

**Return of Organization Exempt From Income Tax**

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

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

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2015 calendar year, or tax year beginning 7/01, 2015, and ending 6/30, 2016

<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> DESERT AIDS PROJECT, INC. 1695 N. SUNRISE WAY PALM SPRINGS, CA 92262	<b>D</b> Employer identification number 33-0068583
		<b>E</b> Telephone number (760) 323-2118

**F** Name and address of principal officer: DAVID BRINKMAN  
SAME AS C ABOVE

**H(a)** Is this a group return for subordinates? Yes  No  **X**  
**H(b)** Are all subordinates included? Yes  No

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: WWW.DESERTAIDSPROJECT.ORG

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1984 **M** State of legal domicile: CA

**Part I Summary**

1 Briefly describe the organization's mission or most significant activities: D.A.P IS A COMPREHENSIVE HIV/AIDS SERVICE PROVIDER, OPERATING AN ON-SITE MEDICAL CLINIC, DENTAL CLINIC, BEHAVIORAL CLINIC AND A FULL RANGE OF CLIENT SUPPORT SERVICES. D.A.P. PROVIDES COMPREHENSIVE HIV EDUCATION AND PREVENTION SERVICE INCLUDING FREE AND CONFIDENTIAL HIV TESTING.

2 Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	222
6	Total number of volunteers (estimate if necessary)	6	547
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	851,278.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-2,534,514.

	Prior Year	Current Year	
8	Contributions and grants (Part VIII, line 1h)	10,472,823.	11,922,960.
9	Program service revenue (Part VIII, line 2g)	14,345,986.	20,895,197.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	370,781.	4,437.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	231,644.	777,236.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,421,234.	33,599,830.

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,778,156.	9,904,032.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25)	822,583.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,694,922.	21,248,753.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,473,078.	31,152,785.
19	Revenue less expenses. Subtract line 18 from line 12	1,948,156.	2,447,045.

	Beginning of Current Year	End of Year	
20	Total assets (Part X, line 16)	22,580,624.	25,344,207.
21	Total liabilities (Part X, line 26)	6,105,522.	6,526,529.
22	Net assets or fund balances. Subtract line 21 from line 20	16,475,102.	18,817,678.

**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.

**Sign Here**

Signature of officer: FREDERICK J. DREWETTE Date: \_\_\_\_\_  
Type or print name and title: TREASURER

**Paid Preparer Use Only**

Print/Type preparer's name: GARY W. DACK Preparer's signature: GARY W. DACK Date: FEB 07 2017 Check  if self-employed PTIN: P00626592

Firm's name: LUND & GUTTRY LLP Firm's EIN: 95-2101327  
Firm's address: 36917 COOK STREET STE 102 Phone no.: (760) 568-2242  
PALM DESERT, CA 92211

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

**EXTENSION ATTACHED**

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:

SEE SCHEDULE O

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

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?...

[ ] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 15,361,199. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

4b (Code: ) (Expenses \$ 3,385,372. including grants of \$ ) (Revenue \$ 5,605,369.)

REVIVALS - RE-SALE STORES

EXPENSES: \$ 3,385,372 REVENUE: \$ 5,605,369

D.A.P. OPERATES THREE RE-SALE STORES IN OUR SERVICE AREA AS A FUNDRAISING ENDEAVOR. MOST ITEMS FOR SALE ARE DONATED BY INDIVIDUALS AND INCLUDE CLOTHING, FURNITURE, HOME DECOR, ARTWORK, JEWELRY AND BOOKS. NEW FURNITURE, CARPETS/RUGS, MATTRESSES AND OTHER NEW ITEMS ARE ALSO AVAILABLE ALONG WITH A LIMITED LINE OF CONSIGMENT. OVER 1,900 VOLUNTEERS (MANY OF WHOM ARE ALSO CLIENTS) DONATED MORE THAN 71,800 HOURS OF THEIR TIME TO STAFF THE STORES INCREASING NET REVENUE AVAILABLE TO BE ALLOCATED TO COMMUNITY HEALTH PROGRAMS, CLINICAL CARE AND SOCIAL SERVICES. ACCOMPLISHMENTS DURING THE YEAR INCLUDED EXPANDING OUR OFFERING OF NEW MERCHANDISE AND MOVING ONE STORE TO A MUCH MORE VISIBLE LOCATION.

4c (Code: ) (Expenses \$ 2,035,293. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 5,193,343. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 25,975,207.

**Part IV Checklist of Required Schedules**

	Yes	No
1 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> .....	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?.....	2 X	
3 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> .....	3	X
4 <b>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> .....	4	X
5 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> .....	5	X
6 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> .....	6	X
7 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> .....	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i> .....	8 X	
9 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> .....	9	X
10 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> .....	10 X	
11 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.		
a 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> .....	11 a X	
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> .....	11 b	X
c 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> .....	11 c	X
d 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> .....	11 d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X</i> .....	11 e X	
f 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> ...	11 f	X
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, and XII</i> .....	12 a X	
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> .....	12 b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i> .....	13	X
14 a Did the organization maintain an office, employees, or agents outside of the United States?.....	14 a	X
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> .....	14 b	X
15 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> .....	15	X
16 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> .....	16	X
17 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> (see instructions).....	17	X
18 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> .....	18 X	
19 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> .....	19	X

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

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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
22 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
23 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	
24a 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a <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 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
26 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
27 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
28 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):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
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
c 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	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 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	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 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
33 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
34 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36 <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
37 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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2015)

**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.

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>1 a</b> 250		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>1 b</b> 0		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <b>1 c</b> X	X	
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2 a</b> 222		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>2 b</b> X <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	X	
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? <b>3 a</b> X	X	
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. <b>3 b</b> X	X	
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <b>4 a</b>		X
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <b>5 a</b>		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <b>5 b</b>		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? <b>5 c</b>		
<b>6 a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? <b>6 a</b>		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <b>6 b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? <b>7 a</b> X	X	
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? <b>7 b</b> X	X	
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <b>7 c</b>		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. <b>7 d</b>		
<b>7 e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <b>7 e</b>		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <b>7 f</b>		X
<b>7 g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <b>7 g</b>		
<b>7 h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7 h</b> X	X	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the sponsoring organization make any taxable distributions under section 4966? <b>9 a</b>		
<b>9 b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <b>9 b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12. <b>10 a</b>		
<b>10 b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <b>10 b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11 a</b>	Gross income from members or shareholders. <b>11 a</b>		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11 b</b>		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12 a</b>		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <b>12 b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13 a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>13 a</b> <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>		
<b>13 b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <b>13 b</b>		
<b>13 c</b>	Enter the amount of reserves on hand. <b>13 c</b>		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year? <b>14 a</b>		X
<b>14 b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. <b>14 b</b>		

**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.

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year. . . . .	<b>1 a</b> 17		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent. . . . .	<b>1 b</b> 12		
<b>2</b> 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? . . . . .	<b>2</b>		X
<b>3</b> 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? . . . . .	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b> SEE SCH O	X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		X
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>		X
<b>7 a</b> 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? . . . . .	<b>7 a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7 b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	<b>8 a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8 b</b>	X	
<b>9</b> 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. . . . .	<b>9</b>		X

