	356,439.	193,394.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	272,168.	211,312.	37,880.	22,976.
<b>10</b> Payroll taxes	159,832.	124,094.	22,246.	13,492.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	2,374.	2,374.		
<b>c</b> Accounting	15,601.		15,601.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	25,148.		319.	24,829.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	92,795.	65,887.	17,648.	9,260.
<b>14</b> Information technology	30,533.	22,785.	2,073.	5,675.
<b>15</b> Royalties				
<b>16</b> Occupancy	192,312.	164,075.	24,938.	3,299.
<b>17</b> Travel	91,535.	83,174.	5,934.	2,427.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	10,868.	10,057.	811.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	120,450.	95,859.	21,766.	2,825.
<b>23</b> Insurance	42,989.	3,578.	38,704.	707.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>SUBRECIPIENT EXPENSES</b>	277,337.	277,337.		
<b>b</b> <b>PRINTING AND NEWSLETTER</b>	85,353.	14,034.	1,958.	69,361.
<b>c</b> <b>CAPITAL BUDGET</b>	24,161.	19,141.	4,445.	575.
<b>d</b> <b>FUNDRAISING</b>	22,692.	3,541.	1,013.	18,138.
<b>e</b> All other expenses	58,619.	12,689.	31,705.	14,225.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	7,149,758.	6,185,095.	583,480.	381,183.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	44,116.	1	158,216.	
	<b>2</b> Savings and temporary cash investments .....	92,048.	2	83,755.	
	<b>3</b> Pledges and grants receivable, net .....	1,134,755.	3	1,018,344.	
	<b>4</b> Accounts receivable, net .....	134,001.	4	22,849.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			5	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			6	
	<b>7</b> Notes and loans receivable, net .....			7	
	<b>8</b> Inventories for sale or use .....	14,821.	8		17,921.
	<b>9</b> Prepaid expenses and deferred charges .....	16,075.	9		61,084.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	3,873,052.			
	<b>b</b> Less: accumulated depreciation .....	1,450,692.			
			2,244,224.	10c	2,422,360.
	<b>11</b> Investments - publicly traded securities .....			11	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....			12	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....			13	
	<b>14</b> Intangible assets .....			14	
<b>15</b> Other assets. See Part IV, line 11 .....	294,483.	15		359,642.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	3,974,523.	16		4,144,171.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	576,617.	17	725,953.	
	<b>18</b> Grants payable .....	60,017.	18	42,894.	
	<b>19</b> Deferred revenue .....		19		
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	596,140.	23		533,655.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	7,575.	25		6,243.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,240,349.	26		1,308,745.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	2,236,622.	27	2,228,289.	
	<b>28</b> Temporarily restricted net assets .....	441,752.	28	607,137.	
	<b>29</b> Permanently restricted net assets .....	55,800.	29	0.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
	<b>33</b> Total net assets or fund balances .....	2,734,174.	33		2,835,426.
<b>34</b> Total liabilities and net assets/fund balances .....	3,974,523.	34		4,144,171.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12) .....	1	7,217,504.
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	7,149,758.
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	67,746.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	4	2,734,174.
5 Net unrealized gains (losses) on investments .....	5	33,506.
6 Donated services and use of facilities .....	6	
7 Investment expenses .....	7	
8 Prior period adjustments .....	8	
9 Other changes in net assets or fund balances (explain in Schedule O) .....	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	10	2,835,426.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant? .....	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	3a	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....	3b	X	



**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4,081,597.	4,351,872.	5,992,872.	7,746,132.	6,986,351.	29,158,824.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4,081,597.	4,351,872.	5,992,872.	7,746,132.	6,986,351.	29,158,824.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						29,158,824.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	4,081,597.	4,351,872.	5,992,872.	7,746,132.	6,986,351.	29,158,824.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	2,739.	433.	409.	1,217.	277.	5,075.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						29,163,899.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	1,002,418.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.98 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	99.97 %
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> 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"/>	

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

(Complete only if you checked the box on line 9 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five 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**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

