

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 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 No

If "Yes" describe these changes on Schedule Q

- 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 \$ 22,019,556. including grants of \$) (Revenue \$)

SEE SCHEDULE O

- 4b** (Code:) (Expenses \$ 10,757,157. including grants of \$) (Revenue \$)

SEE SCHEDULE O

- 4c** (Code:) (Expenses \$ 4,217,915. including grants of \$) (Revenue \$)

SEE SCHEDULE O

- 4d** Other program services (Describe on Schedule O.)

SEE SCHEDULE O

(Expenses \$ 3,576,317, including grants of \$) (Revenue \$)

- 4e Total program service expenses ► 40,570,945.**

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)? If 'Yes,' complete Schedule A	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? If 'Yes,' complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	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? If 'Yes,' complete Schedule C, Part III	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? If 'Yes,' complete Schedule D, Part 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? If 'Yes,' complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	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? If 'Yes,' complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	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? If 'Yes,' complete Schedule D, Part VI	11a 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? If 'Yes,' complete Schedule D, Part VII	11b 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? If 'Yes,' complete Schedule D, Part VIII	11c 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? If 'Yes,' complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e 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)? If 'Yes,' complete Schedule D, Part XI	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a 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? If 'Yes,' complete Schedule F, Parts I and IV	14b 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? If 'Yes,' complete Schedule F, Parts II and IV	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? If 'Yes,' complete Schedule F, Parts III and IV	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? If 'Yes,' complete Schedule G, Part 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? If 'Yes,' complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19 X	
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a X	
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	
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? If 'Yes,' complete Schedule I, Parts I and II	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? If 'Yes,' complete Schedule I, Parts I and III.....	22	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? If 'Yes,' complete Schedule J.....	23	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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.....	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....	24b	
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?.....	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.....	25a	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? If 'Yes,' complete Schedule L, Part I.....	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.....	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.....	27	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, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.....	28a	X
b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.....	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 'Yes,' complete Schedule L, Part IV.....	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.....	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.....	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.....	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.....	32	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? If 'Yes,' complete Schedule R, Part I.....	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.....	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....	35a	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)? If 'Yes,' complete Schedule R, Part V, line 2.....	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.....	36	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? If 'Yes,' complete Schedule R, Part VI.....	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.....	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V.....

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.....	1a	249
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.....	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a 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.....	2a	282
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O.</i>	3b	X
4a 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)?	4a	X
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).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a 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?	6a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a 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?	7a	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.....	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12.....	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.....	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders.....	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).....	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.....	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
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.....	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O.</i>	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
<i>If 'Yes,' see instructions and file Form 4720, Schedule N.</i>		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If 'Yes,' complete Form 4720, Schedule O.</i>	16	X

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 on 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
1a	Enter the number of voting members of the governing body at the end of the tax year. 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 on Schedule O.	16	
1b	Enter the number of voting members included on line 1a, above, who are independent.	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?		
b	Each committee with authority to act on behalf of the governing body?		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O.		
9			X

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

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

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 (1024 or 1024-A, 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 on Schedule O)
- 19 Describe on 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 ► JUDY STITH 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.

See instructions for the order in which to list the persons above.

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 organi- zations 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	Institutional trustee	Officer	Key employee	Highest compensated			
(1) SHUBHA J KERKAR, M.D. DIR. INF. DISEASES	40 0				X		396,433.	0.	34,794.
(2) DAVID BRINKMAN CEO	40 0			X			382,861.	0.	28,690.
(3) TULIKA SINGH, M.D. ASST CMO/DIR. RESEARCH	40 0				X		365,769.	0.	27,258.
(4) DAVID MORRIS, M.D. CHIEF MED OFF.	40 0			X			340,786.	0.	32,238.
(5) CHRISTOPHER FOLTZ, M.D. INF. DISEASES PHYS	40 0				X		327,391.	0.	27,258.
(6) CHRISTOPHER BROWN COO	40 0			X			234,544.	0.	24,239.
(7) MATTHEW MORAN NURSE PRACTITIONER	40 0				X		228,483.	0.	24,248.
(8) ROQUE ANTHONY VELASCO NURSE PRACTITIONER	40 0				X		190,953.	0.	21,624.
(9) JUDY STITH CFO	40 0			X			187,346.	0.	17,186.
(10) DIANA KALLIS PSYCHIATRIST	40 0				X		185,250.	0.	18,342.
(11) DARRELL TUCCI CHIEF DEV. OFF.	40 0			X			182,276.	0.	21,014.
(12) SHERI SAENZ CHF PEOPLE/PLACES OFFICER	40 0				X		144,746.	0.	19,327.
(13) PATRICK JORDAN CHAIR	2 0	X		X			0.	0.	0.
(14) LAURI KIBBY VICE CHAIR	2 0	X		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			
(15) FREDERICK J. DREWETTE TREASURER	2 0	X		X			0.	0.	0.
(16) MARK HAMILTON SECRETARY	2 0	X		X			0.	0.	0.
(17) KEVIN BASS DIRECTOR	2 0	X					0.	0.	0.
(18) CAROLYN CALDWELL DIRECTOR	1 0	X					0.	0.	0.
(19) GINNY EHRLICH DIRECTOR	1 0	X					0.	0.	0.
(20) JERRY FOGELSON DIRECTOR	2 0	X					0.	0.	0.
(21) MIKE ISBELL DIRECTOR	1 0	X					0.	0.	0.
(22) ATHALIE LAPAMUK DIRECTOR	1 0	X					0.	0.	0.
(23) BERTIL LINDBLAD DIRECTOR	2 0	X					0.	0.	0.
(24) KYLE MUDD DIRECTOR	1 0	X					0.	0.	0.
(25) SCOTT NEVINS DIRECTOR	1 0	X					0.	0.	0.
1 b Subtotal							3,166,838.	0.	296,218.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							3,166,838.	0.	296,218.

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 ► 42

	Yes	No
3 Did the organization list any former officer, director, 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
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 ► 0		

Continuation Sheet for Form 990

Department of the Treasury
Internal Revenue Service

Name of the Organization

Name of the Organization DESERT AIDS PROJECT, INC.	Employer Identification number 33-0068583
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Part VII Continuation: Officers, Directors, Trustees, Key Employees, and