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

	Yes	No
<b>10 a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10 a</b>	X
<b>b</b> 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? . . . . .	<b>10 b</b>	
<b>11 a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11 a</b> X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	<b>11 b</b>	
<b>12 a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	<b>12 a</b> X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12 b</b> X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. . . . . SEE SCHEDULE O	<b>12 c</b> X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b> X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b> X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	<b>15 a</b> X	
<b>b</b> Other officers or key employees of the organization. SEE SCHEDULE O	<b>15 b</b> X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16 a</b>	X
<b>b</b> 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? . . . . .	<b>16 b</b>	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 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.  
 Own website     Another's website     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. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  
 DAVID BENJAMIN 1695 N. SUNRISE WAY PALM SPRINGS CA 92262 760 323 2118

**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**

1 a 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 dotted 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) STEVE KAUFER CHAIRMAN	1 0	X		X				0.	0.	0.
(2) PATRICK JORDAN VICE CHAIR	1 0	X		X				0.	0.	0.
(3) BRUCE J. PURDY SECRETARY	1 0	X		X				0.	0.	0.
(4) FREDERICK J. DREWETTE TREASURER	1 0	X		X				0.	0.	0.
(5) CAROLYN CALDWELL DIRECTOR	1 0	X						0.	0.	0.
(6) CARL BAKER DIRECTOR	1 0	X						0.	0.	0.
(7) KEVIN BASS DIRECTOR	1 0	X						0.	0.	0.
(8) JIM CASEY DIRECTOR	1 0	X						0.	0.	0.
(9) JERRY FOGELSON DIRECTOR	1 0	X						0.	0.	0.
(10) MARK HAMILTON DIRECTOR	1 0	X						0.	0.	0.
(11) BARBARA KELLER DIRECTOR	1 0	X						0.	0.	0.
(12) TERRIL KETOVER, PHD DIRECTOR	1 0	X						0.	0.	0.
(13) EVELIN MARTINEZ DIRECTOR	1 0	X						0.	0.	0.
(14) KYLE MUDD DIRECTOR	1 0	X						0.	0.	0.

**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 dotted 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			
(15) DAVID PEREZ DIRECTOR	1 0	X					0.	0.	0.
(16) ANN SHEFFER DIRECTOR	1 0	X					0.	0.	0.
(17) TOM TRUHE DIRECTOR	1 0	X					0.	0.	0.
(18) DAVID BRINKMAN CEO	40 0			X			350,208.	0.	24,554.
(19) DAVID BENJAMIN CFO FROM 2/2016	40 0			X			19,781.	0.	60.
(20) DAVID HERSH CHIEF CLINCIAL OFF	40 0					X	255,729.	0.	18,619.
(21) STEVEN SCHEIBEL PHYSICIAN	40 0					X	255,486.	0.	7,484.
(22) JOHN ROBERTS DIR BEHAVIORAL HTH	40 0					X	169,664.	0.	3,084.
(23) KARYNSUE ROSE-THOMAS DIR IT/COMPLIANCE	40 0					X	162,643.	0.	7,224.
(24) ERIC SHIGENO PHYSICIAN	40 0					X	141,115.	0.	6,369.
(25) JEFFREY CHAWENSON FORMER CFO 9/2015-2/2016	40 0					X	63,154.	0.	1,092.
<b>1 b Sub-total</b> .....							1,417,780.	0.	68,486.
<b>c Total from continuation sheets to Part VII, Section A.</b> .....							142,408.	0.	16,523.
<b>d Total (add lines 1b and 1c).</b> .....							1,560,188.	0.	85,009.

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 ▶ 7

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual .....	3 X	
4 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? If 'Yes,' complete Schedule J for such individual .....	4 X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person .....	5	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
MASTER STRATEGY 490 PARK RIDGE PLACE ASHLAND, OR 97520	MARKETING	679,481.
STAFF CARE, INC. P.O. BOX 281923 ATLANTA, GA 30384-1923	HEALTH CARE SERVICES	334,037.
SMG 277 N AVENIDA CABALLEROS PALM SPRINGS, CA 92262	EVENT SERVICES	274,727.
GREENWAY MEDICAL TECHNOLOGY, INC. P.O. BOX 203658 DALLAS, TX 75320	MEDICAL BILLING	270,817.
EVENT MANAGEMENT PRODUCTIONS 73-647 SUN LANE PALM SPRINGS, CA 92260	EVENT MANAGEMENT	160,020.

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 ▶ 10





**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c	1,311,269.			
	d Related organizations	1 d				
	e Government grants (contributions)	1 e	4,800,815.			
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	5,810,876.			
	g Noncash contributions included in lines 1a-1f: \$		3,924,972.			
	<b>h Total.</b> Add lines 1a-1f		<b>11,922,960.</b>			
<b>Program Service Revenue</b>	2 a FEES FOR SERVICES	Business Code	20,895,197.	20,895,197.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		<b>20,895,197.</b>			
<b>Other Revenue</b>	3 Investment income (including dividends, interest and other similar amounts)		284,553.		284,553.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	112,807.			
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	112,807.			
	<b>d Net rental income or (loss)</b>		<b>112,807.</b>	<b>112,807.</b>		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	2,281,063.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	2,561,179.			
		c Gain or (loss)	-280,116.			
	<b>d Net gain or (loss)</b>		<b>-280,116.</b>	<b>-280,116.</b>		
	8 a Gross income from fundraising events (not including \$ 1,311,269. of contributions reported on line 1c). See Part IV, line 18.	a	484,042.			
		b Less: direct expenses	b	794,701.		
<b>c Net income or (loss) from fundraising events</b>			<b>-310,659.</b>			
9 a Gross income from gaming activities. See Part IV, line 19.	a					
	b Less: direct expenses	b				
	<b>c Net income or (loss) from gaming activities</b>					
10 a Gross sales of inventory, less returns and allowances	a	5,605,369.				
	b Less: cost of goods sold	b	4,754,091.			
	<b>c Net income or (loss) from sales of inventory</b>		<b>851,278.</b>	<b>851,278.</b>		
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS	624100	123,810.	123,810.			
b						
c						
d All other revenue						
<b>e Total.</b> Add lines 11a-11d		<b>123,810.</b>				
<b>12 Total revenue.</b> See instructions		<b>33,599,830.</b>	<b>20,851,698.</b>	<b>851,278.</b>	<b>284,553.</b>	

