

## TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2017

<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>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning JUL 1, 2016, and ending JUN 30, 2017

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

# 2016

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Employer identification number

**SOUTHERN ARIZONA AIDS FOUNDATION**

PLEASE SIGN & RETURN TO US  
THANKS!

86-0864100

Name and title of officer

**WENDELL HICKS  
EXECUTIVE DIRECTOR**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>11,464,443.</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize R & A CPAS A PROFESSIONAL CORPORATION to enter my PIN 85712  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Wendell Hicks* Date ▶ 5/15/18

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

86102385712  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Amil F/M* Date ▶ 5/15/18

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

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

**2016**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SOUTHERN ARIZONA AIDS FOUNDATION</b> Doing business as		<b>D</b> Employer identification number <b>86-0864100</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>375 S. EUCLID AVENUE</b>	<b>E</b> Telephone number <b>(520) 628-7223</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>TUCSON, AZ 85719</b>		<b>G</b> Gross receipts \$ <b>11,746,577.</b>
	<b>F</b> Name and address of principal officer: <b>MIGUEL CRUZ</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>I</b> Tax-exempt status: <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(c)</b> Group exemption number ▶

**J** Website: ▶ **WWW.SAAF.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1997** **M** State of legal domicile: **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> <b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a) <b>5</b> <b>94</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>1292</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>9,171,611.</b> <b>11,244,830.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>313,573.</b> <b>263,893.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>5,797.</b> <b>2,927.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>-73,041.</b> <b>-47,207.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>9,417,940.</b> <b>11,464,443.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>4,445,688.</b> <b>5,400,056.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>3,047,280.</b> <b>3,521,515.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>642,370.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>1,035,864.</b> <b>1,466,805.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>8,528,832.</b> <b>10,388,376.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>889,108.</b> <b>1,076,067.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>5,409,221.</b> <b>6,191,445.</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>1,539,490.</b> <b>1,230,885.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>3,869,731.</b> <b>4,960,560.</b>

**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 <b>DAVID SAMER</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00182147</b>
	Firm's name ▶ <b>R &amp; A CPAS A PROFESSIONAL CORPORATION</b>	Firm's EIN ▶ <b>86-0550947</b>	Firm's address ▶ <b>4542 E. CAMP LOWELL STE. 100 TUCSON, AZ 85712</b>		
					Phone no. (520) <b>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 or note to any line 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 \$ 7,680,724. including grants of \$ 5,228,669. ) (Revenue \$ 203,960. ) CARE SERVICES: THE CARE SERVICES DEPARTMENT ENSURES THAT PEOPLE LIVING WITH HIV/AIDS HAVE ACCESS TO THE SERVICES THEY NEED TO MAINTAIN OPTIMAL HEALTH AND LIVE AS INDEPENDENTLY AND SAFELY AS POSSIBLE. CARE SERVICES EXPANDED IN FY 16/17 BY OPENING SATELLITE OFFICES IN S. TUCSON AND BOTH COCONINO AND YUMA COUNTIES. THE HOUSING SERVICES STAFF IS NOW BASED AT OUR S. TUCSON OFFICE. THE STAFF IN FLAGSTAFF AND YUMA ARE COORDINATING HOUSING SERVICES FOR PEOPLE LIVING WITH HIV IN COLLABORATION WITH MEDICAL CASE MANAGERS IN THOSE AREAS. SAAF CONTINUES TO PROVIDE CRISIS INTERVENTION, CASE MANAGEMENT AND SUPPORT TO LGBT COMMUNITY MEMBERS EXPERIENCING VIOLENCE AND HARASSMENT THROUGH OUR ANTI-VIOLENCE PROJECT. CARE SERVICES PROGRAMS ARE GROUPED INTO THREE PRIMARY AREAS: CASE MANAGEMENT, SUPPORT SERVICES, AND HOUSING SERVICES.

4b (Code: ) (Expenses \$ 1,192,202. including grants of \$ 171,387. ) (Revenue \$ 59,933. ) 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. PREVENTION SERVICES TARGETED POPULATIONS AT INCREASED RISK OF HIV INFECTION OR TRANSMISSION, HEPATITIS C INFECTION, SUBSTANCE USE, SEXUAL ASSAULT, AND SUICIDE. COMMUNITIES SERVED INCLUDED GAY/BISEXUAL MEN AND OTHER MEN WHO HAVE SEX WITH MEN (MSM); MEN AND WOMEN WHO INJECT DRUGS, HAVE A HISTORY OF INJECTION DRUG USE, ARE CURRENTLY IN DRUG TREATMENT, AND/OR HAVE A HISTORY OF INCARCERATION; YOUTH, INCLUDING YOUNG PEOPLE OF COLOR, LGBTQ YOUTH, AND ADJUDICATED YOUTH; AND PEOPLE LIVING WITH HIV/AIDS.

4c (Code: ) (Expenses \$ 47,292. including grants of \$ ) (Revenue \$ ) 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. VOLUNTEERS MADE AN IMPACT BY HELPING TO SUPPORT A HEALTHIER AND STIGMA-FREE COMMUNITY THROUGH ADVOCACY, OUTREACH, AND SUPPORT.