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Part VIII Statement of RevenueCheck 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
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a			
	b Membership dues.....	1b			
	c Fundraising events.....	1c 2,011,411.			
	d Related organizations.....	1d			
	e Government grants (contributions).....	1e 7,946,243.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,626,998.			
	g Noncash contributions included in lines 1a-1f.....	1g 3,686,549.			
	h Total. Add lines 1a-1f.....		15,584,652.		
Program Service Revenue		Business Code			
	2 a FEES FOR SERVICES	621400	32,491,276.	32,491,276.	
	b -----				
	c -----				
	d -----				
	e -----				
	f All other program service revenue.....				
	g Total. Add lines 2a-2f.....		32,491,276.		
	3 Investment income (including dividends, interest, and other similar amounts)		330,967.		330,967.
	4 Income from investment of tax-exempt bond proceeds..				
	5 Royalties.....				
		(i) Real	(ii) Personal		
	6 a Gross rents	6a 343,860.			
	b Less: rental expenses	6b			
	c Rental income or (loss)	6c 343,860.			
	d Net rental income or (loss).....		343,860.	343,860.	
		(i) Securities	(ii) Other		
	7 a Gross amount from sales of assets other than inventory	7a 6,163,611.			
	b Less: cost or other basis and sales expenses	7b 5,553,970.			
	c Gain or (loss).....	7c 609,641.			
	d Net gain or (loss).....		609,641.		609,641.
Other Revenue	8 a Gross income from fundraising events (not including \$ 2,011,411. of contributions reported on line 1c).				
	See Part IV, line 18	8a 45,569.			
	b Less: direct expenses.....	8b 1,051,357.			
	c Net income or (loss) from fundraising events		-1,005,788.		
	9 a Gross income from gaming activities. See Part IV, line 19	9a			
	b Less: direct expenses.....	9b			
	c Net income or (loss) from gaming activities.....				
	10 a Gross sales of inventory, less..... returns and allowances	10a 5,048,879.			
	b Less: cost of goods sold....	10b 4,429,555.			
	c Net income or (loss) from sales of inventory.....		619,324.		619,324.
Miscellaneous Revenue		Business Code			
	11 a MISCELLANEOUS.....	624100	48,330.	48,330.	
	b -----				
	c -----				
	d All other revenue.....				
	e Total. Add lines 11a-11d.....		48,330.		
	12 Total revenue. See instructions.....		49,022,262.	32,883,466.	619,324.
					940,608.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	1,426,806.	1,042,868.	206,525.	177,413.
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	12,712,951.	9,292,038.	1,840,154.	1,580,759.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....	593,093.	433,498.	85,848.	73,747.
9 Other employee benefits	3,149,578.	2,302,062.	455,890.	391,626.
10 Payroll taxes	934,550.	683,073.	135,273.	116,204.
11 Fees for services (nonemployees):				
a Management				
b Legal	37,957.		37,957.	
c Accounting.....	59,727.	59,727.		
d Lobbying.....				
e Professional fundraising services. See Part IV, line 17...				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	4,051,894.	3,563,425.	373,960.	114,509.
12 Advertising and promotion.....				
13 Office expenses	896,509.	494,355.	226,802.	175,352.
14 Information technology.....				
15 Royalties.....				
16 Occupancy.....				
17 Travel.....	226,240.	97,731.	69,498.	59,011.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....				
20 Interest.....	204,886.	203,769.	1,117.	
21 Payments to affiliates.....				
22 Depreciation, depletion, and amortization	1,304,884.	1,079,571.		225,313.
23 Insurance.....	263,463.	155,301.	430.	107,732.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).....				
a PHARMACEUTICALS	14,897,659.	14,897,659.		
b FACILITIES COST	2,153,066.	746,667.	2,189.	1,404,210.
c CLIENT ASSISTANCE	1,112,853.	1,072,656.	2,523.	37,674.
d EVENT AND OUTREACH	969,961.	48,254.	58,462.	863,245.
e All other expenses.....	496,479.	4,398,291.	245,725.	-4,147,537.
25 Total functional expenses. Add lines 1 through 24e....	45,492,556.	40,570,945.	3,742,353.	1,179,258.
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 SheetCheck if Schedule O contains a response or note to any line in this Part X.....

		(A) Beginning of year		(B) End of year
	1 Cash – non-interest-bearing.....	832,625.	1	5,052,995.
	2 Savings and temporary cash investments.....	468,193.	2	1,377,801.
	3 Pledges and grants receivable, net.....	1,246,290.	3	860,992.
	4 Accounts receivable, net	3,262,775.	4	4,169,021.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net.....		7	
	8 Inventories for sale or use.....	419,068.	8	340,792.
	9 Prepaid expenses and deferred charges.....	489,219.	9	472,235.
Assets	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 27,942,900.		
	b Less: accumulated depreciation.....	10b 10,076,964.	10c	17,865,936.
	11 Investments – publicly traded securities.....	13,516,415.	11	10,024,141.
	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.....	7,518,872.	15	1,789,196.
	16 Total assets. Add lines 1 through 15 (must equal line 33).	44,147,066.	16	41,953,109.
	17 Accounts payable and accrued expenses.....	2,478,095.	17	2,963,976.
	18 Grants payable		18	
	19 Deferred revenue	93,665.	19	75,143.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties.....	5,178,144.	23	5,035,825.
	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.....	6,310,211.	25	689,234.
	26 Total liabilities. Add lines 17 through 25.....	14,060,115.	26	8,764,178.
Liabilities	Organizations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions.....	21,632,314.	27	23,902,326.
	28 Net assets with donor restrictions.....	8,454,637.	28	9,286,605.
	Organizations that do not follow FASB ASC 958, check here ► <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds.....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.....		30	
	31 Retained earnings, endowment, accumulated income, or other funds.....		31	
	32 Total net assets or fund balances.....	30,086,951.	32	33,188,931.
Net Assets or Fund Balances	33 Total liabilities and net assets/fund balances.	44,147,066.	33	41,953,109.

Part XI Reconciliation of Net AssetsCheck 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	49,022,262.
2 Total expenses (must equal Part IX, column (A), line 25).....	2	45,492,556.
3 Revenue less expenses. Subtract line 2 from line 1.....	3	3,529,706.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).....	4	30,086,951.
5 Net unrealized gains (losses) on investments.....	5	-428,420.
6 Donated services and use of facilities.....	6	694.
7 Investment expenses.....	7	
8 Prior period adjustments.....	8	
9 Other changes in net assets or fund balances (explain on Schedule O).....	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).....	10	33,188,931.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII.

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization	DESERT AIDS PROJECT, INC. DBA DAP HEALTH	Employer identification number
		33-0068583

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").....	12078017.	15841544.	17110648.	14162013.	15584652.	74,776,874.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.....						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge....						0.
4 Total. Add lines 1 through 3....	12078017.	15841544.	17110648.	14162013.	15584652.	74,776,874.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4.....						74,776,874.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.....	12078017.	15841544.	17110648.	14162013.	15584652.	74,776,874.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.....	284,553.	274,599.	343,595.	380,893.	330,967.	1,614,607.
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.....	123,810.	41,476.	33,532.	29,165.	48,330.	276,313.
11 Total support. Add lines 7 through 10.....						76,667,794.
12 Gross receipts from related activities, etc. (see instructions).....					12	160726140.
13 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..... ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).....	14	97.53 %
15 Public support percentage from 2018 Schedule A, Part II, line 14.....	15	97.49 %
16a 33-1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization..... ► <input checked="" type="checkbox"/>		
b 33-1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization..... ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization..... ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization..... ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions... ► <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17.	18	%
19a 33-1/3% support tests—2019. 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. ► <input type="checkbox"/>		
b 33-1/3% support tests—2018. 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. ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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 12a or 12b 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 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)

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

Section B. Type I Supporting Organizations

	Yes	No
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 of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b	

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

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

Section A – Adjusted Net Income

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

Section B – Minimum Asset Amount

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

Section C – Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

	Current Year
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 Total annual distributions. 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 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017.....			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016.....			
c Excess from 2017.....			
d Excess from 2018			
e Excess from 2019.....			

BAA

Schedule A (Form 990 or 990-EZ) 2019

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

<u>NATURE AND SOURCE</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>
MISCELLANEOUS INCOME	\$ 48,330.	\$ 29,165.	\$ 33,532.	\$ 41,476.	\$ 123,810.
TOTAL	<u>\$ 48,330.</u>	<u>\$ 29,165.</u>	<u>\$ 33,532.</u>	<u>\$ 41,476.</u>	<u>\$ 123,810.</u>

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

DESERT AIDS PROJECT, INC.
DBA DAP HEALTH

Employer identification number

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 (for example, 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
2a	
2b	
2c	
2d	

- a Total number of conservation easements
- b Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register
- 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 FASB 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 FASB 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 ► \$ 89,400.
(ii) Assets included in Form 990, Part X ► \$ 1,363,786.
- 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 FASB 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 make 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 program
 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.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance.....	13,313,995.	12,479,253.	12,734,436.	10,629,245.	9,160,553.
b Contributions.....	492,775.	900,097.	565,845.	3,991,027.	2,381,576.
c Net investment earnings, gains, and losses.....	1,079,460.	20,397.	-735,593.	-1,803,665.	-840,683.
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....	4,321,089.			0.	
f Administrative expenses.....	82,237.	85,752.	85,435.	82,171.	72,202.
g End of year balance.....	10,482,904.	13,313,995.	12,479,253.	12,734,436.	10,629,244.

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 Term endowment ► %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

Yes	No
3a(i)	X
3a(ii)	X
3b	

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?

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
1a Land.....		1,716,307.		1,716,307.
b Buildings.....		19,770,374.		19,770,374.
c Leasehold improvements.....		1,249,556.		1,249,556.
d Equipment.....		3,606,542.		3,606,542.
e Other.....		1,600,121.	10,076,964.	-8,476,843.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				17,865,936.