**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.  X

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.				
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.	687,734.	467,659.	185,688.	34,387.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	7,345,253.	4,916,181.	2,063,465.	365,607.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	1,324,875.	884,225.	362,311.	78,339.
10 Payroll taxes.	546,170.	379,321.	138,881.	27,968.
11 Fees for services (non-employees):				
a Management.				
b Legal.	147,076.	147,076.		
c Accounting.	54,703.		54,703.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	82,039.		82,039.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O, SCH. O.)	3,529,116.	3,074,482.	431,649.	22,985.
12 Advertising and promotion.	715,243.	586,207.	125,610.	3,426.
13 Office expenses.	395,976.	285,571.	80,127.	30,278.
14 Information technology.				
15 Royalties.				
16 Occupancy.	271,861.	141,011.	119,059.	11,791.
17 Travel.	110,715.	58,918.	50,060.	1,737.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	55,351.	31,716.	23,393.	242.
20 Interest.	39,166.	8,917.	30,249.	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	556,453.	327,040.	204,570.	24,843.
23 Insurance.	253,665.	107,476.	86,892.	59,297.
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 <u>DIRECT CLIENT EXPENSES</u>	10,820,779.	10,820,779.		
b <u>THRIFT STORE ADMIN EXPENSES</u>	3,385,372.	3,385,372.		
c <u>MISCELLANEOUS</u>	294,585.	112,920.	128,795.	52,870.
d <u>REPAIRS/MAINTENANCE</u>	273,188.	147,121.	121,078.	4,989.
e All other expenses.	263,465.	93,215.	66,426.	103,824.
25 Total functional expenses. Add lines 1 through 24e.	31,152,785.	25,975,207.	4,354,995.	822,583.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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>	1	Cash – non-interest-bearing	1,842,387.	1	1,556,238.
	2	Savings and temporary cash investments	2,270,348.	2	5,280,767.
	3	Pledges and grants receivable, net	678,353.	3	77,508.
	4	Accounts receivable, net	2,030,981.	4	1,160,670.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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 instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	359,545.	8	443,932.
	9	Prepaid expenses and deferred charges	370,588.	9	346,765.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,822,686.		
	b	Less: accumulated depreciation	10b 5,770,171.	5,474,448.	10c 6,052,515.
	11	Investments – publicly traded securities	7,839,356.	11	8,302,494.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,714,618.	15	2,123,318.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	22,580,624.	16	25,344,207.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	2,876,393.	17	3,500,997.
	18	Grants payable		18	
	19	Deferred revenue	976,588.	19	775,701.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,280,360.	23	904,415.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	972,181.	25	1,345,416.
	26	<b>Total liabilities.</b> Add lines 17 through 25	6,105,522.	26	6,526,529.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	14,394,047.	27	16,948,621.
	28	Temporarily restricted net assets	2,081,055.	28	1,869,057.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances.</b>	16,475,102.	33	18,817,678.	
34	<b>Total liabilities and net assets/fund balances.</b>	22,580,624.	34	25,344,207.	

BAA

**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	33,599,830.
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,152,785.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,447,045.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,475,102.
5	Net unrealized gains (losses) on investments	5	-104,469.
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	18,817,678.

**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.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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		X
2 b	Were the organization's financial statements audited by an independent accountant? 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3 a	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	
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

BAA

Form 990 (2015)

**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).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization <b>DESERT AIDS PROJECT, INC.</b>	Employer identification number <b>33-0068583</b>
--------------------------------------------------------------	-----------------------------------------------------

**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 11, 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>							

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

Schedule A (Form 990 or 990-EZ) 2015

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) .....	8,348,252.	11174900.	10527712.	10472823.	12078017.	52,601,704.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						0.
4 <b>Total.</b> Add lines 1 through 3 ...	8,348,252.	11174900.	10527712.	10472823.	12078017.	52,601,704.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ...						0.
6 <b>Public support.</b> Subtract line 5 from line 4 .....						52,601,704.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4 .....	8,348,252.	11174900.	10527712.	10472823.	12078017.	52,601,704.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	65,955.	76,616.	159,964.	276,434.	284,553.	863,522.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI ...	4,175.	3,570.	7,906.	7,001.	123,810.	146,462.
11 <b>Total support.</b> Add lines 7 through 10 .....						53,611,688.
12 Gross receipts from related activities, etc. (see instructions) .....					12	91,545,700.
13 <b>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**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	14	98.12 %
15 Public support percentage from 2014 Schedule A, Part II, line 14 .....	15	97.89 %
16a <b>33-1/3% support test – 2015.</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 – 2014.</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"/>	
17a <b>10%-facts-and-circumstances test – 2015.</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 – 2014.</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"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ...	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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**

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests – 2015.** 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 – 2014.** 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain .....		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) .....		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below .....		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination .....		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use .....		
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below .....		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations .....		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes .....		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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) .....		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? .....		
c Substitutions only. Was the substitution the result of an event beyond the organization's control? .....		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .....		
7 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? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ) .....		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ) .....		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .....		
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? If 'Yes,' provide detail in Part VI .....		
c 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? If 'Yes,' provide detail in Part VI .....		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below .....		
b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) .....		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? 11a: A person who directly or indirectly controls... 11b: A family member... 11c: A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body... Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies...

Section E. Type III Functionally-Integrated Supporting Organizations

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

Table with 3 columns: Question, Yes, No. Row 2: Activities Test. Answer (a) and (b) below. 2a: 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? 2b: 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? 3 Parent of Supported Organizations. Answer (a) and (b) below. 3a: 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? 3b: Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

**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 November 20, 1970. 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 Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets.....	2	
3	Subtract line 2 from line 1d.....	3	
4	Cash deemed held for exempt use. Enter 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>		(A) Prior Year	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  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)**

<b>Section D – Distributions</b>		<b>Current Year</b>
1	Amounts paid to supported organizations to accomplish exempt purposes .....	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity .....	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations .....	
4	Amounts paid to acquire exempt-use assets .....	
5	Qualified set-aside amounts (prior IRS approval required) .....	
6	Other distributions (describe in Part VI). See instructions .....	
7	<b>Total annual distributions.</b> Add lines 1 through 6 .....	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions .....	
9	Distributable amount for 2015 from Section C, line 6 .....	
10	Line 8 amount divided by Line 9 amount .....	

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
1	Distributable amount for 2015 from Section C, line 6 .....		
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions) .....		
3	<b>Excess distributions carryover, if any, to 2015:</b>		
a	.....		
b	.....		
c	.....		
d	From 2013 .....		
e	From 2014 .....		
f	<b>Total</b> of lines 3a through e .....		
g	Applied to underdistributions of prior years .....		
h	Applied to 2015 distributable amount .....		
i	Carryover from 2010 not applied (see instructions) .....		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f .....		
4	Distributions for 2015 from Section D, line 7: \$ .....		
a	Applied to underdistributions of prior years .....		
b	Applied to 2015 distributable amount .....		
c	Remainder. Subtract lines 4a and 4b from 4 .....		
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) .....		
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) .....		
7	<b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c .....		
8	<b>Breakdown of line 7:</b>		
a	.....		
b	.....		
c	Excess from 2013 .....		
d	Excess from 2014 .....		
e	Excess from 2015 .....		

BAA

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

**PART II, LINE 10 - OTHER INCOME**

NATURE AND SOURCE	2015	2014	2013	2012	2011
MISCELLANEOUS INCOME	\$ 123,810.	\$ 7,001.	\$ 7,906.	\$ 3,570.	\$ 4,175.
TOTAL	\$ 123,810.	\$ 7,001.	\$ 7,906.	\$ 3,570.	\$ 4,175.