IN 2017, 1,292 VOLUNTEERS PROVIDED 16,558 VOLUNTEER HOURS WHICH EQUATES TO APPROXIMATELY \$358,315, 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 8,920,218.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	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> .....		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 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<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>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) 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> .....		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> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		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> .....		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> .....		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> .....		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> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	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> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		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> .....		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> .....		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> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		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>36</b> <b>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> .....		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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	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 or note to any line in this Part V

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, and 720.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (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 Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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, address, and telephone number of the person who possesses the organization's books and records: 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 or note to any line 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) JULIET YARDY PRESIDENT	1.00	X		X				0.	0.	0.
(2) TRISH KORDAS 1ST VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(3) MIGUEL CRUZ IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(4) KEVIN MCCOY SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(5) ARLETTE STEVENS-CASTANO DIRECTOR	1.00	X						0.	0.	0.
(6) CARLA JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(7) GWEN VALENTINE DIRECTOR	1.00	X						0.	0.	0.
(8) ALEJANDRA GERARDO DIRECTOR	1.00	X						0.	0.	0.
(9) MARY DORAIS DIRECTOR	1.00	X						0.	0.	0.
(10) MIMI PETRO DIRECTOR	1.00	X						0.	0.	0.
(11) PAM MEICHEL DIRECTOR	1.00	X						0.	0.	0.
(12) BODO LEE DIRECTOR	1.00	X						0.	0.	0.
(13) FRED RONSTADT DIRECTOR	1.00	X						0.	0.	0.
(14) MANNY MALDONADO DIRECTOR	1.00	X						0.	0.	0.
(15) MO MOSLEM DIRECTOR	1.00	X						0.	0.	0.
(16) WENDELL HICKS EXECUTIVE DIRECTOR	40.00			X				108,961.	0.	7,912.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
<b>1b Sub-total</b> .....							108,961.	0.	7,912.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							108,961.	0.	7,912.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
DELTA DENTAL OF ARIZONA PO BOX 80020, CITY OF INDUSTRY, CA 81716	CLIENT DENTAL SERVICES	1,325,077.
JUNIPER CANYON APARTMENTS 3055 N FLOWING WELLS, TUCSON, AZ 85705	CLIENT RENTAL ASSISTANCE	126,379.
LA MIRADA APARTMENTS 4415 E GRANT RD, TUCSON, AZ 85712	CLIENT RENTAL ASSISTANCE	117,892.
SUNFLOWER APARTMENTS, L.L.C. 6502 E GOLF LINKS RD, TUCSON, AZ 85730	CLIENT RENTAL ASSISTANCE	104,904.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line 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 - 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>	245,167.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	9,419,486.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	1,580,177.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		122,896.				
	<b>h Total.</b> Add lines 1a-1f .....		11,244,830.				
<b>Program Service Revenue</b>	<b>2 a</b> RENTAL INCOME .....	<b>Business Code</b>					
		531390	212,226.	212,226.			
	<b>b</b> MANAGEMENT FEES .....	900099	51,667.	51,667.			
	<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 .....		263,893.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,927.			2,927.	
	<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 \$ 245,167. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	196,788.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	248,692.			
<b>c</b> Net income or (loss) from fundraising events .....			-51,904.			-51,904.	
<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>	38,139.					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>	33,442.				
	<b>c</b> Net income or (loss) from sales of inventory .....		4,697.			4,697.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 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. ....			11,464,443.	263,893.	0.	-44,280.	

**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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,400,056.	5,400,056.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,786,078.	2,125,690.	398,833.	261,555.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	526,374.	423,562.	57,998.	44,814.
10 Payroll taxes	209,063.	168,228.	23,036.	17,799.
11 Fees for services (non-employees):				
a Management				
b Legal	6,550.		6,550.	
c Accounting	22,865.		22,865.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	265,436.	137,317.	32,997.	95,122.
12 Advertising and promotion				
13 Office expenses	111,551.	72,684.	23,598.	15,269.
14 Information technology	58,584.	44,132.	10,862.	3,590.
15 Royalties				
16 Occupancy	304,586.	222,417.	54,823.	27,346.
17 Travel	154,069.	130,961.	9,887.	13,221.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	29,340.	2,656.	26,684.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	147,715.	104,585.	37,251.	5,879.
23 Insurance	61,457.	3,916.	55,789.	1,752.
24 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.)				
a <b>PRINTING AND NEWSLETTER</b>	161,021.	22,106.	3,495.	135,420.
b _____				
c _____				
d _____				
e All other expenses _____	143,631.	61,908.	61,120.	20,603.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>10,388,376.</b>	<b>8,920,218.</b>	<b>825,788.</b>	<b>642,370.</b>
<b>26 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 or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	500.	<b>1</b>	656,803.
	<b>2</b> Savings and temporary cash investments .....	19,979.	<b>2</b>	18,571.
	<b>3</b> Pledges and grants receivable, net .....	1,798,907.	<b>3</b>	1,887,850.
	<b>4</b> Accounts receivable, net .....	84,379.	<b>4</b>	70,012.
	<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 .....		<b>5</b>	
	<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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	10,944.	<b>8</b>	9,279.
	<b>9</b> Prepaid expenses and deferred charges .....	247,746.	<b>9</b>	260,294.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,670,318.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,872,103.	<b>10c</b>	2,798,215.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	475,346.	<b>15</b>	490,421.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	5,409,221.	<b>16</b>	6,191,445.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	738,120.	<b>17</b>	492,353.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	793,560.	<b>23</b>	730,035.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<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 .....	7,810.	<b>25</b>	8,497.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,539,490.	<b>26</b>	1,230,885.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	3,415,465.	<b>27</b>	4,090,699.
	<b>28</b> Temporarily restricted net assets .....	454,266.	<b>28</b>	869,861.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	3,869,731.	<b>33</b>	4,960,560.	
<b>34</b> Total liabilities and net assets/fund balances .....	5,409,221.	<b>34</b>	6,191,445.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,464,443.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,388,376.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,076,067.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,869,731.
5	Net unrealized gains (losses) on investments	5	14,762.
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	4,960,560.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line 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?		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			
2b	Were the organization's financial statements audited by an independent accountant?	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			
2c	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?	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?	X	
3b	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	X	