BAA

Schedule D (Form 990) 2019

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) ►**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYABLE	445,806.
(3) RELATED PARTY PAYABLE	243,428.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ► 689,234.2. 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 FASB 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	49,645,893.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments.....	2a	-428,420.
b Donated services and use of facilities.....	2b	694.
c Recoveries of prior year grants.....	2c	
d Other (Describe in Part XIII.) SEE PART XIII.....	2d	1,051,357.
e Add lines 2a through 2d.....	2e	623,631.
3 Subtract line 2e from line 1.....	3	49,022,262.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	
b Other (Describe in Part XIII.).....	4b	
c Add lines 4a and 4b.....	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....	5	49,022,262.

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	46,543,913.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities.....	2a	
b Prior year adjustments.....	2b	
c Other losses.....	2c	
d Other (Describe in Part XIII.) SEE PART XIII.....	2d	1,051,357.
e Add lines 2a through 2d.....	2e	1,051,357.
3 Subtract line 2e from line 1.....	3	45,492,556.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	
b Other (Describe in Part XIII.).....	4b	
c Add lines 4a and 4b.....	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....	5	45,492,556.

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	\$ 1,051,357.
TOTAL	<u>\$ 1,051,357.</u>

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

EXPENSES IN SPECIAL EVENTS	\$ 1,051,357.
TOTAL	<u>\$ 1,051,357.</u>

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization **DESERT AIDS PROJECT, INC.**
DBA DAP HEALTH

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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

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

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

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

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

	(a) Event #1 S CHASE GALA (event type)	(b) Event #2 PARTNERS FOR L (event type)	(c) Other events 5 (total number)	(d) Total events (add column (a) through column (c))
1 Gross receipts.....	994,194.	370,086.	692,700.	2,056,980.
2 Less: Contributions.....	994,194.	370,086.	647,131.	2,011,411.
3 Gross income (line 1 minus line 2)....			45,569.	45,569.
4 Cash prizes.....				
5 Noncash prizes.....				
6 Rent/facility costs.....	39,224.		1,250.	40,474.
7 Food and beverages.....	200,517.	23,643.	106,302.	330,462.
8 Entertainment.....	440,104.	350.	1,550.	442,004.
9 Other direct expenses.....	92,832.	2,878.	142,707.	238,417.
10 Direct expense summary. Add lines 4 through 9 in column (d).....				1,051,357.
11 Net income summary. Subtract line 10 from line 3, column (d).....				-1,005,788.

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

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

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

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

b If 'No,' explain: _____

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

b If 'Yes,' explain: _____

- 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.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization	DESERT AIDS PROJECT, INC. DBA DAP HEALTH	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 (such as 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 on line 1a?.....

3 Indicate which, if any, of the following the 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' on 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 nonfixed 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' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?.....

	Yes	No
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		

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

Schedule J (Form 990) 2019

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 aren't 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				
DAVID BRINKMAN 1 CEO	(i) 382,861. (ii) 0.	0. 0.	0. 0.	19,000. 0.	9,690. 0.	411,551. 0.	0. 0.
JUDY STITH 2 CFO	(i) 187,346. (ii) 0.	0. 0.	0. 0.	10,286. 0.	6,900. 0.	204,532. 0.	0. 0.
CHRISTOPHER BROWN 3 COO	(i) 234,544. (ii) 0.	0. 0.	0. 0.	15,981. 0.	8,258. 0.	258,783. 0.	0. 0.
DAVID MORRIS, M.D. 4 CHIEF MED OFF.	(i) 340,786. (ii) 0.	0. 0.	0. 0.	23,851. 0.	8,387. 0.	373,024. 0.	0. 0.
DARRELL TUCCI 5 CHIEF DEV. OFF.	(i) 182,276. (ii) 0.	0. 0.	0. 0.	12,756. 0.	8,258. 0.	203,290. 0.	0. 0.
TULIKA SINGH, M.D. 6 ASST CMO/DIR. RESEARCH	(i) 365,769. (ii) 0.	0. 0.	0. 0.	19,000. 0.	8,258. 0.	393,027. 0.	0. 0.
SHERI SAENZ 7 CHF PEOPLE/PLACES OFFICER	(i) 144,746. (ii) 0.	0. 0.	0. 0.	9,555. 0.	9,772. 0.	164,073. 0.	0. 0.
SHUBHA J KERKAR, M.D. 8 DIR. INF. DISEASES	(i) 396,433. (ii) 0.	0. 0.	0. 0.	25,000. 0.	9,794. 0.	431,227. 0.	0. 0.
CHRISTOPHER FOLTZ, M.D. 9 INF. DISEASES PHYS	(i) 327,391. (ii) 0.	0. 0.	0. 0.	19,000. 0.	8,258. 0.	354,649. 0.	0. 0.
MATTHEW MORAN 10 NURSE PRACTITIONER	(i) 228,483. (ii) 0.	0. 0.	0. 0.	15,990. 0.	8,258. 0.	252,731. 0.	0. 0.
ROQUE ANTHONY VELASCO 11 NURSE PRACTITIONER	(i) 190,953. (ii) 0.	0. 0.	0. 0.	13,366. 0.	8,258. 0.	212,577. 0.	0. 0.
DIANA KALLIS 12 PSYCHIATRIST	(i) 185,250. (ii) 0.	0. 0.	0. 0.	12,967. 0.	5,375. 0.	203,592. 0.	0. 0.
13	(i) (ii)						
14	(i) (ii)						
15	(i) (ii)						
16	(i) (ii)						

BAA

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)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

OMB No. 1545-0047

2019

**Open To Public
Inspection**

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

Name of the organization **DESERT AIDS PROJECT, INC.**
DBA DAP HEALTH

Employer identification number
33-0068583

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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?
						Yes	No		
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									

Total. ► \$ _____

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)				

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

Schedule L (Form 990 or 990-EZ) 2019

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	199,903.	SEE PART V	X	
(2)					
(3)					
(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

THE FOLLOWING SERVICE WAS PROVIDED TO THE DESERT AIDS PROJECT BY BUSINESS OWNER/MANAGEMENT WHO IS A MEMBER OF THE BOARD OF DIRECTORS OF D.A.P. DURING THIS FISCAL YEAR:

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 D.A.P. PAID \$ 199,903 FOR SERVICES OF COACHELLA VALLEY HOME HEALTH.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization	DESERT AIDS PROJECT, INC. DBA DAP HEALTH	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	3	89,400.	APPRAISAL
2 Art – Historical treasures.....				
3 Art – Fractional interests.....				
4 Books and publications.....				
5 Clothing and household goods.....			3,483,225.	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	45,000.	FMV
20 Drugs and medical supplies.....	X	1	62,997.	FMV
21 Taxidermy.....				
22 Historical artifacts.....				
23 Scientific specimens.....				
24 Archeological artifacts.....				
25 Other ► (HIV TEST KITS).....	X	1	3,120.	FMV
26 Other ► (MISCELLANEOUS).....	X	1	2,807.	FMV
27 Other ► ().....				
28 Other ► ().....				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		29		

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

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

Schedule M (Form 990) 2019

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.

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.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**Name of the organization
DESSERT AIDS PROJECT, INC.
DBA DAP HEALTHEmployer identification number
33-0068583**FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES**

D.A.P. IS A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) WITH THE GOAL OF IMPROVING THE OVERALL HEALTH OF OUR ENTIRE COMMUNITY, ESPECIALLY THE DISENFRANCHISED. D.A.P. PROVIDES COMPREHENSIVE, CULTURALLY COMPETENT, QUALITY PRIMARY AND PREVENTATIVE HEALTH CARE SERVICES INCLUDING: PRIMARY MEDICAL CARE, HIV AND HEPATITIS SPECIALTY CARE, DENTISTRY, BEHAVIORAL HEALTH AND SOCIAL SERVICES. UNTIL THERE'S A CURE, THE VISION OF D.A.P. IS OF HEALTHY INDIVIDUALS, FAMILIES AND COMMUNITIES DESPITE THE EXISTENCE OF HIV. TO BRING THIS VISION TO LIFE, THE MISSION OF D.A.P. IS TO ENHANCE AND PROMOTE THE HEALTH AND WELL-BEING OF OUR COMMUNITY.