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

▶ **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.**

**Open to Public Inspection**

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

Name of the organization

Employer identification number

DESERT AIDS PROJECT, INC.

33-0068583

**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?  Yes  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?  Yes  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	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

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.

1 a 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. ▶ \$ 425,556.

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. ▶ \$ \_\_\_\_\_

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. **SEE 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.

1 a 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
c Beginning balance.....	1 c
d Additions during the year.....	1 d
e Distributions during the year.....	1 e
f Ending balance.....	1 f

2 a 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
1 a Beginning of year balance.....	9,160,553.	8,076,293.	5,940,212.	2,155,840.	2,058,232.
b Contributions.....	2,381,576.	1,000,000.	1,607,562.	3,581,458.	37,159.
c Net investment earnings, gains, and losses.....	-840,683.	151,722.	582,129.	228,852.	84,338.
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....				0.	
f Administrative expenses.....	72,202.	67,462.	53,610.	25,938.	23,889.
g End of year balance.....	10,629,244.	9,160,553.	8,076,293.	5,940,212.	2,155,840.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 100.00 %
  - b Permanent endowment ▶ \_\_\_\_\_ %
  - c Temporarily restricted endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations.....	3a(i)	X
(ii) related organizations.....	3a(ii)	X
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?.....	3b	

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
1 a Land.....		590,288.		590,288.
b Buildings.....		2,639,434.		2,639,434.
c Leasehold improvements.....		6,522,828.		6,522,828.
d Equipment.....		1,881,374.		1,881,374.
e Other.....		188,762.	5,770,171.	-5,581,409.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				6,052,515.

BAA

**Part VII** Investments – Other Securities.

N/A

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) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.)... ▶		

**Part VIII** Investments – Program Related.

N/A

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)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (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) ART COLLECTION	425,556.
(2) CHARITABLE REMAINDER TRUSTS RECEIVABLE	151,655.
(3) DEPOSITS AND OTHER	198,760.
(4) INVESTMENT - INSURANCE POLICY	323,756.
(5) RECEIVABLE FROM OTHER FUNDS	1,023,591.
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.)... ▶	2,123,318.

**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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED GRANT REVENUE	300,000.
(3) PAYABLE TO OTHER FUNDS	1,023,591.
(4) RELATED PARTY PAYABLE	21,825.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)... ▶	1,345,416.

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	34,290,062.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments.....	2 a	-104,469.	
	b Donated services and use of facilities.....	2 b		
	c Recoveries of prior year grants.....	2 c		
	d Other (Describe in Part XIII.) SEE PART XIII.....	2 d	794,701.	
	e Add lines 2a through 2d.....	2 e	690,232.	
3	Subtract line 2e from line 1.....		3	33,599,830.
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.....	4 a		
	b Other (Describe in Part XIII.).....	4 b		
	c Add lines 4a and 4b.....	4 c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....		5	33,599,830.

**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	31,947,486.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities.....	2 a		
	b Prior year adjustments.....	2 b		
	c Other losses.....	2 c		
	d Other (Describe in Part XIII.) SEE PART XIII.....	2 d	794,701.	
	e Add lines 2a through 2d.....	2 e	794,701.	
3	Subtract line 2e from line 1.....		3	31,152,785.
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.....	4 a		
	b Other (Describe in Part XIII.).....	4 b		
	c Add lines 4a and 4b.....	4 c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....		5	31,152,785.

**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 III, LINE 4 - DESCRIPTION OF ORGANIZATION COLLECTIONS & HOW FURTHERS EXEMPT PURPOSE**

THE ARTWORK CONSISTS MOSTLY OF PAINTINGS THAT ARE DISPLAYED ON THE ORGANIZATION'S PREMISES. THE DONATED ART WORK IS EXHIBITED INTERNALLY FOR A MINIMUM PERIOD OF 3 YEARS AT WHICH TIME THE ORGANIZATION MAY DECIDE TO SELL IT OR KEEP IT ON DISPLAY. SOME OF THE ART WORK MAY BE USED AS AUCTION ITEMS AT THE VARIOUS FUNDRAISERS. THE ARTWORK FURTHERS THE ORGANIZATIONS EXEMPT PURPOSE BY PROVIDING A PLEASANT ENVIRONMENT IN WHICH TO PROVIDE SERVICES TO CLIENTS AND THE COMMUNITY. IF/WHEN THE ART WORK IS SOLD, THE FUNDS ARE USED TO SUPPORT THE ORGANIZATIONS OPERATIONS OR THE PURPOSE

**Part XIII** - Supplemental Information (continued)

**PART III, LINE 4 - DESCRIPTION OF ORGANIZATION COLLECTIONS & HOW FURTHERS EXEMPT PURPOSE (C  
DESIGNATED BY THE DONOR.**

**SCHEDULE D, PART XI, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

EXPENSES IN SPECIAL EVENTS.....	\$	794,701.
TOTAL	\$	<u>794,701.</u>

**SCHEDULE D, PART XII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

EXPENSES IN SPECIAL EVENTS.....	\$	794,701.
TOTAL	\$	<u>794,701.</u>

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization

**DESERT AIDS PROJECT, INC.**

Employer identification number

**33-0068583**

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						<b>0.</b>

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

-----  
-----  
-----  
-----

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

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
	S CHASE GALA (event type)	AIDS WALK (event type)	7 (total number)	(add column (a) through column (c))		
1	Gross receipts.....	973,340.	334,424.	487,547.	1,795,311.	
2	Less: Contributions .....	565,373.	342,474.	403,422.	1,311,269.	
3	Gross income (line 1 minus line 2).....	407,967.	-8,050.	84,125.	484,042.	
DIRECT EXPENSES	4	Cash prizes .....				
	5	Noncash prizes.....		9,614.	9,614.	
	6	Rent/facility costs.....	9,035.		4,000.	13,035.
	7	Food and beverages.....	151,706.	8,326.	15,341.	175,373.
	8	Entertainment.....	43,000.	1,450.		44,450.
	9	Other direct expenses.....	321,599.	59,596.	171,034.	552,229.
	10	Direct expense summary. Add lines 4 through 9 in column (d).....			794,701.	
	11	Net income summary. Subtract line 10 from line 3, column (d).....			-310,659.	

**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 column (a) through column (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: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?.....  Yes  No  
 b If 'Yes,' explain: \_\_\_\_\_

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_.

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

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

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

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

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization

**DESERT AIDS PROJECT, INC.**

Employer identification number

**33-0068583**

**Part I Questions Regarding Compensation**

**1 a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                          |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain. ....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |                                                                     |                                                                                     |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If 'Yes' to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If 'Yes' on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III. ....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?  
If 'Yes,' describe in Part III. ....