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

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Copy  
OMB No. 1545-0047

**2016**

Open to Public  
Inspection

<b>Name of the organization</b> SOUTHERN ARIZONA AIDS FOUNDATION	<b>Employer identification number</b> 86-0864100
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**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 or 990-EZ).)
- 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 in 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		
<b>Total</b>						

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6,986,351.	6,774,973.	6,944,826.	9,171,611.	11,244,830.	41,122,591.
<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 .....	6,986,351.	6,774,973.	6,944,826.	9,171,611.	11,244,830.	41,122,591.
<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.						41,122,591.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	6,986,351.	6,774,973.	6,944,826.	9,171,611.	11,244,830.	41,122,591.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	277.	3,940.	5,311.	6,353.	2,927.	18,808.
<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 VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						41,141,399.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,296,112.
<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 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.95 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	99.95 %
<b>16a 33 1/3% support test - 2016.</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 - 2015.</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 - 2016.</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 VI 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 - 2015.</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 VI 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 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

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in 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 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2015 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2016. 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 - 2015. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described in (2), 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.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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>b</b> Did the activities described in (a) 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.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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? Provide details in Part VI.			
<b>b</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.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<b>Distributable Amount.</b> 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).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

**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.)

Horizontal lines for supplemental information input.

**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.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Copy

OMB No. 1545-0047

**2016**

Name of the organization

SOUTHERN ARIZONA AIDS FOUNDATION

Employer identification number

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, 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 or 990-EZ), 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, 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, 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 its Form 990-PF, Part I, line 2, to certify that it doesn't 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) (2016)

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	\$ 1,837,705.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	US DEPT OF HEALTH & HUMAN SERVICES  200 INDEPENDENCE AVE S.W.  WASHINGTON, DC 20201	\$ 7,129,558.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	US DEPT OF JUSTICE  950 PENNSYLVANIA AVE NW  WASHINGTON, DC 20530	\$ 273,378.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

SOUTHERN ARIZONA AIDS FOUNDATION

86-0864100

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
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

**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 info. 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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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**2016**  
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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of 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" on 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 a 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, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2016

**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):
- |   |   |
|---|---|
| <p><b>a</b> <input type="checkbox"/> Public exhibition</p> <p><b>b</b> <input type="checkbox"/> Scholarly research</p> <p><b>c</b> <input type="checkbox"/> Preservation for future generations</p> | <p><b>d</b> <input type="checkbox"/> Loan or exchange programs</p> <p><b>e</b> <input type="checkbox"/> Other _____</p> |
|---|---|
- 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?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on 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?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					47,293.
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					47,293.
<b>f</b> Administrative expenses .....					
<b>g</b> 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 on 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:
- |   |               |    |
|---|---------------|----|
|   | Yes           | No |
| <b>(i)</b> unrelated organizations .....  | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		513,074.		513,074.
<b>b</b> Buildings .....		3,883,720.	1,720,024.	2,163,696.
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		213,393.	132,515.	80,878.
<b>e</b> Other .....		60,131.	19,564.	40,567.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				2,798,215.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DONATED TIMESHARE / LAND	9,500.
(2) MUTUAL FUNDS	429,880.
(3) PARTNERSHIP INTEREST	34,636.
(4) DUE FROM AFFILIATE	16,405.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	490,421.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TENANT SECURITY DEPOSITS	8,497.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,497.

2. Liability for uncertain tax positions. 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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements		1	11,849,941.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a	14,761.	
b Donated services and use of facilities	2b	158,087.	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d	111,001.	
e Add lines 2a through 2d	2e		283,849.
3 Subtract line 2e from line 1		3	11,566,092.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b	-101,649.	
c Add lines 4a and 4b	4c		-101,649.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	11,464,443.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements		1	10,807,174.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a	158,087.	
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d	192,505.	
e Add lines 2a through 2d	2e		350,592.
3 Subtract line 2e from line 1		3	10,456,582.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b	-68,206.	
c Add lines 4a and 4b	4c		-68,206.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	10,388,376.

**Part XIII Supplemental Information.**

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). ACCORDINGLY, NO SEPARATE PROVISION FOR INCOME TAX HAS BEEN MADE  
 IN THESE FINANCIAL STATEMENTS.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

**Part XIII** Supplemental Information (continued)

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 TAX EXAMINATIONS FOR YEARS BEFORE 2013 AND STATE TAX EXAMINATIONS FOR YEARS BEFORE 2012, UNLESS SPECIFIC CONDITIONS ARE MET.

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

REVENUES OF CONSOLIDATED ENTITY	162,668.
ELIMINATING ENTRIES	-51,667.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	111,001.

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

COST OF MERCHANDISE SOLD	-33,442.
OTHER ADJUSTMENTS	-68,207.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-101,649.

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

COST OF MERCHANDISE SOLD	33,442.
EXPENSES OF CONSOLIDATED ENTITY	210,730.
ELIMINATING ENTRIES	-51,667.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	192,505.

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







**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		AIDS WALK (event type)	FESTIVAL (event type)	4 (total number)	
1	Gross receipts .....	118,001.	187,406.	136,548.	441,955.
2	Less: Contributions .....	56,627.	138,609.	49,931.	245,167.
3	Gross income (line 1 minus line 2) .....	61,374.	48,797.	86,617.	196,788.
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....	66,002.	38,662.	144,027.
10	Direct expense summary. Add lines 4 through 9 in column (d) .....				248,692.
11	Net income summary. Subtract line 10 from line 3, column (d) .....				-51,904.