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 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**CLINIC SERVICES**

EXPENSES: \$22,019,556

HEALTH CARE SERVICES

IN 2020, DAP PROVIDED HEALTH CENTER SERVICES TO 6,774 PATIENTS. AS A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) 330 GRANTEE, DAP PROVIDES PRIMARY OUTPATIENT MEDICAL CARE, COMPREHENSIVE HIV-SPECIALTY CARE, PHARMACEUTICAL ASSISTANCE AND EDUCATION TO

Name of the organization DESERT AIDS PROJECT, INC. DBA DAP HEALTH	Employer identification number 33-0068583
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FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

LOW-INCOME, UNINSURED OR UNDER-INSURED COMMUNITY MEMBERS. WE ACCEPT CLIENTS WITH VARIOUS INSURANCE PLANS, INCLUDING MEDI-CAL (CALIFORNIA'S MEDICAID PROGRAM), MEDICARE AND COUNTY INDIGENT SERVICE PLANS. FOR THE UNINSURED, SERVICES ARE PROVIDED ON A SLIDING FEE SCALE DEPENDING ON INDIVIDUAL CLIENT INCOME ELIGIBILITY. CO-LOCATED ON OUR MAIN CAMPUS IN PALM SPRINGS, MEDICAL CARE IS DELIVERED THROUGH A DEDICATED MEDICAL CLINIC AND A SEPARATE DEDICATED WALK-IN SEXUAL WELLNESS AND SEXUAL TRANSMITTED INFECTION (STI) CLINIC, TO EXPEDITE TREATMENT ADHERENCE, AND FOR THE CONVENIENCE OF OUR CLIENTS, ON-SITE PHARMACY AND LABRATORY PARTNERS LEASE SPACE IN OUR MAIN BUILDING.

BEHAVIORAL HEALTH SERVICES

IN 2020, DAP PROVIDED BEHAVIORAL HEALTH SERVICES TO 845 PATIENTS. DAP'S BEHAVIORAL HEALTH SERVICES ARE OFFERED AT OUR MAIN CAMPUS TO LOW-INCOME, UNINSURED OR UNDER-INSURED COMMUNITY MEMBERS. THE BEHAVIORAL HEALTH PROGRAM OFFERS PSYCHIATRY AND INDIVIDUAL AND GROUP THERAPY PROVIDED BY LICENSED CLINICIANS (PSYCHIATRISTS, PSYCHOLOGISTS, LICENSED CLINICAL SOCIAL WORKERS AND PSYCHIATRIC NURSE PRACTITIONERS). CLIENTS ALSO BENEFITTED FROM SUBSTANCE USE COUNSELING AND OTHER PSYCHOSOCIAL SUPPORT SERVICES OFFERED THROUGH OUR SOCIAL SERVICES DEPARTMENT. OUR STAFF BRINGS PARTICULAR EXPERTISE IN SERVING THOSE LIVING WITH HIV. FOR INDIVIDUAL THERAPY, WE ACCEPT CLIENTS WITH VARIOUS INSURANCE PLANS INCLUDING MEDI-CAL (CALIFORNIA'S MEDICAID PROGRAM), AND MEDICARE. FOR THE UNINSURED, SERVICES ARE PROVIDED ON A SLIDING SCALE DEPENDING ON INDIVIDUAL CLIENT INCOME ELIGIBILITY.

DENTAL SERVICES

IN 2020, DAP PROVIDED DENTAL CENTER SERVICES TO 998 PATIENTS. DAP PROVIDES ORAL HEALTHCARE TO LOW-INCOME, UNINSURED OR UNDER-INSURED COMMUNITY MEMBERS IN OUR DENTAL

Name of the organization DESERT AIDS PROJECT, INC. DBA DAP HEALTH	Employer identification number 33-0068583
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FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

CLINIC 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 VARIOUS INSURANCE PLANS INCLUDING MEDI-CAL (CALIFORNIA'S MEDICAID PROGRAM), AND FOR THE UNINSURED, SERVICES ARE PROVIDED ON A SLIDING SCALE DEPENDING ON INDIVIDUAL CLIENT INCOME ELIGIBILITY.

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

SOCIAL SERVICES

EXPENSES: \$ 10,757,157

CASE MANAGEMENT

IN 2020, DAP PROVIDED CASE MANAGEMENT SERVICES TO 1,981 CLIENTS. UNDER THE SOCIAL SERVICES UMBRELLA, DAP PROVIDES CASE MANAGEMENT TO LOW-INCOME, UNINSURED OR UNDER-INSURED COMMUNITY MEMBERS, MOST OF WHOM ARE OVER THE AGE OF 50 YEARS AND LIVING WITH HIV. SERVICES ARE PROVIDED AT OUR MAIN CAMPUS. 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. THE TEAM OF CASE MANAGERS ASSESS NEEDS, IDENTIFY BARRIERS AND PROVIDE INDIVIDUALS WITH REFERRALS AND ADVOCACY DESIGNED TO FACILITATE LINKAGE TO SERVICES OFFERED AT DAP OR OTHER COMMUNITY AGENCIES. THEY PROVIDE ASSISTANCE WITH MEDICAL INSURANCE ENROLLMENT, OFFER GUIDANCE ON BUDGETING, AND MONITOR HEALTH OUTCOMES. FOR THOSE WHO ARE AT RISK OF FALLING OUT OF CARE, THEY PROVIDE INTENSIVE MEDICAL CASE MANAGEMENT.

WELLNESS SERVICES

IN 2020, DAP PROVIDED WELLNESS SERVICES TO 1,747 CLIENTS. DAP MAINTAINS AN EXTENSIVE SOCIAL SERVICES DEPARTMENT PROVIDING MANY SERVICES TO LOW-INCOME, UNINSURED OR

Name of the organization DESERT AIDS PROJECT, INC. DBA DAP HEALTH	Employer identification number 33-0068583
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FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

UNDER-INSURED COMMUNITY MEMBERS. OUR STAFF BRINGS PARTICULAR EXPERTISE IN SERVING THOSE LIVING WITH HIV AND DELIVERS THESE SERVICES AT OUR MAIN CAMPUS. THE DEPARTMENT OFFERS PSYCHOSOCIAL SUPPORT SERVICE GROUPS INCLUDING: STRESS MANAGEMENT, FREEDOM FROM SMOKING, LIVER SUPPORT GROUP, COVID-19 SUPPORT GROUP, AND TALKING CIRCLE. PEER-RUN GROUPS INCLUDE: SUBSTANCE USE PEER-LED SUPPORT GROUP, KNITTING GROUP, AND A LADIES GROUP. ADDITIONAL WELLNESS SERVICES SUCH AS REIKI, CHAIR MASSAGE, ACUPUNCTURE, AND YOGA ARE UNDER THE SOCIAL SERVICES UMBRELLA. THE SOCIAL SERVICES DEPARTMENT ALSO INCLUDES A SUPPORT SERVICES DEPARTMENT PROVIDING HOUSING, FOOD, AND MEDICAL TRANSPORTATION RESOURCE AND REFERRAL ASSISTANCE.

HOME HEALTH SERVICES

DAP PROVIDES HOME HEALTH CARE TO LOW-INCOME, UNINSURED OR UNDER-INSURED COMMUNITY MEMBERS. OUR STAFF BRING PARTICULAR EXPERTISE IN SERVING THOSE LIVING WITH HIV. THE CARE TEAM CONSISTS OF NURSE CASE MANAGERS, SOCIAL WORKERS WHO COORDINATE IN-HOME MENTAL HEALTH THERAPY AND SKILLED HEALTH SERVICES PROVIDED BY HOMEMAKERS AND CERTIFIED HOME HEALTH AIDES. CLIENTS SERVED ARE THOSE WHO ARE 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 III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS**COMMUNITY HEALTH - EDUCATION AND PREVENTION**

EXPENSES: \$ 4,217,915

IN 2020, DAP PROVIDED COMMUNITY HEALTH PROVIDED 3,561 HIV TESTS AND ENROLLED 71 NEW CLIENTS INTO EARLY INTERVENTION SERVICES. DAP'S COMMITMENT TO TESTING, EDUCATION AND PREVENTION IS CONTINUALLY EXERCISED BY OUR COMMUNITY HEALTH DEPARTMENT. STAFF PROVIDES RAPID HIV AND HEPATITIS C (HCV) TESTS ON-SITE AT OUR MAIN CAMPUS, IN OUR

Name of the organization DESERT AIDS PROJECT, INC. DBA DAP HEALTH	Employer identification number 33-0068583
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FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

MOBILE TESTING VAN, AND OFFSITE AT COMMUNITY PARTNERS (MEDICAL AND NON-MEDICAL) LOCATIONS OR AT SPECIAL EVENTS. EDUCATION PRESENTATIONS ABOUT HIV, HEPATITIS C, AND OTHER SEXUALLY TRANSMITTED INFECTIONS ARE ROUTINELY OFFERED TO ADULTS AND YOUTH THROUGHOUT RIVERSIDE AND SAN BERNARDINO COUNTIES. DEPARTMENT PERSONNEL ARE ALSO FULLY TRAINED IN EDUCATING AT-RISK INDIVIDUALS ON HIV PREVENTION; PRE- EXPOSURE PROPHYLAXIS (PREP) AND POST-EXPOSURE PROPHYLAXIS (PEP) .