**COPY**

OMB No. 1545-0047

**2012**

Name of the organization

Employer identification number

SOUTHERN ARIZONA AIDS FOUNDATION

86-0864100

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization <b>SOUTHERN ARIZONA AIDS FOUNDATION</b>	Employer identification number <b>86-0864100</b>
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**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	US DEPT OF HOUSING & URBAN DEVELOPMENT ONE NORTH CENTRAL #600 PHOENIX, AZ 85004	\$ 874,042.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	US DEPT OF HEALTH & HUMAN SERVICES 200 INDEPENDANCE AVE S.W. WASHINGTON, DC 20201	\$ 5,139,635.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization  <b>SOUTHERN ARIZONA AIDS FOUNDATION</b>	Employer identification number  <b>86-0864100</b>
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**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
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

<b>Name of organization</b>  <b>SOUTHERN ARIZONA AIDS FOUNDATION</b>	<b>Employer identification number</b>  <b>86-0864100</b>
--	--

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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.) ▶ \$ \_\_\_\_\_  
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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

**COPY**  
OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

SOUTHERN ARIZONA AIDS FOUNDATION

Employer identification number

86-0864100

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I). Total row at the bottom.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1-10. Total row at the bottom.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows include DUE FROM AFFILIATE, DONATED TIMESHARE/LAND, MUTUAL FUNDS, PARTNERSHIP INTEREST. Total row at the bottom.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes, TENANT SECURITY DEPOSITS. Total row at the bottom.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 7,217,504.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 7,149,758.

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: SAAF AND STEPHENSON PLACE ARE SEPARATELY EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO SAAF AND STEPHENSON PLACE'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN ADDITION, SAAF AND STEPHENSON PLACE QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAVE BOTH BEEN CLASSIFIED AS ORGANIZATIONS OTHER THAN PRIVATE FOUNDATIONS UNDER SECTION 509(A)(2). THE LLC, AS A SINGLE MEMBER LLC, IS A

**Part XIII** Supplemental Information (continued)

DISREGARDED ENTITY FOR TAX PURPOSES. ACCORDINGLY, NO PROVISION FOR INCOME TAX HAS BEEN MADE.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA CLARIFY THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES BY CREATING A FRAMEWORK TO RECOGNIZE, MEASURE, PRESENT, AND DISCLOSE IN FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT HAVE BEEN TAKEN OR EXPECT TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION'S MANAGEMENT BELIEVES THERE IS NO MATERIAL POSSIBLE EXISTENCE OF UNCERTAIN TAX POSITIONS FOR WHICH IT IS REASONABLY POSSIBLE THAT REPORTED TOTAL AMOUNTS COULD SIGNIFICANTLY DIFFER FROM AMOUNTS THAT MAY BE DETERMINED UPON EXAMINATION BY TAXING AUTHORITIES. THE ORGANIZATION IS NO LONGER SUBJECT TO FEDERAL AND STATE TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE 2008, UNLESS SPECIFIC CONDITIONS ARE MET.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUES OF CONSOLIDATED ENTITY	172,768.
ELIMINATING ENTRIES	-17,400.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	155,368.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF MERCHANDISE SOLD	-50,946.
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## PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF MERCHANDISE SOLD	50,946.
EXPENSES OF CONSOLIDATED ENTITY	191,350.
ELIMINATING ENTRIES	-17,400.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	224,896.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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	(b) Event #2	(c) Other events	(d) Total events
		AIDS WALK\$	FESTIVAL	3	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	174,481.	179,693.	104,701.	458,875.
	<b>2</b> Less: Contributions .....	92,059.	143,162.	68,244.	303,465.
	<b>3</b> Gross income (line 1 minus line 2) .....	82,422.	36,531.	36,457.	155,410.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	66,301.	40,070.	39,053.	145,424.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 145,424 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				9,986.