**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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue .....				
Direct Expenses	2	Cash prizes .....			
	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	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
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: \_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance
CLIENT SERVICES AND SUPPORT	1403	5,228,669.	30,134.	ACTUAL CASH VALUE; FMV OF DONATIONS	MEDICAL/DENTAL INSURANCE, COUNSELING, FOOD, HOUSING, TRANSPORTATION

**Part IV Supplemental Information.** 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

**2016**

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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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 ▶ ( <b>SPECIAL EVENT</b> )	X	10	122,896.FMV	
26 Other ▶ ( <b>ASSISTANCE</b> )	X	74	30,134.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 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't 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) (2016)

**Part II** **Supplemental Information.** 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.

Lined area 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Copy

OMB No. 1545-0047

**2016**

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:

OF ALL THE PEOPLE SERVED LAST YEAR, 92% WERE LOW INCOME, WITH 52%  
LIVING BELOW THE POVERTY LEVEL. DUE TO THE ONGOING ECONOMIC CONDITIONS  
AND THE STRESS OF LIVING WITH LIMITED INCOMES, THE DEMAND REMAINED HIGH  
FOR BASIC SUPPORT SERVICES INCLUDING HOUSING, FOOD, TRANSPORTATION,  
EMERGENCY RENT AND UTILITY ASSISTANCE, AS WELL AS ESSENTIAL MEDICAL  
SERVICES INCLUDING DENTAL CARE AND MEDICATIONS ASSISTANCE.

ONCE AGAIN, SAAF PROVIDED SERVICES TO THE GREATEST NUMBER OF PEOPLE IN  
ITS HISTORY, SERVING 1,403 PEOPLE LIVING WITH HIV/AIDS IN SOUTHERN  
ARIZONA AND THEIR HOUSEHOLD MEMBERS. OF THESE, 162 WERE NEW CLIENTS TO  
SAAF.

CASE MANAGEMENT SERVICES:

- CASE MANAGEMENT PROVIDED NEEDS ASSESSMENTS, THE DEVELOPMENT OF CARE  
AND ACTION PLANS, AND PROVISION OF OR REFERRAL TO NECESSARY SERVICES.

- PEER COUNSELING PROVIDED PEOPLE LIVING WITH HIV/AIDS WITH A CARING  
PERSON LIVING WITH OR DEEPLY AFFECTED BY HIV/AIDS, FROM WHOM THEY CAN  
RECEIVE SUPPORT AND INFORMATION.

- CASE MANAGEMENT WAS PROVIDED THROUGH OUR ANTI-VIOLENCE PROJECT FOR  
LGBTQ SURVIVORS OF VIOLENCE. THESE SERVICES INCLUDE SAFETY PLANNING,  
GOAL PLANNING, BASIC NEEDS, SHELTER, ADVOCACY, AND SUPPORT NAVIGATING

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

Schedule O (Form 990 or 990-EZ) (2016)

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

THE LEGAL SYSTEM.

- CASE MANAGEMENT WAS ALSO PROVIDED TO CHRONICALLY HOMELESS PERSONS IN A NEW PROGRAM COMPONENT SERVING CHRONICALLY HOMELESS PERSONS REGARDLESS OF THEIR HIV STATUS.

SUPPORT SERVICES:

- COMPLEMENTARY THERAPIES
- DENTAL SERVICES (PROVIDED STATEWIDE EXCEPT FOR MARICOPA AND PINAL COUNTIES)
- FOOD AND NUTRITION SERVICES, INCLUDING THE FOOD FOR LIFE PROGRAM AND THE FOOD PANTRY, ENSURE DISTRIBUTION, HARVEST DAYS, EMERGENCY MEALS
- HOLIDAY PROJECT
- MEDICATION BENEFITS MANAGEMENT FOR THOSE ENROLLED THROUGH THE AFFORDABLE CARE ACT FEDERALLY FACILITATED MARKETPLACE'S (PROVIDED STATEWIDE)
- MEDICAL BENEFITS COST SHARING ASSISTANCE FOR THOSE ENROLLED IN STATEWIDE ADAP ASSIST
- MEDICATIONS ASSISTANCE
- SUPPORT GROUPS
- TRANSPORTATION SERVICES
- WELLNESS AND BUYERS' CLUB
- CLOTHING VOUCHERS
- HYGIENE/CLEANING SUPPLIES
- OTHER PERSONAL SUPPORT SERVICES

HOUSING SERVICES:

- 295 HOUSEHOLDS SERVED THROUGH SAAF HOUSING PROGRAMS IN PIMA COUNTY
- 432 TOTAL PERSONS SERVED THROUGH SAAF HOUSING PROGRAMS IN PIMA

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

COUNTY

- 87 TOTAL PERSONS SERVED THROUGH SAAF HOPWA PROGRAM PROVIDING MOVE-IN ASSISTANCE AND SHORT-TERM FINANCIAL ASSISTANCE TO HELP PAY RENT, MORTGAGE, AND UTILITY BILLS

- 67 HOUSEHOLDS THROUGH SAAF HOPWA PROGRAM PROVIDING MOVE-IN ASSISTANCE AND SHORT-TERM FINANCIAL ASSISTANCE TO HELP PAY RENT, MORTGAGE, AND UTILITY BILLS

- 13 HOUSEHOLDS SERVED THROUGH HOMELESS PREFERENCE SECTION 8 VOUCHERS IN PARTNERSHIP WITH CITY OF TUCSON

- 15 TOTAL PERSONS SERVED THROUGH HOMELESS PREFERENCE SECTION 8 VOUCHERS IN PARTNERSHIP WITH CITY OF TUCSON

- 14 HOUSEHOLDS SERVED THROUGH SAAF HOUSING SERVICES IN THE BALANCE OF STATE

- 21 TOTAL PERSONS SERVED THROUGH SAAF HOUSING SERVICES IN THE BALANCE OF STATE

THROUGH YOUR SUPPORT SAAF WAS ABLE TO OFFER A COMPREHENSIVE ARRAY OF SERVICES THAT MADE A GREAT IMPACT FOR MANY PEOPLE LAST YEAR.