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

REVIVALS - RE-SALE STORES

EXPENSES: \$ 3,576,317 REVENUE: \$ 5,048,879

VALUE OF DONATED GOODS SOLD: \$ 4,429,555

DAP OPERATES THREE RE-SALE STORES IN OUR SERVICE AREA AS A FUNDRAISING ENDEAVOR. 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. OVER 200 VOLUNTEERS (MANY OF WHOM ARE ALSO CLIENTS) DONATED MORE THAN 35,000 HOURS OF THEIR TIME TO STAFF THE STORES INCREASING NET REVENUE AVAILABLE TO BE ALLOCATED TO COMMUNITY HEALTH PROGRAMS, CLINICAL CARE AND SOCIAL SERVICES.

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

DRAFT COPIES OF THE FORM 990 ARE REVIEWED BY THE CFO AND THE CONTROLLER PRIOR TO FILING THE RETURN.

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.

Name of the organization DESERT AIDS PROJECT, INC.
DBA DAP HEALTH

Employer identification number
33-0068583

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

THE BOARD PRESIDENT AND EXECUTIVE COMMITTEE REVIEW THE COMPENSATION OF THE CEO AND MAINTAIN 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 COMPENSATION OF THE OFFICERS AND KEY EMPLOYEES 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

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

- Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 - Attach to Form 990.
 - Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

DESERT AIDS PROJECT, INC.
DBA DAP HEALTHEmployer identification number
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?
(1) VISTA SUNRISE, INC. 1695 NORTH SUNRISE WAY PALM SPRINGS, CA 92262 20-5404897	OVERSEEING MGMT DUTIES FOR PRTNRSHP	CA	501 (C) (3)	12B	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) Dispropor- tionate 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 <u>(1) VISTA SUNRISE AP</u> - 720 OLIVE STREET - ST. LOUIS, MO 63 42-1574452	RENT MGMT	CA	VSI	UNRELATED	-37.	74,086.	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	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.....	1 a	X	
b Gift, grant, or capital contribution to related organization(s).....	1 b	X	
c Gift, grant, or capital contribution from related organization(s).....	1 c	X	
d Loans or loan guarantees to or for related organization(s).....	1 d	X	
e Loans or loan guarantees by related organization(s).....	1 e	X	
f Dividends from related organization(s).....	1 f	X	
g Sale of assets to related organization(s).....	1 g	X	
h Purchase of assets from related organization(s).....	1 h	X	
i Exchange of assets with related organization(s).....	1 i	X	
j Lease of facilities, equipment, or other assets to related organization(s).....	1 j	X	
k Lease of facilities, equipment, or other assets from related organization(s).....	1 k	X	
l Performance of services or membership or fundraising solicitations for related organization(s).....	1 l	X	
m Performance of services or membership or fundraising solicitations by related organization(s).....	1 m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).....	1 n	X	
o Sharing of paid employees with related organization(s).....	1 o	X	
p Reimbursement paid to related organization(s) for expenses.....	1 p	X	
q Reimbursement paid by related organization(s) for expenses.....	1 q	X	
r Other transfer of cash or property to related organization(s).....	1 r	X	
s Other transfer of cash or property from related organization(s).....	1 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)			

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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, unre- lated, 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) Dispropor- tionate 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 720 OLIVE STREET SUITE 2500
ST. LOUIS, MO 63101

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

OMB No. 1545-0047

2019For calendar year 2019 or other tax year beginning 7/01, 2019, and ending 6/30, 2020► Go to www.irs.gov/Form990T for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue ServiceOpen to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	<input type="checkbox"/> Check box if name changed and see instructions.)		
B Exempt under section <input checked="" type="checkbox"/> 501(C) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	DESERT AIDS PROJECT, INC. DBA DAP HEALTH 1695 N. SUNRISE WAY PALM SPRINGS, CA 92262	
C Book value of all assets at end of year 41,953,109.	F	Group exemption number (See instructions.) ►	
	G	Check organization type ► <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

- H Enter the number of the organization's unrelated trades or businesses. ► **1** Describe the only (or first) unrelated trade or business here ► **THRIFT STORE SALES**. If only one, complete Parts I–V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III–V.
- I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► Yes No
If 'Yes,' enter the name and identifying number of the parent corporation ... ►

J The books are in care of ► **JUDY STITH** Telephone number ► **760 323 2118**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales... 5,048,879.			
b Less returns and allowances... <input type="text"/>	c Balance ► 1c 5,048,879.		
2 Cost of goods sold (Schedule A, line 7).....	2 4,429,555.		
3 Gross profit. Subtract line 2 from line 1c.....	3 619,324.		619,324.
4a Capital gain net income (attach Schedule D).....	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).....	4b		
c Capital loss deduction for trusts.....	4c		
5 Income (loss) from a partnership or an S corporation (attach statement).....	5		
6 Rent income (Schedule C).....	6		
7 Unrelated debt-financed income (Schedule E).....	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F).....	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G).....	9		
10 Exploited exempt activity income (Schedule I).....	10		
11 Advertising income (Schedule J).....	11		
12 Other income (See instructions; attach schedule).....	12		
13 Total. Combine lines 3 through 12.....	13 619,324.	0.	619,324.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K).....	14	
15 Salaries and wages.....	15 1,213,326.	
16 Repairs and maintenance.....	16	
17 Bad debts.....	17	
18 Interest (attach schedule) (see instructions).....	18	
19 Taxes and licenses.....	19 80,193.	
20 Depreciation (attach Form 4562).....	20 225,313.	
21 Less depreciation claimed on Schedule A and elsewhere on return.....	21a	225,313.
22 Depletion.....	22	
23 Contributions to deferred compensation plans.....	23 50,893.	
24 Employee benefit programs.....	24 270,264.	
25 Excess exempt expenses (Schedule I).....	25	
26 Excess readership costs (Schedule J).....	26	
27 Other deductions (attach schedule).....	27 1,736,328.	
28 Total deductions. Add lines 14 through 27.....	SEE STATEMENT 1 3,576,317.	
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13.....		
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).....	STATEMENT 2 -2,956,993.	
31 Unrelated business taxable income. Subtract line 30 from line 29.....	30	31 -2,956,993.

Part III Total Unrelated Business Taxable Income

32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).....	32	-2,956,993.
33 Amounts paid for disallowed fringes.....	33	
34 Charitable contributions (see instructions for limitation rules).....	34	
35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33.....	35	-2,956,993.
36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr.).....	SEE ST. 3	36
37 Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35.....	37	-2,956,993.
38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions).....	38	
39 Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37.....	39	-2,956,993.