**9** If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
1 a		
1 b		
2		
3		
4 a		X
4 b		X
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7		X
8		X
9		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID BRINKMAN CEO	(i)	350,208.	0.	0.	0.	24,554.	374,762.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DAVID HERSH CHIEF CLINCIAL OFF	(i)	255,729.	0.	0.	0.	18,619.	274,348.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 STEVEN SCHEIBEL PHYSICIAN	(i)	255,486.	0.	0.	0.	7,484.	262,970.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JOHN ROBERTS DIR BEHAVIORAL HTH	(i)	169,664.	0.	0.	0.	3,084.	172,748.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 KARYNSUE ROSE-THOMAS DIR IT/COMPLIANCE	(i)	162,643.	0.	0.	0.	7,224.	169,867.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 JEFFREY CHAWENSON FORMER CFO 9/2015-2/2016	(i)	63,154.	0.	0.	0.	1,092.	64,246.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 MARY A. PARK FORMER CFO 10/2009-12/2015	(i)	142,408.	0.	0.	0.	16,523.	158,931.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.



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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open To Public Inspection**

Name of the organization

DESERT AIDS PROJECT, INC.

Employer identification number

33-0068583

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> ..... ▶ \$ _____												

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KEVIN BASS	SEE PART V	149,551.	SEE PART V		X
(2) BARBARA KELLER	SEE PART V	23,167.	SEE PART V		X
(3) EVELIN MARTINEZ	SEE PART V	414,381.	SEE PART V		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

**SUPPLEMENTAL INFORMATION**

KEVIN BASS BECAME A MEMBER OF THE BOARD OF DIRECTORS IN MAY 2012. HE IS A MEMBER OF PROFESSIONAL REGISTRY HOLDINGS, LLC., DBA COACHELLA VALLEY HOME HEALTH. DURING THIS FISCAL YEAR DAP PAID \$ 149,551 FOR SERVICES OF COACHELLA VALLEY HOME HEALTH.

BARBARA KELLER IS A BOARD MEMBER AND OWNER OF LULU'S CALIFORNIA BISTRO. DURING THIS FISCAL YEAR DAP PAID \$ 23,167 FOR FOOD AND BEVERAGE FOR VARIOUS EVENTS TO LULU'S CALIFORNIA BISTRO.

EVELIN MARTINEZ IS A BOARD MEMBER AND AREA PRESIDENT FOR THE INLAND EMPIRE REGION OF WELLS FARGO'S COMMUNITY BANK. WELLS FARGO IS A DONOR AND HAS A BANKING RELATIONSHIP WITH DAP. DURING THIS FISCAL YEAR DAP PAID \$414,381 FOR NOTE PAYMENTS TO WELLS FARGO.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

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).

**Open To Public  
Inspection**

Name of the organization

DESERT AIDS PROJECT, INC.

Employer identification number

33-0068583

**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.....	X	6	201,000.	APPRAISAL
2 Art – Historical treasures.....				
3 Art – Fractional interests.....				
4 Books and publications.....				
5 Clothing and household goods.....			3,689,781.	THRIFT STR VAL
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.....	X	4	18,200.	FMV
20 Drugs and medical supplies.....	X	1	15,991.	FMV
21 Taxidermy.....				
22 Historical artifacts.....				
23 Scientific specimens.....				
24 Archeological artifacts.....				
25 Other ▶ (.....)				
26 Other ▶ (.....)				
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 is not required to be used for exempt purposes for the entire holding period?.....	X	
b If 'Yes,' describe the arrangement in Part II. <b>SEE PART II</b>		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?.....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.....		X
b If 'Yes,' describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

**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.

---

**PART I, LINE 30 - ARRANGEMENT FOR HOLDING PERIOD**

ARTWORK IS DONOR RESTRICTED IN THAT THE ORGANIZATION MUST RETAIN THE ARTWORK FOR THREE YEARS FROM THE DATE OF DONATION. TEMPORARILY RESTRICTED ART COLLECTION AT JUNE 30, 2016 AMOUNTED TO \$244,660.

**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).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

DESERT AIDS PROJECT, INC.

Employer identification number

33-0068583

**SCHEDULE G PAGE 2 PART II LINE 11D**

**NET INCOME SUMMARY - NOTE:**

THE PART II SCHEDULE REDUCES THE TOTAL GROSS RECEIPTS BY THE CHARITABLE CONTRIBUTIONS ON LINE 2 OF THE SCHEDULE. THE REVENUE FROM THE DESERT AIDS PROJECT'S MAJOR FUNDRAISING EVENTS IS \$ 1,795,311 AND CONSISTS OF \$ 1,311,269 DONATIONS AND \$ 484,042 OF OTHER INCOME, LESS EXPENSES OF \$ 794,701 FOR A NET REVENUE OF \$ 1,000,610. FOLLOWING ARE THE NET FIGURES FROM THE EVENTS AND INCLUDES THE DONATIONS AS WELL AS THE OTHER INCOME OF EACH:

STEVE CHASE GALA - GROSS RECEIPTS \$ 973,340 LESS EXPENSES OF \$ 525,340 = NET REVENUE OF \$ 448,000 USED FOR OPERATIONS AND PROGRAMS.

AIDS WALK - GROSS RECEIPTS \$ 334,424 LESS EXPENSES OF \$ 78,986 = NET REVENUE OF \$ 255,438 USED FOR OPERATIONS AND PROGRAMS.

ALL OTHER FUNDRAISING EVENTS: COMBINED GROSS RECEIPTS \$ 487,547 LESS COMBINED EXPENSES OF \$ 190,375 = NET REVENUE OF \$ 297,172 USED FOR PROGRAMS AND OPERATIONS.

FUNDRAISING EVENTS CONTRIBUTED A TOTAL OF \$ 1,000,610 TOWARDS THE PROGRAM SERVICE EXPENSE AND OPERATING EXPENSE OF DESERT AIDS PROJECT.

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

THE MISSION OF DESERT AIDS PROJECT (D.A.P.) IS TO ENHANCE AND PROMOTE THE HEALTH AND WELL-BEING OF OUR COMMUNITY. FOUNDED IN 1984 AS A NONPROFIT ORGANIZATION, THE PRINCIPAL AREA OF SERVICE IS EASTERN RIVERSIDE COUNTY IN SOUTHERN CALIFORNIA, WITH BROADER REACH TO THE RURAL AREAS OF RIVERSIDE AND SAN BERNARDINO COUNTIES. AS A FEDERALLY QUALIFIED HEALTH CENTER, D.A.P. OFFERS A BROAD CONTINUUM OF CLINICAL AND

Name of the organization

Employer identification number

DESERT AIDS PROJECT, INC.

33-0068583

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

SOCIAL SERVICES DESIGNED TO MEET THE HEALTH AND WELLNESS NEEDS OF LOW-INCOME COMMUNITY MEMBERS. D.A.P.'S AREA OF EXPERTISE IS THE PROVISION OF CARE AND SERVICES TO THOSE WHO ARE INFECTED WITH, AFFECTED BY AND AT RISK FOR ACQUIRING HIV.