- 1,303 PEOPLE RECEIVED CASE MANAGEMENT AND PEER COUNSELING SERVICES

- 636 PEOPLE ACCESSED DENTAL SERVICES THROUGH A CONTRACT WITH DELTA DENTAL

- 569 PEOPLE RECEIVED FOOD ASSISTANCE

- 149 PEOPLE RECEIVED MEDICAL COST SHARING ASSISTANCE

- 795 PEOPLE RECEIVED TRANSPORTATION SERVICES

- 142 PEOPLE RECEIVED ASSISTANCE THROUGH THE HOLIDAY PROJECT

- 5 PEOPLE RECEIVED MEDICATIONS ASSISTANCE

- 82 HOUSEHOLDS RECEIVED EMERGENCY SHORT-TERM RENT, MORTGAGE, AND

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

UTILITY ASSISTANCE OR MOVE-IN DEPOSITS

- 137 PEOPLE ACCESSED SERVICES OF THE COMPLEMENTARY THERAPIES PROGRAM

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

SAAF PROVIDED EFFECTIVE BEHAVIORAL INTERVENTIONS, PUBLIC HEALTH STRATEGIES AND HEALTH EDUCATION AND RISK REDUCTION ACTIVITIES THAT INCLUDED OUTREACH, INDIVIDUAL-LEVEL INTERVENTIONS, GROUP-LEVEL INTERVENTIONS, COMMUNITY-LEVEL INTERVENTIONS, HEALTH EDUCATION/PUBLIC INFORMATION, AND SOCIAL MEDIA STRATEGIES.

PREVENTION PROGRAMS CONDUCTED THE FOLLOWING ACTIVITIES THROUGH THE IMPLEMENTATION OF 14 INITIATIVES:

- OVER 1,000 INDIVIDUALS RECEIVED ONE-ON-ONE SUPPORT, RISK-REDUCTION COUNSELING, AND/OR RESOURCE AND REFERRAL SERVICES
  - OVER 900 PEOPLE RECEIVED EDUCATION, SKILLS BUILDING, AND/OR TRAINING THROUGH THE IMPLEMENTATION OF 45 GROUP-LEVEL INTERVENTIONS
  - OVER 180 OUTREACH EVENTS REACHING APPROXIMATELY 50,000 INDIVIDUALS
  - ALMOST 100,000 PEOPLE WERE REACHED THROUGH SOCIAL MEDIA MESSAGING
  - OVER 1,200 INDIVIDUALS RECEIVED EDUCATION ON HIV, VIRAL HEPATITIS, SUBSTANCE USE, LGBTQ ISSUES, AND HARM REDUCTION THROUGH 54 COMMUNITY EDUCATION EVENTS
  - JUST OVER 250,000 CONDOMS AND OTHER SAFER SEX MATERIALS WERE DISTRIBUTED IN OUR COMMUNITY
- HIV COUNSELING AND TESTING WAS PROVIDED BY TRAINED SAAF STAFF. TESTING WAS AVAILABLE AT SAAF, BEHAVIORAL HEALTH AGENCIES, LOCAL BARS, WALGREEN'S LOCATIONS, UOA, AND AT COMMUNITY EVENTS THROUGHOUT THE YEAR.

CONFIDENTIAL HIV TESTING USING 4TH GENERATION HIV RAPID TESTING

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

TECHNOLOGIES WAS AVAILABLE. LAST YEAR APPROXIMATELY 1,893 PEOPLE RECEIVED HIV RAPID TESTING SERVICES AT SAAF, BEHAVIORAL HEALTH AGENCIES IN PINAL COUNTY, COMMUNITY LOCATIONS INCLUDING THREE WALGREEN'S LOCATIONS, AND AT MOBILE-TESTING EVENTS. HEPATITIS C RAPID TESTING WAS ALSO MADE AVAILABLE TO PEOPLE WHO INJECT DRUGS OR HAVE A HISTORY OF INJECTION DRUG USE. APPROXIMATELY 500 HEPATITIS C RAPID TESTS WERE CONDUCTED AT SAAF AND IN COLLABORATION WITH BEHAVIORAL HEALTH ORGANIZATIONS IN TUCSON.

PREVENTION PROGRAMMING:

HIV TESTING

- HIV COUNSELING, TESTING, AND REFERRAL
- ALERE DETERMINE COMBO TEST (20 MINUTES)
- SAAF TESTING MONDAY-FRIDAY
- RURAL TESTING (PINAL COUNTY)
- COMMUNITY EVENTS/OUTREACH TESTING

ADULT PROGRAMS:

PRE-EXPOSURE PROPHYLAXIS (PREP) NAVIGATION SERVICES

- FOR PEOPLE AT-RISK OF HIV TRANSMISSION
- EDUCATION AND SUPPORT
- READINESS ASSESSMENTS, BENEFITS COORDINATION, AND REFERRALS TO

MEDICAL PROVIDERS

MEN'S SEXUAL HEALTH AND PERSONAL EMPOWERMENT (MSHAPE)

- FOR MSM
- CONDOM DISTRIBUTION

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

- SUPPORT AROUND BEHAVIOR CHANGE, SUBSTANCE USE & ABUSE, RISK REDUCTION

- PEER DRIVEN AND PEER LED

ONE LIFE

- FOR CURRENT AND FORMER SUBSTANCE USERS, PRIMARILY IDU

- SELF-HELP IN ELIMINATING LIFE-THREATENING DISEASES (SHIELD): A SMALL-GROUP HIV RISK REDUCTION INTERVENTION FOR CURRENT AND FORMER SUBSTANCE USING MEN AND WOMEN.