Part IV Tax Computation

40 Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	41	
42 Proxy tax. See instructions	42	
43 Alternative minimum tax (trusts only)	43	
44 Tax on Noncompliant Facility Income. See instructions	44	
45 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).....	46a		46e	0.
b Other credits (see instructions)	46b			
c General business credit. Attach Form 3800 (see instructions)	46c			
d Credit for prior year minimum tax (attach Form 8801 or 8827)	46d			
e Total credits. Add lines 46a through 46d.....	46e			
47 Subtract line 46e from line 45.....	47	0.		
48 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48			
49 Total tax. Add lines 47 and 48 (see instructions)	49	0.		
50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			
51a Payments: A 2018 overpayment credited to 2019.....	51a		51g	
b 2019 estimated tax payments.....	51b			
c Tax deposited with Form 8868.....	51c			
d Foreign organizations: Tax paid or withheld at source (see instructions)	51d			
e Backup withholding (see instructions)	51e			
f Credit for small employer health insurance premiums (attach Form 8941)	51f			
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g			
52 Total payments. Add lines 51a through 51g.....	52	0.		
53 Estimated tax penalty (see instructions). Check if Form 2220 is attached.....	53			
54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed.....	54			
55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid.....	55			
56 Enter the amount of line 55 you want: Credited to 2020 estimated tax ► Refunded ►	56			

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here ► -----	Yes	No
		X
58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If 'Yes,' see instructions for other forms the organization may have to file.		X
59 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$ 0.		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
► Signature of officer	Date	► Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SHANNON C. MAIDMENT	SHANNON C. MAIDMENT			P01426554
Firm's name	► LUND & GUTTRY LLP			Firm's EIN	95-2101327
Firm's address	► 36917 COOK STREET STE 102 PALM DESERT, CA 92211			Phone no.	(760) 568-2242

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ► COST

1 Inventory at beginning of year.....	1	419,068.	6 Inventory at end of year.....	6	340,792.
2 Purchases.....	2	4,429,555.	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	4,429,555.
3 Cost of labor.....	3				
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach sch)..... SEE STATEMENT 4	4b	-78,276.	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?.....	Yes	No
5 Total. Add lines 1 through 4b.....	5	4,770,347.		X	

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property

(1)		
(2)		
(3)		
(4)		

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		►

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals.....			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8				

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TEEA0203L 09/19/19

Form 990-T (2019)

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
---	---

Totals.....**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				

Enter here and on page 1, Part I, line 9, column (A).	Enter here and on page 1, Part I, line 9, column (B).
---	---

Totals..... ►**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).	Enter here and on page 1, Part II, line 25.
--	--	---

Totals..... ►**Schedule J – Advertising Income** (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis						
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5))..... ►						
--	--	--	--	--	--	--

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I..... ►						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1–5)..... ►						

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14..... ►			

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Form 990-T (2019)

2019

FEDERAL STATEMENTS
DESERT AIDS PROJECT, INC.
DBA DAP HEALTH

PAGE 1

CLIENT 510191

33-0068583

STATEMENT 1
FORM 990-T, PART II, LINE 27
OTHER DEDUCTIONS

BANKING AND MERCHANT FEES.....	\$ 46,595.
CLIENT ASSISTANCE.....	115.
EVENT AND OUTREACH.....	6,278.
FACILITIES COSTS.....	1,359,921.
INSURANCE.....	13,700.
OFFICE EXPENSES.....	118,930.
OTHER EXPENSES.....	16,135.
PRINTING AND MARKETING.....	141,481.
PROFESSIONAL SERVICES.....	329.
TRAVEL AND TRANSPORTATION.....	32,844.
TOTAL \$	<u>1,736,328.</u>

STATEMENT 2
FORM 990-T, PART II, LINE 30
NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS PREVIOUSLY USED	LOSS AVAILABLE
6/30/19	\$ 3,092,142.	\$ 0.	\$ 3,092,142.
NET OPERATING LOSS AVAILABLE.....			\$ 3,092,142.
TAXABLE INCOME.....			\$ -2,956,993.
NET OPERATING LOSS DEDUCTION (LIMITED TO TAXABLE INCOME).....			\$ 0.

STATEMENT 3
FORM 990-T, PART III, LINE 36
NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS PREVIOUSLY USED	LOSS AVAILABLE
6/30/11	\$ 3,599,789.	\$ 0.	\$ 3,599,789.
6/30/12	3,585,685.	0.	3,585,685.
6/30/13	2,953,394.	0.	2,953,394.
6/30/14	2,961,888.	0.	2,961,888.
6/30/15	2,926,383.	0.	2,926,383.
6/30/16	2,534,514.	0.	2,534,514.
6/30/17	2,971,398.	0.	2,971,398.
6/30/18	3,017,812.	0.	3,017,812.
NET OPERATING LOSS AVAILABLE.....			\$ 24,550,863.
TAXABLE INCOME.....			\$ -2,956,993.
NET OPERATING LOSS DEDUCTION (LIMITED TO TAXABLE INCOME).....			\$ 0.

2019

CLIENT 510191

FEDERAL STATEMENTS

DESERT AIDS PROJECT, INC.
DBA DAP HEALTH

PAGE 2

33-0068583

STATEMENT 4
FORM 990-T, SCHEDULE A, LINE 4B
OTHER COST OF GOODS SOLD

INVENTORY CHANGE	\$ -78,276.
TOTAL	<u>\$ -78,276.</u>

TAXABLE YEAR
2019**California Exempt Organization
Annual Information Return**FORM
199Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) **7/01/2019**, and ending (mm/dd/yyyy) **6/30/2020**.

Corporation/Organization name DESERT AIDS PROJECT, INC. DBA DAP HEALTH	California corporation number 1316318
Additional information. See instructions.	FEIN 33-0068583
Street address (suite or room) 1695 N. SUNRISE WAY	PMB no.
City PALM SPRINGS	State CA
Foreign country name	Zip code 92262
	Foreign province/state/county
	Foreign postal code

A First Return	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
B Amended Return	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
C IRC Section 4947(a)(1) trust	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
D Final Information Return? ● <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) ● _____					
E Check accounting method: 1 <input type="checkbox"/> Cash 2 <input checked="" type="checkbox"/> Accrual 3 <input type="checkbox"/> Other					
F Federal return filed? 1 ● <input checked="" type="checkbox"/> 990T 2 ● <input type="checkbox"/> 990-PF 3 ● <input type="checkbox"/> Sch H (990) 4 <input type="checkbox"/> Other 990 series					
G Is this a group filing? See instructions	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
H Is this organization in a group exemption? If "Yes," what is the parent's name? _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions..... _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Date filed with IRS _____		

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8.....	● 1	44,044,766.
	2 Gross dues and assessments from members and affiliates.....	● 2	
	3 Gross contributions, gifts, grants, and similar amounts received.....	● 3	15,584,652.
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B .. ● 4		59,629,418.
5 Cost of goods sold.....	● 5	4,429,555.	
6 Cost or other basis, and sales expenses of assets sold.....	● 6	5,553,970.	
7 Total costs. Add line 5 and line 6	7	9,983,525.	
8 Total gross income. Subtract line 7 from line 4	8	49,645,893.	
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18.....	● 9	46,543,913.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	● 10	3,101,980.
Filing Fee	11 Total payments.....	● 11	
	12 Use tax. See General Information K.....	● 12	
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.....	● 13	
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.....	● 14	
	15 Filing fee \$10 or \$25. See General Information F.....	● 15	10.
	16 Penalties and Interest. See General Information J.....	● 16	
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result.....	● 17	10.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature ►	Title CEO	Date
Paid Preparer's Use Only	Preparer's signature ► SHANNON C. MAIDMENT	Date	Check if self-employed ► <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address ► LUND & GUTTRY LLP 36917 COOK STREET STE 102 PALM DESERT, CA 92211		<input type="checkbox"/> PTIN P01426554
			<input type="checkbox"/> Firm's FEIN 95-2101327
			<input type="checkbox"/> Telephone (760) 568-2242
	May the FTB discuss this return with the preparer shown above? See instructions..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions.....	●	1	5,048,879.
	2 Interest	●	2	140,026.
	3 Dividends	●	3	190,941.
	4 Gross rents.....	●	4	343,860.
	5 Gross royalties.....	●	5	
	6 Gross amount received from sale of assets (See Instructions).....	●	6	6,163,611.
	7 Other income. Attach schedule.....	SEE STATEMENT 1 ●	7	32,157,449.
	8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Page 1, Part I, line 1.....		8	44,044,766.
	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule.....	●	9	
	10 Disbursements to or for members.....	●	10	
	11 Compensation of officers, directors, and trustees. Attach schedule.....	●	11	1,426,806.
	12 Other salaries and wages.....	●	12	12,712,951.
	13 Interest	●	13	204,886.
	14 Taxes.....	●	14	934,550.
	15 Rents	●	15	
	16 Depreciation and depletion (See instructions).....	●	16	1,304,884.
	17 Other Expenses and Disbursements. Attach schedule.....	SEE STATEMENT 2 ●	17	29,959,836.
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Page 1, Part I, line 9.....		18	46,543,913.