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

## MEDICAL SERVICES

EXPENSES: \$ 15,361,199

D.A.P. PROVIDES OUTPATIENT PRIMARY AND HIV-SPECIALTY MEDICAL CARE, PHARMACEUTICAL ASSISTANCE AND MEDICATION EDUCATION TO PRIMARILY LOW INCOME, UNINSURED OR UNDER-INSURED COMMUNITY MEMBERS. DURING THE FISCAL YEAR, D.A.P. PROVIDED CARE THROUGH A MEDICAL CLINIC LOCATED ON OUR MAIN CAMPUS IN PALM SPRINGS. AN ADDITIONAL SERVICE OF THE MEDICAL CLINIC IS A WALK-IN SEXUALLY TRANSMITTED INFECTION CLINIC. TO EXPEDITE TREATMENT ADHERENCE WE ARE FORTUNATE TO HAVE RETAINED ON-SITE PHARMACY AND LABORATORY PARTNERS WHO LEASE SPACE IN OUR MAIN CAMPUS FOR THE CONVENIENCE OF CLIENTS. WE ACCEPT CLIENTS WITH VARIOUS INSURANCE PLANS, INCLUDING MEDICAL, MEDICARE AND COUNTY INDIGENT SERVICE PLANS. FOR THE UNINSURED, SERVICES ARE PROVIDED ON A SLIDING SCALE DEPENDING ON INDIVIDUAL CLIENT INCOME ELIGIBILITY. DURING THE FISCAL YEAR, THE HEALTH RESOURCES AND SERVICES ADMINISTRATION AWARDED D.A.P. FEDERALLY QUALIFIED HEALTH CENTER (FQHC) 330 GRANTEE STATUS, UPGRADING OUR DESIGNATION FROM AN FQHC LOOK-ALIKE AND POSITIONING D.A.P. FOR NEW FUNDING OPPORTUNITIES AND AN INCREASE IN VOLUME. THE CLINIC ALSO EXPANDED SERVICE OFFERINGS TO INCLUDE CARE DELIVERED BY A REGISTERED DIETITIAN AND COMPLETED AN ELECTRONIC HEALTH RECORD CONVERSION. WE PROVIDED CARE TO OVER 2,500 UNDUPLICATED CLIENTS DURING MORE THAN 7,500 VISITS.

**FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS**

## COMMUNITY HEALTH - EDUCATION AND PREVENTION

EXPENSES: \$ 2,035,293

Name of the organization

DESERT AIDS PROJECT, INC.

Employer identification number

33-0068583

**FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS**

DURING THE YEAR WE ESTABLISHED A NEW DEPARTMENT TO HOUSE OUR EDUCATION, PREVENTION AND EARLY INTERVENTION SERVICES: COMMUNITY HEALTH. A NEW DIRECTOR OF COMMUNITY HEALTH JOINED D.A.P. AND SERVES ON THE LEADERSHIP TEAM. DURING THE YEAR, SIX DAYS A WEEK, WE CONDUCTED 4,885 FREE, RAPID HIV TESTS EITHER ON-SITE AT D.A.P., IN OUR MOBILE TESTING VAN, OR OFF-SITE AT A COMMUNITY PARTNER LOCATION OR SPECIAL EVENT. STAFF OFFERED AN AVERAGE OF 19 EDUCATION PRESENTATIONS TO AN AVERAGE OF 564 YOUTH AND ADULTS EACH MONTH THROUGHOUT RIVERSIDE AND SAN BERNARDINO COUNTIES ABOUT HIV, HEPATITIS C, SYPHILIS AND OTHER SEXUALLY TRANSMITTED DISEASES. IN ADDITION TO THE DEPARTMENT'S RESTRUCTURING, HIGHLIGHTS OF THE YEAR INCLUDE RECRUITING OVER 90 COMMUNITY PARTNERS TO PARTICIPATE IN OUR REGION-WIDE HIV TESTING CAMPAIGN, GET TESTED COACHELLA VALLEY, AND THE LAUNCH OF A FORMAL PROGRAM TO EDUCATE THE COMMUNITY ABOUT THE USE OF MEDICATION TO PREVENT HIV: PRE-EXPOSURE PROPHYLAXIS (PREP) AND POST-EXPOSURE PROPHYLAXIS (PEP) . WE ALSO OFFER INDIVIDUALIZED COUNSELING FOR COMMUNITY MEMBERS SEEKING TO ACCESS AND AFFORD THESE MEDICATIONS. BY THE TIME THE YEAR ENDED, STAFF WERE PROVIDING AN AVERAGE OF 363 REFERRALS A MONTH TO MEDICAL PROVIDERS SPECIFICALLY FOR THE EVALUATION OF PREP AND/OR PEP. D.A.P.'S CHIEF EXECUTIVE OFFICER TRAVELED TWICE TO THE WHITE HOUSE LAST YEAR HAVING BEEN INVITED TO TALK ABOUT OUR COMMUNITY HEALTH DEPARTMENT AT THE FAST-TRACK CITIES INITIATIVE AND THE NATIONAL HIV/AIDS STRATEGY TECHNICAL CONSULTATION HOSTED BY THE OFFICE OF NATIONAL AIDS POLICY AND THE INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE.

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

BEHAVIORAL (MENTAL) HEALTH SERVICES

EXPENSES: \$ 1,337,872

D.A.P. OFFERS BEHAVIORAL HEALTH SERVICES PROVIDED AT OUR MAIN CAMPUS TO PRIMARILY LOW-INCOME, UNINSURED OR UNDER-INSURED COMMUNITY MEMBERS. OUR STAFF BRING PARTICULAR EXPERTISE IN SERVING THOSE LIVING WITH HIV. D.A.P.'S BEHAVIORAL HEALTH

Name of the organization

DESERT AIDS PROJECT, INC.

Employer identification number

33-0068583

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

PROGRAM INCLUDES PSYCHIATRY AND INDIVIDUAL AND GROUP THERAPY OFFERED BY LICENSED CLINICIANS. THE BEHAVIORAL HEALTH PROGRAM ALSO OFFERS INDIVIDUAL AND GROUP SUBSTANCE ABUSE SERVICES, A CAREER BUILDING PROGRAM, AND HOLISTIC WELLNESS CARE SUCH AS ACUPUNCTURE, MASSAGE AND YOGA. WE OPERATE A COMMUNITY CENTER EQUIPPED WITH A COMPUTER LAB, CLIENT KITCHEN AND VARIOUS MEETING ROOMS WHERE WEEKLY STAFF, VOLUNTEER AND PEER-LED PSYCHOSOCIAL SUPPORT GROUPS GATHER. THIS PAST YEAR, GROUPS INCLUDED HIV & AGING, NEWLY DIAGNOSED SUPPORT GROUP, HORTICULTURE THERAPY, NUTRITION, QUILTING, MEDITATION AND A GROUP DESIGNED FOR MONOLINGUAL SPANISH-SPEAKING CLIENTS, GRUPO LATINO. FOR INDIVIDUAL THERAPY, WE ACCEPT CLIENTS WITH VARIOUS INSURANCE PLANS, INCLUDING MEDI-CAL AND MEDICARE. FOR THE UNINSURED, SERVICES ARE PROVIDED ON A SLIDING SCALE DEPENDING ON INDIVIDUAL CLIENT INCOME ELIGIBILITY. HIGHLIGHTS DURING THE YEAR INCLUDE, REMODELING OF A NEW BEHAVIORAL HEALTH WING OF THE BUILDING, THE ADDITION OF TWO PH.D. CLINICAL PSYCHOLOGISTS, THE FACILITATION OF A CLIENT COLLECTIVE ART SHOW AND THE ESTABLISHMENT OF TWO AFFINITY GROUPS: 12 STEP AND A CRYSTAL METH ACTION TEAM. WE PROVIDED MENTAL HEALTH CARE TO OVER 625 UNDUPLICATED CLIENTS DURING MORE THAN 3,800 VISITS. OVER 60 CLIENTS BENEFITTED FROM SUBSTANCE ABUSE SERVICES AND MORE THAN 200 CLIENTS PARTICIPATED IN PSYCHOSOCIAL SUPPORT SERVICES.