- POPULAR OPINION LEADER: A SMALL-GROUP HIV RISK REDUCTION AND PEER LED HIV RISK REDUCTION INTERVENTION FOR MSM.

- HEPATITIS C TESTING AND EDUCATION

o HEPATITIS RAPID TESTING (20 MINUTES)

o RISK REDUCTION

o CONNECT PEOPLE WHO ARE REACTIVE TO CONFIRMATORY TESTING AND MEDICAL CARE THROUGH EL RIO

o TESTING CONDUCTED AT NUMEROUS SITES IN TUCSON, INCLUDING SAAF

SYRINGE ACCESS PROGRAM (SAP): MONDAY, WEDNESDAY, THURSDAY

- ACCESS TO HIV AND HEP C TESTING

- ACCESS TO CLEAN WORKS, BLEACH KITS, HYGIENE ITEMS

- BUILD RELATIONSHIPS WITH STAFF AND ACCESS HEALTH RELATED INFORMATION, INCLUDING OPTIONS FOR TREATMENT

YOUTH PROGRAMS:

- YOUTH EMPOWERMENT AND LGBTQ LEADERSHIP (YELL): SUBSTANCE ABUSE

EDUCATION/REDUCTION AND COALITION BUILDING

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

- HIV YOUTH PEER EDUCATION (HYPE): HIV EDUCATION AND PEER SUPPORT
- ARIZONA LIFE LINKS FOR YOUTH (ALLY): SUICIDE PREVENTION, LGBTQ YOUTH, ARTS INITIATIVE WITH THE UNIVERSITY OF ARIZONA MUSEUM OF ART.
- ANCHOR: COLLABORATION WITH SIROW. SAAF PROVIDED EDUCATION AND WORKPLACE DEVELOPMENT ACTIVITIES TO LGBTQ YOUNG ADULTS
- EON YOUTH LOUNGE: SAAF PROVIDES HIV TESTING AND HIV/STI PREVENTION; EDUCATION, SUPPORT, AND A SAFE SPACE FOR LGBTQ YOUTH
- YOUTH LIFE PROJECT: SEXUAL AND DATING VIOLENCE PREVENTION AND EDUCATION.
- YOUR STORY: SUBSTANCE ABUSE AND HIV EDUCATION AND PREVENTION SERVICES FOR YOUTH AND YOUNG ADULTS OF COLOR. HIV, HCV, AND HBV TESTING SERVICES; CAPACITY BUILDING AND SOCIAL MARKETING
- AZTEC PROACTIVE PREVENTION PROJECT: A COLLABORATION WITH PIMA COMMUNITY COLLEGE, THE PROGRAM AIMS TO REDUCE SUBSTANCE ABUSE AND HIV BY PROVIDING EDUCATION, GROUP-LEVEL INTERVENTIONS, HIV AND HCV TESTING, AND SUPPORT SERVICES TO STUDENTS IN THE PCC DESERT VISTA AND WEST CAMPUSES.

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

FORM 990, PART VI, SECTION B, LINE 15A:  
SAAF USED THE NON-PROFIT SALARY SURVEY THAT WE PARTICIPATED IN AND ALSO

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

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 THE ORGANIZATION'S OVERSIGHT NOR ITS SELECTION PROCESS HAS  
CHANGED FROM THE PRIOR YEAR.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

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

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on 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" on 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			X

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on 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) Disproportionate 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" on 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" on 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.

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

**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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) STEPHENSON PLACE	L	17,400.	ACTUAL AMOUNT PAID
(2) STEPHENSON PLACE	Q	34,267.	ACTUAL AMOUNT PAID
(3)			
(4)			
(5)			
(6)			



Copy

**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Form with fields for Type or print, Name of exempt organization (SOUTHERN ARIZONA AIDS FOUNDATION), Employer identification number (86-0864100), Number, street, and room or suite no. (375 S. EUCLID AVENUE), Social security number (SSN), and City, town or post office, state, and ZIP code (TUCSON, AZ 85719).

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Rows include Form 990 or Form 990-EZ, Form 990-BL, Form 4720 (individual), Form 990-PF, Form 990-T (sec. 401(a) or 408(a) trust), and Form 990-T (trust other than above).

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.