**Part III Gaming.** Complete if the organization answered "Yes" to 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 col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( _____ )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate 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: \_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.**

**COPY**  
OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

**SOUTHERN ARIZONA AIDS FOUNDATION**

Employer identification number

**86-0864100**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CLIENT SERVICES AND SUPPORT	1123	3,610,506.	0.	ACTUAL CASH VALUE	MEDICAL, COUNSELING, FOOD, SHELTER

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

**COPY**  
OMB No. 1545-0047

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

Name of the organization **SOUTHERN ARIZONA AIDS FOUNDATION** Employer identification number **86-0864100**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <u>SPECIAL EVENT</u> )	X	1	118,708.	FMV
26 Other ▶ ( <u>ASSISTANCE</u> )	X	3	28,133.	FMV
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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 990-EZ.

**COPY**  
OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

SOUTHERN ARIZONA AIDS FOUNDATION

Employer identification number

86-0864100

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDING SUPPORT FOR INDIVIDUALS WITH HIV/AIDS

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SERVICES, 196 RECEIVED ASSISTANCE THROUGH THE HOLIDAY PROJECT, 197

RECEIVED MEDICATION ASSISTANCE, 163 RECEIVED EMERGENCY RENT OR UTILITY

ASSISTANCE, 99 HOUSEHOLDS CONSISTING OF 134 PEOPLE LIVED IN SAAF

PROPERTIES, 125 HOUSEHOLDS CONSISTING OF 211 PEOPLE LIVED IN SAAF

SUBSIDIZED UNITS, 61 ACCESSED SERVICES FROM THE COMPLEMENTARY THERAPIES

PROGRAM.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

INDIVIDUAL LEVEL INTERVENTIONS; OVER 750 INDIVIDUALS ACCESSED SYRINGE

ACCESS SERVICES WITH OVER 1,600 VISITS; OVER 60 GROUP LEVEL

INTERVENTIONS WERE CONDUCTED REACHING 894 INDIVIDUALS; AND OVER 224,000

CONDOMS AND OTHER SAFER SEX MATERIALS WERE DISTRIBUTED IN TUCSON. HIV

COUNSELING AND TESTING WAS PROVIDED BY OVER 25 TRAINED SAAF STAFF.

APPROXIMATELY 1,987 PEOPLE RECEIVED HIV RAPID TESTING AND OVER 555

HEPATITIS C RAPID TESTS WERE CONDUCTED.

FORM 990, PART VI, SECTION B, LINE 11: FINANCE COMMITTEE REVIEWS 990 PRIOR

TO FILING

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS SIGN A CONFLICT OF

INTEREST FORM ANNUALLY, ITEMS ARE INVESTIGATED AS NECESSARY, BOARD MEMBERS

ABSTAIN FROM VOTING ON ANY MATTERS IN WHICH A CONFLICT MAY BE PRESENT

Name of the organization  
SOUTHERN ARIZONA AIDS FOUNDATION

Employer identification number  
86-0864100

FORM 990, PART VI, SECTION B, LINE 15A: SAAF USED THE NON-PROFIT SALARY SURVEY THAT WE PARTICIPATED IN AND ALSO USED A SURVEY OF OTHER NON-PROFITS IN TUCSON, VIA EMAIL. THE NON PROFIT TIMES PROVIDES A SALARY SURVEY WHICH WAS ALSO USED.

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST

FORM 990, PART XII, LINE 2C  
NEITHER ORGANIZATION'S OVERSIGHT NOR SELECTION PROCESS HAS CHANGED FROM THE PRIOR YEAR.

## Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2012**  
**Open to Public Inspection**

Name of the organization Employer identification number  
**SOUTHERN ARIZONA AIDS FOUNDATION** **86-0864100**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
STEPHENSON PLACE - 86-0766137 375 S EUCLID AVE TUCSON, AZ 85719	CHARITABLE	ARIZONA	501(C)(3)	LINE 7			<b>X</b>

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

		Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>		<b>X</b>
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>		<b>X</b>
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>		<b>X</b>
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>		<b>X</b>
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>		<b>X</b>
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>		<b>X</b>
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>		<b>X</b>
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>		<b>X</b>
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>		<b>X</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>		<b>X</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>		<b>X</b>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	<b>X</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>		<b>X</b>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>		<b>X</b>
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>		<b>X</b>
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>		<b>X</b>
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	<b>X</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>		<b>X</b>
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>		<b>X</b>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> STEPHENSON PLACE	L	17,400.	ACTUAL AMOUNT PAID
<b>(2)</b> STEPHENSON PLACE	Q	25,228.	ACTUAL AMOUNT PAID
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for supplemental information.