## DENTAL SERVICES

EXPENSES: \$ 1,117,678

D.A.P. PROVIDES ORAL HEALTH CARE TO PRIMARILY LOW-INCOME, UNINSURED OR UNDER-INSURED COMMUNITY MEMBERS AT OUR MAIN CAMPUS. OUR STAFF BRING PARTICULAR EXPERTISE IN SERVING THOSE LIVING WITH OR AT-RISK FOR HIV. THE DENTAL CLINIC OFFERS HEALTH EDUCATION IN COMBINATION WITH A BROAD SPECTRUM OF PREVENTATIVE AND RESTORATIVE ORAL HEALTH CARE. WE ACCEPT CLIENTS WITH MEDI-CAL AND FOR THE UNINSURED, SERVICES ARE



Name of the organization

DESERT AIDS PROJECT, INC.

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**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

PROVIDE ON A SLIDING SCALE DEPENDING ON INDIVIDUAL CLIENT INCOME ELIGIBILITY. THIS DEPARTMENT EXPERIENCED MUCH GROWTH DURING THE YEAR. FOR THE FIRST TIME EVER WE EMPLOYED TWO FULL-TIME DENTISTS TO ACCOMMODATE DEMAND. AN ADDITIONAL PART-TIME HYGIENIST AND REGISTERED DENTAL ASSISTANT ALSO JOINED THE TEAM. DURING FISCAL YEAR 2016, MUCH TIME WAS SPENT PREPARING TO TRANSITION TO A NEW ELECTRONIC DENTAL RECORD THAT WILL INTEGRATE WITH THE SYSTEM USED BY OUR MEDICAL CLINIC AND STREAMLINE CARE. WE PROVIDED DENTAL SERVICES TO OVER 800 CLIENTS LAST YEAR DURING 3,510 VISITS; 247 CLIENTS WERE BRAND NEW TO THE CLINIC.

**CASE MANAGEMENT**

EXPENSES: \$ 1,019,456

D.A.P. PROVIDES FREE CASE MANAGEMENT TO PRIMARILY LOW-INCOME, UNINSURED OR UNDER-INSURED COMMUNITY MEMBERS MOST OF WHOM ARE OVER THE AGE OF 50 YEARS AND LIVING WITH HIV. WE DELIVER CASE MANAGEMENT SERVICES AT OUR MAIN CAMPUS AND OUR SATELLITE OFFICE IN INDIO, CA. CASE MANAGEMENT CONSISTS OF SERVICE COORDINATION ON BEHALF OF CLIENTS TO REMOVE BARRIERS TO, AVOID DUPLICATION OF, AND MAINTAIN ENGAGEMENT IN MEDICAL CARE AND OTHER NEEDED SERVICES. A TEAM OF 10 CASE MANAGERS (40% BILINGUAL SPANISH) ASSESS NEEDS, IDENTIFY BARRIERS AND PROVIDE LOW-INCOME INDIVIDUALS WITH REFERRALS AND ADVOCACY DESIGNED TO FACILITATE LINKAGE TO SERVICES OFFERED AT D.A.P. OR OTHER COMMUNITY AGENCIES. THEY PROVIDE ASSISTANCE WITH NAVIGATING MEDICAL INSURANCE ENROLLMENT, OFFER GUIDANCE ON BUDGETING, MONITOR HEALTH OUTCOMES AND FOR THOSE WHO ARE AT RISK OF FALLING OUT OF CARE, PROVIDE INTENSIVE MEDICAL CASE MANAGEMENT. THE CASE MANAGEMENT TEAM ALSO FACILITATES WEEKLY INTERDISCIPLINARY CASE CONFERENCING TO DISCUSS ACUTE CASES WITH REPRESENTATIVES FROM ALL OTHER PROGRAM DEPARTMENTS. DURING THE YEAR A COMPLIMENTARY CENTRAL REGISTRATION TEAM WELCOMED AN AVERAGE OF 32 NEW CLIENTS EACH MONTH. OTHER ACCOMPLISHMENTS INCLUDE ENHANCEMENT OF

Name of the organization

DESERT AIDS PROJECT, INC.

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**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

QUALITY IMPROVEMENT ACTIVITIES, GROWTH TO INCLUDE AN ADDITIONAL FTE, SPECIALIZED TRAINING ON CLIENT ENGAGEMENT, LAUNCH OF A NEW DOCUMENT MANAGEMENT SYSTEM TO ACHIEVE 100% PAPERLESS FILES, AND SERVICE ON LOCAL PLANNING BODIES SUCH AS THE INLAND EMPIRE HIV PLANNING COUNCIL AND THE COACHELLA VALLEY RESOURCES COLLABORATIVE. IN TOTAL, OVER 1,900 UNDUPLICATED CLIENTS BENEFITTED FROM CASE MANAGEMENT.

**SOCIAL SERVICES**

EXPENSES: \$ 940,100

D.A.P. PROVIDES FREE SOCIAL SERVICES TO LOW-INCOME, UNINSURED OR UNDER-INSURED COMMUNITY MEMBERS. OUR STAFF BRING PARTICULAR EXPERTISE IN SERVING THOSE LIVING WITH HIV AND DELIVER SERVICES AT OUR MAIN CAMPUS AND OUR SATELLITE OFFICE IN INDIO, CA. KEY TO D.A.P.'S ABILITY TO REMOVE OR REDUCE BARRIERS TO ACCESSING MEDICAL CARE AND ADHERING TO TREATMENT IS OUR ASSISTANCE WITH BASIC NEEDS. OUR NUTRITION SERVICES PROGRAM PROVIDED GROCERY VOUCHERS TO OVER 490 CLIENTS IN FISCAL YEAR 2016. ONCE A MONTH, THESE CLIENTS PARTICIPATED IN OUR "FARMER'S MARKET" WHERE WE DISTRIBUTED FRESH PRODUCE AND HEALTH STAPLES. OVER 360 CLIENTS BENEFITTED FROM HOUSING SERVICES THROUGHOUT THE YEAR INCLUDING SPECIALIZED HOUSING CASE MANAGEMENT AS WELL AS FINANCIAL ASSISTANCE FOR EMERGENCY, TRANSITIONAL AND PERMANENT HOUSING PLACEMENTS. NEW THIS PAST YEAR, STAFF PARTICIPATED IN THE COMMUNITY ACTION PARTNERSHIP OF RIVERSIDE COUNTY LINKING INDIVIDUALS TO UTILITY ASSISTANCE PROGRAMS. ALSO DURING THE YEAR, MORE THAN 375 CLIENTS QUALIFIED FOR BUS PASSES OR GIFT CARDS FOR GAS TO SUPPORT TRANSPORTATION TO AND FROM MEDICAL AND DENTAL APPOINTMENTS, THERAPY SESSIONS AND OTHER NEEDED CLINICAL AND SOCIAL SERVICES.