Schedule L Balance Sheet

		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1 Cash.....			1,300,818.		● 6,430,796.
2 Net accounts receivable.....			4,509,065.		● 5,030,013.
3 Net notes receivable					●
4 Inventories			419,068.		● 340,792.
5 Federal and state government obligations					●
6 Investments in other bonds					●
7 Investments in stock			13,516,415.		● 10,024,141.
8 Mortgage loans					●
9 Other investments. Attach schedule					●
10a Depreciable assets.....		23,470,402.		26,226,593.	
b Less accumulated depreciation.....		8,782,812.	14,687,590.	10,076,964.	16,149,629.
11 Land.....			1,706,019.		● 1,716,307.
12 Other assets. Attach schedule.....	STM 3		8,008,091.		● 2,261,431.
13 Total assets.....			44,147,066.		41,953,109.
Liabilities and net worth					
14 Accounts payable.....			2,478,095.		● 2,963,976.
15 Contributions, gifts, or grants payable.....					●
16 Bonds and notes payable.....					●
17 Mortgages payable.....			5,178,144.		● 5,035,825.
18 Other liabilities. Attach schedule.....	STM 4		6,403,876.		764,377.
19 Capital stock or principal fund			30,086,951.		● 33,188,931.
20 Paid-in or capital surplus. Attach reconciliation.....					●
21 Retained earnings or income fund.....					●
22 Total liabilities and net worth			44,147,066.		41,953,109.

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

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

1 Net income per books	● 3,101,980.	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax	●	8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains	●	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule	●	10 Net income per return. Subtract line 9 from line 6.....	
5 Expenses recorded on books this year not deducted in this return. Attach schedule	●		3,101,980.
6 Total. Add line 1 through line 5.....	3,101,980.		

2019

CALIFORNIA STATEMENTS
DESERT AIDS PROJECT, INC.
DBA DAP HEALTH

PAGE 1

CLIENT 510191

33-0068583

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

DONATED SERVICES AND USE OF FACILITIES.....	\$ 694.
INCOME FROM SPECIAL EVENTS.....	45,569.
MISCELLANEOUS.....	48,330.
NET UNREALIZED LOSS ON INVESTMENTS.....	-428,420.
PROGRAM SERVICE REVENUE.....	32,491,276.
TOTAL	<u>\$ 32,157,449.</u>

STATEMENT 2
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES.....	\$ 59,727.
BANKING AND MERCHANT FEES.....	275,365.
CLIENT ASSISTANCE.....	1,112,853.
EVENT AND OUTREACH.....	969,961.
FACILITIES COST.....	2,153,066.
INSURANCE.....	263,463.
LEGAL FEES.....	37,957.
MEDICAL SUPPLIES.....	583,157.
MISCELLANEOUS.....	152,134.
OFFICE EXPENSES.....	896,509.
OTHER EMPLOYEE BENEFIT.....	3,149,578.
OTHER FEES.....	4,051,894.
PENSION PLAN CONTRIBUTIONS.....	593,093.
PHARMACEUTICALS.....	14,897,659.
PRINTING AND PUBLICATIONS.....	537,180.
SPECIAL EVENT EXPENSES.....	1,051,357.
SPECIAL EVENT-DIRECT EXPENSES.....	-1,051,357.
TRAVEL.....	226,240.
TOTAL	<u>\$29,959,836.</u>

STATEMENT 3
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

ART COLLECTION.....	1,363,786.
CHARITABLE REMAINDER TRUSTS RECEIVABLE.....	11,540.
DEPOSITS AND OTHER.....	87,051.
INVESTMENT - INSURANCE POLICY.....	326,819.
PREPAID EXPENSES AND DEFERRED CHARGES.....	472,235.
TOTAL	<u>\$ 2,261,431.</u>

STATEMENT 4
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

ANNUITY PAYABLE.....	445,806.
DEFERRED REVENUE.....	75,143.
RELATED PARTY PAYABLE.....	243,428.
TOTAL	<u>\$ 764,377.</u>

TAXABLE YEAR
2019**California Exempt Organization
Business Income Tax Return**FORM
109

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy)

7/01/2019

, and ending (mm/dd/yyyy) 6/30/2020

Corporation/Organization name

DESERT AIDS PROJECT, INC.
DBA DAP HEALTH

California corporation number

1316318

Additional information. See instructions.

FEIN

33-0068583

Street address (suite/room no.)

1695 N. SUNRISE WAY

City (If the corporation has a foreign address, see instructions.)

PALM SPRINGS

Foreign country name

Foreign province/state/county

State
CA
ZIP code
92262

Foreign postal code

- | | | | | | |
|---|---|--|---|--|--|
| A First Return Filed? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? | <input type="radio"/> Yes | <input checked="" type="checkbox"/> No |
| B Is this an education IRA within the meaning of R&TC Section 23712? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | I Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? | <input type="radio"/> Yes | <input checked="" type="checkbox"/> No |
| C Is the organization under audit by the IRS or has the IRS audited in a prior year? | <input type="radio"/> Yes | <input checked="" type="checkbox"/> No | J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? | <input type="radio"/> Yes | <input checked="" type="checkbox"/> No |
| D Final Return? | <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized | | K Unrelated Business Activity (UBA) Code | L Is this a Hospital? | |
| | Enter date (mm/dd/yyyy) | | | If "Yes," attach federal Schedule H (Form 990) | |
| E Amended Return | <input type="radio"/> Yes | <input checked="" type="checkbox"/> No | | <input type="radio"/> Yes | <input checked="" type="checkbox"/> No |
| F Accounting Method Used: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other | | | | | |
| G Nature of trade or business | THRIFT STORE SALES | | | | |

Taxable Corporation	1	Unrelated business taxable income from Page 2, Part II, line 30	<input type="radio"/>	1	-2,956,993.
	2	Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions	<input type="radio"/>	2	
	3	Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1	<input type="radio"/>	3	-2,956,993.
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	<input type="radio"/>	4	
Tax Computation	5	Unrelated business taxable income from line 3 or line 4	<input type="radio"/>	5	
	6	EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	<input type="radio"/>	6	
	7	Net Operating Loss deduction. See General Information N	<input type="radio"/>	7	
	8	Add line 6 and line 7	<input type="radio"/>	8	
	9	Net unrelated business taxable income. Subtract line 8 from line 5	<input type="radio"/>	9	
	10	Tax _____ % x line 9. See General Information J	<input type="radio"/>	10	
	11	Tax credits from Schedule B. See instructions	<input type="radio"/>	11	
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	<input type="radio"/>	12	0.
	13	Alternative minimum tax. See General Information O	<input type="radio"/>	13	
	14	Total tax. Add line 12 and line 13	<input type="radio"/>	14	
Payments	15	Overpayment from a prior year allowed as a credit	<input type="radio"/>	15	
	16	2019 estimated tax payments. See instructions	<input type="radio"/>	16	
	17	Withholding (Form 592-B and/or 593.) See instructions	<input type="radio"/>	17	
	18	Amount paid with extension (form FTB 3539)	<input type="radio"/>	18	
	19	Total payments and credits. Add line 15 through line 18	<input type="radio"/>	19	
Use Tax/ Tax Due/ Overpay- ment	20	Use tax. See instructions	<input type="radio"/>	20	
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	<input type="radio"/>	21	
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	<input type="radio"/>	22	
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	<input type="radio"/>	23	
	24	Overpayment. Subtract line 14 from line 21. See instructions	<input type="radio"/>	24	
	25	Enter amount of line 24 to be applied to 2020 estimated tax	<input type="radio"/>	25	

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24.....	● 26	
	a Fill in the account information to have the refund directly deposited. Routing number ● 26a		
	b Type: Checking ● <input type="checkbox"/> Savings ● <input type="checkbox"/> c Account Number..... ● 26c		
	27 Penalties and interest. See General Information M..... ● 27		
	28 ● <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.		
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24..... ● 29		