1 I request an automatic 6-month extension of time until MAY 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year or
[X] tax year beginning JUL 1, 2016, and ending JUN 30, 2017

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

Table with 3 columns: Description, 3a, 3b, 3c. Rows include nonrefundable credits, refundable credits and estimated tax payments made, and Balance due.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

## 2016 TAX RETURN FILING INSTRUCTIONS

ARIZONA FORM 99

FOR THE YEAR ENDING

JUNE 30, 2017

<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>To be signed and dated by</b>	THE AUTHORIZED INDIVIDUAL(S).															
<b>Amount of tax</b>	<table> <tr> <td>Total tax</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>Less: payments and credits</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>Plus: other amount</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>Plus: interest and penalties</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>NO PMT REQUIRED</td> <td>\$</td> <td></td> </tr> </table>	Total tax	\$	0.00	Less: payments and credits	\$	0.00	Plus: other amount	\$	0.00	Plus: interest and penalties	\$	0.00	NO PMT REQUIRED	\$	
Total tax	\$	0.00														
Less: payments and credits	\$	0.00														
Plus: other amount	\$	0.00														
Plus: interest and penalties	\$	0.00														
NO PMT REQUIRED	\$															
<b>Overpayment</b>	<table> <tr> <td>Credited to your estimated tax</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>Other amount</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>Refunded to you</td> <td>\$</td> <td>0.00</td> </tr> </table>	Credited to your estimated tax	\$	0.00	Other amount	\$	0.00	Refunded to you	\$	0.00						
Credited to your estimated tax	\$	0.00														
Other amount	\$	0.00														
Refunded to you	\$	0.00														
<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, 2018															
<b>Special Instructions</b>																

Arizona Exempt Organization Annual Information Return 2016

For the  calendar year 2016 or  fiscal year beginning 07/01/2016 and ending 06/30/2017.

<b>CHECK ONE:</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name <b>SOUTHERN ARIZONA AIDS FOUNDATION</b>	Employer Identification Number (EIN) <b>86-0864100</b>
	Address - number and street or PO Box <b>375 S EUCLID AVENUE</b>	
Business Telephone Number (with area code) <b>(520) 628-7223</b>	City, Town or Post Office <b>TUCSON, AZ 85719</b>	State ZIP Code

**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) \_\_\_\_\_

Check box if return filed under extension:  
**82** 82F

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.  
**88**

**81** PM **66** RCVD

**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, include a schedule that lists the following ownership information: 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) \_\_\_\_\_

**Sources of Income**

1	Gross sales from business activities	1	234,927	00	STATEMENT 1
2	Less cost of goods sold or of operations: Include itemized statement	2	33,442	00	
3	Gross profit from business activities: Subtract line 2 from line 1	3	201,485	00	
4	Interest	4	2,927	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	11,244,830	00	
11	Other income: Include itemized statement	11	278,655	00	
12	Total income: Add lines 3 through 11	12	11,727,897	00	

**Administrative Expenses**

13	Compensation of officers, directors, trustees, etc.	13		00	STATEMENT 2 STATEMENT 4
14	Salaries and wages other than amounts included on line 2	14	660,388	00	
15	Interest	15	26,684	00	
16	Taxes	16	40,835	00	
17	Rent expense	17	82,169	00	
18	Depreciation: Include schedule	18	43,130	00	
19	Miscellaneous expenses: Include itemized statement	19	863,644	00	
20	Total expenses: Add lines 13 through 19	20	1,716,850	00	

**Disbursements**

21	Disbursements from current income for exempt purposes from page 2, line A6	21	8,920,218	00
22	Disbursements from principal for exempt purposes from page 2, line B6	22		00
23	Other disbursements not itemized on Schedule A or Schedule B: Include schedule	23		00

**Accumulation of Income**

24	Accumulation of income in current year: Line 12 less the sum of lines 20, 21, 22, and 23	24	1,090,829	00
25	Accumulation of income at beginning of year	25	3,869,731	00
26	Accumulation of income at end of year: Add lines 24 and 25	26	4,960,560	00

**Penalty**

27	Penalty for late filing or incomplete filing. See instructions	27		00
----	--	----	--	----

THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 42-1125(K).



Name (as shown on page 1) <b>SOUTHERN ARIZONA AIDS FOUNDATION</b>	EIN <b>86-0864100</b>
---	-----------------------

**SCHEDULE A Disbursements From Current Income for Exempt Purposes**

A1 Dues, assessments, etc., to affiliates .....	A1		00		
A2 Contributions, gifts, grants, etc., paid .....	A2	5,400,056	00		
A3 Benefit payments to or for members or their dependents:					
A3a Death, sickness, hospitalization, disability, or pension benefits .....	A3a		00		
A3b Other benefits .....	A3b		00		
A4 Dividends and other distributions to members, shareholders, or depositors ...	A4		00		
A5 Other .....	A5	3,520,162	00		STATEMENT 8
A6 Total: Add lines A1 through A5. Enter total here and on page 1, line 21 .....	A6	8,920,218	00		

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

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

**SCHEDULE C Balance Sheet**

NOTE: Amounts used in included schedules and in this column should be end of year amounts.		(a)		(b)	
Assets		Beginning of Year		End of Year	
C1 Cash .....		20,479	00	C1	675,374
C2a Accounts receivable .....	C2a		00		
C2b Less allowance for doubtful accounts .....	C2b		00		
C2c Line C2a less line C2b. Enter difference in column (b) .....		84,379	00	C2c	70,012
C3a Other notes and loans receivable: Include schedule .....	C3a		00		
C3b Less allowance for doubtful accounts .....	C3b		00		
C3c Line C3a less line C3b. Enter difference in column (b) .....			00	C3c	00
C4 Inventories .....		10,944	00	C4	9,279
C5 Investments (securities): Include schedule .....			00	C5	00
C6 Investments (other): Include schedule .....			00	C6	00
C7a Land, buildings, and equipment; basis: .....	C7a	4,670,318	00		
C7b Less accumulated depreciation: Include schedule .....	C7b	1,872,103	00		
C7c Line C7a less line C7b. Enter difference in column (b) .....		2,771,420	00	C7c	2,798,215
C8 Other assets (describe): <b>SEE STATEMENT 5</b> .....		2,521,999	00	C8	2,638,565
C9 <b>Total assets: Add lines C1 through C8</b> .....		5,409,221	00	C9	6,191,445
<b>Liabilities</b>					
C10 Accounts payable and accrued expenses .....		738,120	00	C10	492,353
C11 Mortgages and other notes payable: Include schedule <b>STATEMENT 6</b> .....		793,560	00	C11	730,035
C12 Other liabilities (describe): <b>SEE STATEMENT 7</b> .....		7,810	00	C12	8,497
C13 <b>Total liabilities: Add lines C10 through C12</b> .....		1,539,490	00	C13	1,230,885
<b>Net Assets</b>					
C14 Capital stock or trust principal .....			00	C14	00
C15 Paid-in or capital surplus .....			00	C15	00
C16 Retained earnings or accumulated income .....		3,869,731	00	C16	4,960,560
C17 <b>Total net assets: Add lines C14 through C16</b> .....		3,869,731	00	C17	4,960,560
C18 <b>Total liabilities and net assets: Add lines C13 and C17</b> .....		5,409,221	00	C18	6,191,445