**HOME HEALTH SERVICES**

EXPENSES: \$ 778,237

Name of the organization

DESERT AIDS PROJECT, INC.

Employer identification number

33-0068583

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

D.A.P. PROVIDES HOME HEALTH CARE TO LOW-INCOME, UNINSURED OR UNDER-INSURED COMMUNITY MEMBERS. OUR STAFF BRING PARTICULAR EXPERTISE IN SERVING THOSE LIVING WITH HIV. HOME HEALTH CARE TEAMS CONSIST OF NURSE CASE MANAGERS AND SOCIAL WORKERS WHO COORDINATE IN-HOME MENTAL HEALTH THERAPY AND SKILLED HEALTH SERVICES PROVIDED BY HOMEMAKERS AND CERTIFIED HOME HEALTH AIDES. DURING THE YEAR, THIS DEPARTMENT SERVED OVER 55 CLIENTS WHO WERE DETERMINED BY A PHYSICIAN TO HAVE A CHRONIC MEDICAL DEPENDENCY DUE TO PHYSICAL OR COGNITIVE IMPAIRMENT FROM HIV INFECTION. ALL SERVICES ARE PROVIDED IN THE HOME OF THE CLIENT.

**FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS**

CHANGES TO BY-LAWS INCLUDED:

- 1) CHANGE IN COMPOSITION OF THE BOARD - ARTICLE VII, SECTION 5
- 2) REMOVAL FROM BOARD ALSO REMOVES MEMBER AS OFFICER - ARTICLE VII, SECTION 9, E
- 3) SPECIFICATION OF DATE AND TIME FOR MONTHLY MEETING - ARTICLE VII, SECTION 13
- 4) BOARD MEMBERS WITH CONFLICT MAY NOT PARTICIPATE IN CONTRACTING USING FEDERAL FUNDS - ARTICLE VII, SECTION 20, E
- 5) BOARD MEMBERS MAY NOT SOLICIT OR ACCEPT GRATUITIES - ARTICLE VII, SECTION 20, E
- 6) FOLLOWING STANDING COMMITTEES WERE ADDED AND DEFINED - SECTION X
  - QI COMMITTEE - SECTION X, G
  - MEDICAL COMMITTEE - SECTION X, H
- 7) PROCEDURE FOR DISSOLUTION OF ORGANIZATION - ARTICLE XV

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

DRAFT COPIES OF THE FORM 990 ARE PROVIDED TO THE BOARD FOR THEIR APPROVAL PRIOR TO FILING THE RETURN.

Name of the organization

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**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

AN ANNUAL QUESTIONNAIRE IS USED TO ADVISE OF ANY CONFLICTS OF INTEREST.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT**

THE BOARD PRESIDENT AND EXECUTIVE COMMITTEE REVIEW THE SALARIES OF THE CEO USING DATA WITH COMPARABLE POSITIONS AND MAINTAIN CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING OF THE REVIEW.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

THE BOARD PRESIDENT AND EXECUTIVE COMMITTEE REVIEW THE SALARY OF THE INDEPENDENT PERSONS BASING COMPENSATION ON SALARY SURVEYS AND ANNUAL EVALUATION/PERFORMANCE REVIEWS.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

GOVERNING DOCS, POLICIES AND FINANCIAL STATEMENTS ARE OBTAINED BY REQUEST TO THE BOARD OF DIRECTORS OR MANAGEMENT

**FORM 990, PART IX, LINE 11G  
OTHER FEES FOR SERVICES**

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUND- RAISING
OTHER PROFESSIONAL FEES	3,529,116.	3,074,482.	431,649.	22,985.
<b>TOTAL</b>	<b>\$ 3,529,116.</b>	<b>\$ 3,074,482.</b>	<b>\$ 431,649.</b>	<b>\$ 22,985.</b>

**SCHEDULE R**  
**(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

- ▶ 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).

Department of the Treasury  
Internal Revenue Service

Name of the organization

DESERT AIDS PROJECT, INC.

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33-0068583

**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
(1) ----- ----- -----					
(2) ----- ----- -----					
(3) ----- ----- -----					

**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) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) VISTA SUNRISE, INC. 1695 NORTH SUNRISE WAY PALM SPRINGS, CA 92262 20-5404897	OVERSEEING MGMT DUTIES FOR PRTNRSHP	CA	501 (C) (3)	11B	N/A		X
(2) ----- ----- -----							
(3) ----- ----- -----							
(4) ----- ----- -----							

**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	
SEE PART VII												
(1) VISTA SUNRISE AP 1415 OLIVE STREE ST. LOUIS, MO 63 42-1574452	RENT MGMT	CA	VSI	UNRELATED	-42.	84,445.		X	N/A	X		0.01
(2) -----												
(3) -----												

**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) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									

**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)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

**PART III - PARTNERSHIP FULL NAME, ADDRESS, FEIN**

VISTA SUNRISE APARTMENTS, L.P.      42-1574452      1415 OLIVE STREET #310      ST.  
LOUIS, MO 63103

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

OMB No. 1545-1709

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](http://www.irs.gov/form8868).

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. <b>DESERT AIDS PROJECT, INC.</b>	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>1695 N. SUNRISE WAY</b>	<b>33-0068583</b>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PALM SPRINGS, CA 92262</b>	Social security number (SSN)

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ DAVID BENJAMIN

Telephone No. ▶ 760 323 2118 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 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 2017, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ▶  calendar year 20\_\_\_\_ or
- ▶  tax year beginning 7/01, 2015, and ending 6/30, 2016.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.....	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.....	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.....	3c	\$	0.

**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.

David Benjamin, CPA

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. <b>DESERT AIDS PROJECT, INC.</b>	Employer identification number (EIN) or <b>33-0068583</b>
	Number, street, and room or suite number. If a P.O. box, see instructions. <b>LUND &amp; GUTTRY LLP 36917 COOK STREET STE 102</b>	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PALM DESERT, CA 92211</b>	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
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Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in the care of ▶ DAVID BENJAMIN  
Telephone No. ▶ 760 323 2118 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.

- I request an additional 3-month extension of time until 5/15, 20 17.
- For calendar year \_\_\_\_\_, or other tax year beginning 7/01, 20 15, and ending 6/30, 20 16.
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- State in detail why you need the extension... ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.....	8a \$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.....	8b \$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.....	8c \$

**Signature and Verification must be completed for Part II only.**

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

Signature ▶ [Signature] Title ▶ CPA Date ▶ 2/3/17  
BAA