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Form with fields for Name of exempt organization (SOUTHERN ARIZONA AIDS FOUNDATION), Employer identification number (EIN) (86-0864100), Address (375 S. EUCLID AVENUE, TUCSON, AZ 85719), and Social security number (SSN).

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Lists various forms like Form 990-EZ, Form 990-BL, Form 4720, etc.

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

The books are in the care of 375 S. EUCLID AVENUE - TUCSON, AZ 85719. Telephone No. (520) 628-7223. FAX No.

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2014.

5 For calendar year, or other tax year beginning JUL 1, 2012, and ending JUN 30, 2013.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return, Final return, Change in accounting period.

7 State in detail why you need the extension: ADDITIONAL TIME NEEDED TO GATHER FURTHER INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

Table with 3 columns: Description, 8a, 8b, 8c. Rows for nonrefundable credits (0), refundable credits (0), and balance due (0).

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature EXECUTIVE DIRECTOR Date

## TAX RETURN FILING INSTRUCTIONS

ARIZONA FORM 99

FOR THE YEAR ENDING

JUNE 30, 2013

<b>Prepared for</b>	SOUTHERN ARIZONA AIDS FOUNDATION 375 S. EUCLID AVENUE TUCSON, AZ 85719
<b>Prepared by</b>	R & A CPAS A PROFESSIONAL CORPORATION 4542 E. CAMP LOWELL STE. 100 TUCSON, AZ 85712
<b>Amount due or refund</b>	NO PAYMENT REQUIRED
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	ARIZONA DEPARTMENT OF REVENUE PO BOX 52153 PHOENIX, AZ 85072-2153
<b>Return must be mailed on or before</b>	MAY 15, 2014
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.

## ARIZONA FORM 99 Arizona Exempt Organization Annual Information Return

**99**

For the  calendar year 2012 or  fiscal year beginning 07/01/12 and ending 06/30/13

CHECK ONE: Original <input checked="" type="checkbox"/> Amended <input type="checkbox"/>	PLS Type or Print	Name <b>SOUTHERN ARIZONA AIDS FOUNDATION</b>	Employer identification number (EIN) <b>86-0864100</b>
Business telephone number (with area code) <b>(520) 628-7223</b>		Number and street or PO Box <b>375 S. EUCLID AVENUE</b>	AZ transaction privilege tax number
		City or town, state and ZIP code <b>TUCSON, AZ 85719</b>	

**68** Check box if:  This is a first return  Name change  Address change

**A** Date Arizona operations began: 04/02/1997

**B** Nature of Arizona activities: SERVICE

**C** Federal form filed:  990  990-EZ  Other (specify) \_\_\_\_\_

Attach a copy of the organization's federal return.

**Nonprofit Medical Marijuana Dispensary (NMMD) only:**

**D**  NMMD Registry Identification Number: \_\_\_\_\_

**E** What type of entity is the dispensary?  
 Corporation  Limited Liability Company (LLC)  Partnership  S corporation  
 Sole Proprietorship

**F** If the dispensary is an LLC, what is the federal tax classification?  
 Corporation  Disregarded Entity  Partnership  S corporation

If the dispensary is an LLC, a partnership or an S corporation, *attach a schedule* that lists ownership information including name, address, TIN, and ownership percentage at the end of the tax year.