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1) SOUTHERN ARIZONA AIDS FOUNDATION EIN 86-0864100

Declaration 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.

Please Sign Here [Signature] OFFICER'S SIGNATURE DATE 5/15/18 EXECUTIVE DIRECTOR TITLE

[Signature] PAID PREPARER'S SIGNATURE DATE 5/15/18 P00182147 PAID PREPARER'S PTIN

Paid Preparer's Use Only R & A CPAS A PROFESSIONAL CORPORATION FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) 86-0550947 FIRM'S [X] EIN OR [ ] SSN

4542 E. CAMP LOWELL STE. 100 FIRM'S STREET ADDRESS (520) 881-4900 FIRM'S TELEPHONE NUMBER

TUCSON, AZ CITY STATE ZIP CODE 85712

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

AZ 99	COST OF GOODS SOLD	STATEMENT	1
COST OF GOODS SOLD			
1. INVENTORY AT BEGINNING OF YEAR . . . . .			
2. MERCHANDISE PURCHASED. . . . .			
3. COST OF LABOR. . . . .			
4. MATERIALS AND SUPPLIES . . . . .	33,442		
5. OTHER COSTS. . . . .			
6. ADD LINES 1 THROUGH 5 . . . . .		33,442	
7. INVENTORY AT END OF YEAR . . . . .			
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		33,442	

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AZ 99	DEPRECIATION/AMORTIZATION EXPENSE	STATEMENT	2
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DESCRIPTION	AMOUNT
DEPRECIATION/AMORTIZATION	43,130.
TOTAL TO FORM 99, PAGE 1, LINE 18	43,130.

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AZ 99	OTHER INCOME	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	14,762.
RENTAL INCOME	212,226.
MANAGEMENT FEES	51,667.
TOTAL TO FORM 99, PAGE 1, LINE 11	278,655.

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AZ 99	MISC EXPENSES	STATEMENT	4
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DESCRIPTION	AMOUNT
DIRECT EXPENSES OF FUNDRAISING EVENTS	248,692.
OTHER EMPLOYEE BENEFITS	102,812.
LEGAL FEES	6,550.
ACCOUNTING FEES	22,865.
OTHER PROFESSIONAL FEES	128,119.
OFFICE EXPENSES	38,867.
INFORMATION TECHNOLOGY	14,452.
TRAVEL	23,108.
INSURANCE	57,541.
PRINTING AND NEWSLETTER	138,915.
ALL OTHER EXPENSES	81,723.
TOTAL TO FORM 99, PAGE 1, LINE 19	863,644.

AZ 99	OTHER ASSETS	STATEMENT	5
DESCRIPTION	BEG OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	1,798,907.	1,887,850.	
PREPAID EXPENSES AND DEFERRED CHARGES	247,746.	260,294.	
DONATED TIMESHARE/LAND	9,500.	9,500.	
MUTUAL FUNDS	411,483.	429,880.	
PARTNERSHIP INTEREST	47,142.	34,636.	
DUE FROM AFFILIATE	7,221.	16,405.	
TOTAL TO FORM 99, PAGE 2, LINE C8	2,521,999.	2,638,565.	

AZ 99	MORTGAGES AND OTHER NOTES PAYABLE	STATEMENT	6
DESCRIPTION	BEG OF YEAR	END OF YEAR	
MORTGAGES/NOTES TO UNRELATED 3RD PARTIES	793,560.	730,035.	
TOTAL TO FORM 99, PAGE 2, LINE C11	793,560.	730,035.	

AZ 99	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION	BEG OF YEAR	END OF YEAR	
TENANT SECURITY DEPOSITS	7,810.	8,497.	
TOTAL TO FORM 99, PAGE 2, LINE C12	7,810.	8,497.	

AZ 99	OTHER EXPENSES	STATEMENT	8
DESCRIPTION		AMOUNT	
OTHER SALARIES AND WAGES		2,125,690.	
OTHER EMPLOYEE BENEFITS		423,562.	
PAYROLL TAXES		168,228.	
OTHER PROFESSIONAL FEES		137,317.	
OFFICE EXPENSES		72,684.	
INFORMATION TECHNOLOGY		44,132.	
OCCUPANCY		222,417.	
TRAVEL		130,961.	
INTEREST		2,656.	
DEPRECIATION/AMORTIZATION		104,585.	

SOUTHERN ARIZONA AIDS FOUNDATION

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86-0864100

INSURANCE

3,916.

PRINTING AND NEWSLETTER

22,106.

ALL OTHER EXPENSES

61,908.

TOTAL TO FORM 99, PAGE 2, SCHEDULE A, LINE A5

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3,520,162.

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