**G** Federal form filed:  1040  1041  1065  1120  1120-S  Other (specify) \_\_\_\_\_

**H**  Check this box if you attached a copy of the dispensary's federal return to its Arizona Form 120S or Form 165 when it was filed; do not attach a copy of the same return to this form. *Otherwise, attach a copy of the dispensary's federal return.*

**CHECK BOX IF: Return filed under extension.**

**82** 3-mos. Fed  6-mos. AZ - Fed   
 82C  82F

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

### Sources of Income

1 Gross sales from business activities .....	1	217,367	00	
2 Less: Cost of goods sold or of operations - <i>attach itemized statement</i> .....	2	50,967	00	STMT 1      STMT 3
3 Gross profit from business activities - <i>subtract line 2 from line 1</i> .....	3	166,400	00	
4 Interest .....	4	277	00	
5 Dividends .....	5		00	
6 Rents and royalties .....	6		00	
7 Gain or (loss) from sales of assets, excluding inventory items .....	7		00	
8 Dues, assessments, etc., from members .....	8		00	
9 Dues, assessments, etc., from affiliates .....	9		00	
10 Contributions, gifts, grants, etc., received .....	10	6,986,351	00	
11 Other income - <i>attach itemized statement</i> .....	11	243,406	00	STATEMENT 4
12 Total income - <i>add lines 3 through 11</i> .....	12	7,396,434	00	

### Administrative Expenses

13 Compensation of officers, directors, trustees, etc. ....	13		00	
14 Salaries and wages - <i>other than amounts included on line 2</i> .....	14	549,833	00	
15 Interest .....	15	811	00	
16 Taxes .....	16	35,738	00	
17 Rent expense .....	17	28,237	00	
18 Depreciation - <i>attach schedule</i> .....	18	24,591	00	STATEMENT 2
19 Miscellaneous expenses - <i>attach itemized statement</i> .....	19	470,877	00	STATEMENT 5
20 Total expenses - <i>add lines 13 through 19</i> .....	20	1,110,087	00	

### Disbursements

21 Disbursements from current income for exempt purposes - <i>from page 2, line A6</i> .....	21	6,185,095	00	
22 Disbursements from principal for exempt purposes - <i>from page 2, line B6</i> .....	22		00	
23 Other disbursements not itemized on Schedule A or Schedule B - <i>attach schedule</i> .....	23		00	

### Accumulation of Income

24 Accumulation of income in current year - <i>line 12 less the sum of lines 20, 21, 22, and 23</i> .....	24	101,252	00	
25 Accumulation of income at beginning of year .....	25	2,734,174	00	
26 Accumulation of income at end of year - <i>add lines 24 and 25</i> .....	26	2,835,426	00	

### Penalty

27 Penalty for late filing or incomplete filing. <i>See instructions</i> .....	27		00	
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THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. ARS § 42-1125(K).

Name (as shown on page 1) <b>SOUTHERN ARIZONA AIDS FOUNDATION</b>	EIN <b>86-0864100</b>
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**SCHEDULE A - Disbursements From Current Income for Exempt Purposes**

A1 Dues, assessments, etc., to affiliates .....	<b>A1</b>		00	
A2 Contributions, gifts, grants, etc., paid .....	<b>A2</b>	3,610,506	00	
A3 Benefit payments to or for members or their dependents:				
A3a Death, sickness, hospitalization, disability, or pension benefits .....	<b>A3a</b>		00	
A3b Other benefits .....	<b>A3b</b>		00	
A4 Dividends and other distributions to members, shareholders, or depositors .....	<b>A4</b>		00	
A5 Other .....	<b>A5</b>	2,574,589	00	
A6 Total - add lines A1 through A5. Enter total here and on page 1, line 21 .....	<b>A6</b>			<b>STATEMENT 9</b> 6,185,095 00

**SCHEDULE B - Disbursements From Principal for Exempt Purposes**

B1 Dues, assessments, etc., to affiliates .....	<b>B1</b>		00	
B2 Contributions, gifts, grants, etc., paid .....	<b>B2</b>		00	
B3 Benefit payments to or for members or their dependents:				
B3a Death, sickness, hospitalization, disability, or pension benefits .....	<b>B3a</b>		00	
B3b Other benefits .....	<b>B3b</b>		00	
B4 Dividends and other distributions to members, shareholders, or depositors .....	<b>B4</b>		00	
B5 Other .....	<b>B5</b>		00	
B6 Total - add lines B1 through B5. Enter total here and on page 1, line 22 .....	<b>B6</b>			00

**SCHEDULE C - Balance Sheet**

NOTE: Amounts used in attached schedules and in this column should be end of year amounts.		(a) Beginning of Year		(b) End of Year	
<b>Assets</b>					
C1 Cash .....		136,164	00	<b>C1</b>	241,971 00
C2a Accounts receivable .....	<b>C2a</b>		00		
C2b Less: allowance for doubtful accounts .....	<b>C2b</b>		00		
C2c Line C2a less line C2b. Enter difference in column (b) .....		134,001	00	<b>C2c</b>	22,849 00
C3a Other notes and loans receivable - attach schedule .....	<b>C3a</b>		00		
C3b Less: allowance for doubtful accounts .....	<b>C3b</b>		00		
C3c Line C3a less line C3b. Enter difference in column (b) .....			00	<b>C3c</b>	00
C4 Inventories .....		14,821	00	<b>C4</b>	17,921 00
C5 Investments (securities) - attach schedule .....			00	<b>C5</b>	00
C6 Investments (other) - attach schedule .....			00	<b>C6</b>	00
C7a Land, buildings, and equipment; basis .....	<b>C7a</b>	3,873,052	00		
C7b Less: accumulated depreciation - attach schedule .....	<b>C7b</b>	1,450,692	00		
C7c Line C7a less line C7b. Enter difference in column (b) .....		2,444,224	00	<b>C7c</b>	2,422,360 00
C8 Other assets - describe <u>SEE STATEMENT 6</u> .....		1,445,313	00	<b>C8</b>	1,439,070 00
C9 <b>Total assets</b> - add lines C1 through C8 .....		3,974,523	00	<b>C9</b>	4,144,171 00
<b>Liabilities</b>					
C10 Accounts payable and accrued expenses .....		576,617	00	<b>C10</b>	725,953 00
C11 Mortgages and other notes payable - attach schedule <u>STATEMENT 7</u> .....		596,140	00	<b>C11</b>	533,655 00
C12 Other liabilities - describe <u>SEE STATEMENT 8</u> .....		67,592	00	<b>C12</b>	49,137 00
C13 <b>Total liabilities</b> - add lines C10 through C12 .....		1,240,349	00	<b>C13</b>	1,308,745 00
<b>Net Assets</b>					
C14 Capital stock or trust principal .....			00	<b>C14</b>	00
C15 Paid-in or capital surplus .....			00	<b>C15</b>	00
C16 Retained earnings or accumulated income .....		2,734,174	00	<b>C16</b>	2,835,426 00
C17 <b>Total net assets</b> - add lines C14 through C16 .....		2,734,174	00	<b>C17</b>	2,835,426 00
C18 <b>Total liabilities and net assets</b> - add lines C13 and C17 .....		3,974,523	00	<b>C18</b>	4,144,171 00

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1) <b>SOUTHERN ARIZONA AIDS FOUNDATION</b>	EIN <b>86-0864100</b>
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<b>Certification</b> Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.		
<b>Please Sign Here</b>	_____	_____
Officer's Signature	Date	<b>EXECUTIVE DIRECTOR</b> Title
<b>Paid Preparer's Use Only</b>	_____	_____
Preparer's Signature	Date	<b>P00182147</b> Preparer's PTIN
<b>R &amp; A CPAS A PROFESSIONAL CORPORATION</b>	_____	<b>86-0550947</b>
Firm's Name (or Preparer's Name, if self-employed)		Firm's <input checked="" type="checkbox"/> EIN or <input type="checkbox"/> SSN
<b>4542 E. CAMP LOWELL STE. 100</b>	_____	_____
<b>TUCSON, AZ</b>	<b>85712</b>	<b>(520) 881-4900</b>
Firm's Address	ZIP Code	Firm's Telephone Number

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix AZ 85072-2153

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AZ 99 COST OF GOODS SOLD STATEMENT 1

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COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR . . . . .		
2. MERCHANDISE PURCHASED. . . . .		
3. COST OF LABOR. . . . .		
4. MATERIALS AND SUPPLIES . . . . .	50,946	
5. OTHER COSTS. . . . .	21	
6. ADD LINES 1 THROUGH 5 . . . . .		50,967
7. INVENTORY AT END OF YEAR . . . . .		
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		50,967

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AZ 99 DEPRECIATION/AMORTIZATION EXPENSE STATEMENT 2

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DESCRIPTION	AMOUNT
DEPRECIATION/AMORTIZATION	24,591.
TOTAL TO FORM 99, PAGE 1, LINE 18	24,591.

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AZ 99 COST OF GOODS SOLD - OTHER COSTS STATEMENT 3

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DESCRIPTION	AMOUNT
OTHER COSTS	21.
TOTAL INCLUDED ON FORM 99, LINE 2	21.

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AZ 99 OTHER INCOME STATEMENT 4

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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	33,506.
RENTAL INCOME	167,272.
MANAGEMENT FEES	42,628.
TOTAL TO FORM 99, PAGE 1, LINE 11	243,406.

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AZ 99 MISC EXPENSES STATEMENT 5

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DESCRIPTION	AMOUNT
DIRECT EXPENSES OF FUNDRAISING EVENTS	145,424.
OTHER EMPLOYEE BENEFITS	60,856.
ACCOUNTING FEES	15,601.
OTHER PROFESSIONAL FEES	25,148.
OFFICE EXPENSES	26,908.
INFORMATION TECHNOLOGY	7,748.
TRAVEL	8,361.
INSURANCE	39,411.
PRINTING AND NEWSLETTER	71,319.
CAPITAL BUDGET	5,020.
FUNDRAISING	19,151.
ALL OTHER EXPENSES	45,930.
TOTAL TO FORM 99, PAGE 1, LINE 19	470,877.

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AZ 99 OTHER ASSETS STATEMENT 6

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DESCRIPTION	BEG OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	1,134,755.	1,018,344.
PREPAID EXPENSES AND DEFERRED CHARGES	16,075.	61,084.
DUE FROM AFFILIATE	4,219.	44,980.
DONATED TIMESHARE/LAND	9,500.	9,500.
MUTUAL FUNDS	46,470.	49,506.
PARTNERSHIP INTEREST	234,294.	255,656.
TOTAL TO FORM 99, PAGE 2, LINE C8	1,445,313.	1,439,070.

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AZ 99 MORTGAGES AND OTHER NOTES PAYABLE STATEMENT 7

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DESCRIPTION	BEG OF YEAR	END OF YEAR
MORTGAGES/NOTES TO UNRELATED 3RD PARTIES	596,140.	533,655.
TOTAL TO FORM 99, PAGE 2, LINE C11	596,140.	533,655.

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AZ 99 OTHER LIABILITIES STATEMENT 8

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DESCRIPTION	BEG OF YEAR	END OF YEAR
TENANT SECURITY DEPOSITS	7,575.	6,243.
CONTRIBUTIONS, GIFTS, GRANTS PAYABLE	60,017.	42,894.
TOTAL TO FORM 99, PAGE 2, LINE C12	67,592.	49,137.

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AZ 99 OTHER EXPENSES STATEMENT 9

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DESCRIPTION	AMOUNT
OTHER SALARIES AND WAGES	1,464,652.
OTHER EMPLOYEE BENEFITS	211,312.
PAYROLL TAXES	124,094.
LEGAL FEES	2,374.
OFFICE EXPENSES	65,887.
INFORMATION TECHNOLOGY	22,785.
OCCUPANCY	164,075.
TRAVEL	83,174.
INTEREST	10,057.

DEPRECIATION/AMORTIZATION	95,859.
INSURANCE	3,578.
SUBRECIPIENT EXPENSES	277,337.
PRINTING AND NEWSLETTER	14,034.
CAPITAL BUDGET	19,141.
FUNDRAISING	3,541.
ALL OTHER EXPENSES	12,689.
	<hr/>
TOTAL TO FORM 99, PAGE 2, SCHEDULE A, LINE A5	2,574,589.
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