Unrelated Business Taxable Income**Part I Unrelated Trade or Business Income**

1 a Gross receipts or gross sales <u>5,048,879.</u>	b Less returns and allowances _____	c Balance ● 1c	<u>5,048,879.</u>
2 Cost of goods sold and/or operations (Schedule A, line 7).....		● 2	<u>4,429,555.</u>
3 Gross profit. Subtract line 2 from line 1c.....		● 3	<u>619,324.</u>
4 a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541).....		● 4a	
b Net gain (loss) from Part II, Schedule D-1.....		● 4b	
c Capital loss deduction for trusts.....		● 4c	
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule.....		● 5	
6 Rental income (Schedule C).....		● 6	
7 Unrelated debt-financed income (Schedule D).....		● 7	
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E).....		● 8	
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F).....		● 9	
10 Exploited exempt activity income (Schedule G).....		● 10	
11 Advertising income (Schedule H, Part III, Column A).....		● 11	
12 Other income. Attach schedule.....		● 12	
13 Total unrelated trade or business income. Add line 3 through line 12.....		● 13	<u>619,324.</u>

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I.....	● 14	
15 Salaries and wages.....	● 15	<u>1,213,326.</u>
16 Repairs.....	● 16	
17 Bad debts.....	● 17	
18 Interest. Attach schedule.....	● 18	
19 Taxes. Attach schedule.....	● 19	<u>80,193.</u>
20 Contributions. See instructions and attach schedule.....	● 20	
21 a Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F)..... ● 21a	<u>225,313.</u>	
b Less: depreciation claimed on Schedule A. See instructions..... ● 21b		<u>225,313.</u>
22 Depletion. Attach schedule.....	● 22	
23 a Contributions to deferred compensation plans.....	● 23a	<u>50,893.</u>
b Employee benefit programs. See instructions.....	● 23b	<u>270,264.</u>
24 Other deductions. Attach schedule.....	● 24	<u>1,736,328.</u>
25 Total deductions. Add line 14 through line 24.....	● 25	<u>3,576,317.</u>
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13.....	● 26	<u>-2,956,993.</u>
27 Excess advertising costs (Schedule H, Part III, Column B).....	● 27	
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26.....	● 28	<u>-2,956,993.</u>
29 Specific deduction. See instructions.....	● 29	
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28.....	● 30	<u>-2,956,993.</u>

Sign Here	To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to fb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Preparer's Signature	Signature of officer ►	Title CEO	Date
Paid Preparer's Use Only	Preparer's signature ► SHANNON C. MAIDMENT	Date	Check if self-employed ► <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address ► LUND & GUTTRY LLP 36917 COOK STREET STE 102 PALM DESERT, CA 92211		● PTIN P01426554 ● Firm's FEIN 95-2101327 ● Telephone (760) 568-2242
	May the FTB discuss this return with the preparer shown above? See instructions..... ● <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Schedule A Cost of Goods Sold and/or Operations.Method of inventory valuation (specify) COST

1 Inventory at beginning of year.....	1	419,068.
2 Purchases.....	2	4,429,555.
3 Cost of labor.....	3	
4a Additional IRC Section 263A costs. Attach schedule.....	4a	
b Other costs. Attach schedule.....	4b	-78,276.
5 Total. Add line 1 through line 4b.....	5	4,770,347.
6 Inventory at end of year.....	6	340,792.
7 Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Page 2, Part I, line 2.....	7	4,429,555.

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization?

 Yes No**Schedule B Tax Credits.**

1 Enter credit name _____ code ● _____ ●	1	
2 Enter credit name _____ code ● _____ ●	2	
3 Enter credit name _____ code ● _____ ●	3	
4 Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, on line 4. Enter here and on Page 1, line 11.....	4	

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

1 Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834.....	1	
2 Interest on tax attributable to installment: a Sales of certain timeshares or residential lots.....	2a	
b Method for non-dealer installment obligations.....	2b	
3 IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles.....	3	
4 Credit recapture. Credit name _____	4	
5 Total. Combine the amounts on line 1 through line 4. See instructions.....	5	

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method – Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] × 100
1 Total Sales.....	●	●	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Page 1, line 2			●

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] × 100
1 Property factor: See instructions.....	●	●	●
2 Payroll factor: Wages and other compensation of employees.....	●	●	●
3 Sales factor: Gross sales and/or receipts less returns and allowances	●	●	●
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Page 1, line 2. See instructions for exceptions.....			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attribut- able to personal property
		%
		%
		%
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5 Complete if any item in column 3 is more than 10%, but not more than 50%	
(a) Deductions directly connected (attach schedule)	(b) Income includable, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3
		(b) Deductions directly connected with personal property (att sch)
		(c) Net income includable, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6.....

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property			2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight-line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		%			
		%			
		%			

Total. Enter here and on Page 2, Part I, line 7

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income, column 2 less column 3	5 Set-asides (attach schedule)	6 Balance of investment income, column 4 less column 5

Total. Enter here and on Page 2, Part I, line 8

Enter gross income from members (dues, fees, charges, or similar amounts)

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Exempt Controlled Organizations					
1 Name of controlled organizations	2 Employer Identification Number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1					
2					
3					
Nonexempt Controlled Organizations					
7 Taxable Income		8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)
1					
2					
3					
4 Add columns 5 and 10					
5 Add columns 6 and 11					
6 Subtract line 5 from line 4. Enter here and on Page 2, Part I, line 9					

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Page 2, line 10							

Schedule H Advertising Income and Excess Advertising Costs**Part I Income from Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
Totals.....						

Part II Income from Periodicals Reported on a Separate Basis

Part III Column A – Net Advertising Income

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4 or 7, and amount listed in Part II, columns 4 or 7	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4

Enter total here and on Page 2, Part I, line 11.....

Enter total here and on Page 2, Part II, line 27.....

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of Officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		

Total. Enter here and on Page 2, Part II, line 14.....

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

1 Group and guideline class or description of property	2 Date acquired (dd/mm/yyyy)	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below).....						
2 Other depreciation:						
Buildings.....						
Furniture and fixtures.....						
Transportation equipment....						
Machinery and other equipment.....						
Other (specify).....						
3 Other depreciation.....						
4 Total.....						
5 Amount of depreciation claimed elsewhere on return.....						
6 Balance. Subtract line 5 from line 4. Enter here and on Page 2, Part II, line 21a.....						

TAXABLE YEAR

**2019 Net Operating Loss (NOL) Computation and
NOL and Disaster Loss Limitations – Corporations**

CALIFORNIA FORM

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name	DESERT AIDS PROJECT, INC. DBA DAP HEALTH	California corporation number
		1316318

During the taxable year the corporation incurred the NOL, the corporation was a(n): C corporation

<input checked="" type="radio"/> S corporation	<input checked="" type="checkbox"/> Exempt organization	<input type="checkbox"/> Limited liability company (electing to be taxed as a corporation)	FEIN
			33-0068583

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.**Part I Current year NOL.** If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	2,956,993.
2 2019 disaster loss included in line 1. Enter as a positive number.....	2	
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions.....	3	2,956,993.
4a Enter the amount of the loss incurred by a new business included in line 3	4a	
b Enter the amount of the loss incurred by an eligible small business included in line 3... 4b	4b	
c Add line 4a and line 4b.....	4c	
5 General NOL. Subtract line 4c from line 3.....	5	2,956,993.
6 Current year NOL. Add line 2, line 4c, and line 5. See instructions.....	6	2,956,993.

Part II NOL carryover and disaster loss carryover limitations. See instructions.

		(g) Available balance	
1 Net income – Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-).....	<input checked="" type="radio"/>		

Prior Year NOLs

(a) Year of loss	(b) Code — See instructions	(c) Type of NOL — See below*	(d) Initial loss – See instructions	(e) Carryover from 2018	(f) Amount used in 2019	(h) Carryover to 2020 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2012		GEN	2,953,394.	<input checked="" type="radio"/> 2,953,394.	0.	0. <input checked="" type="radio"/> 2,953,394.
<input checked="" type="radio"/> 2013		GEN	2,961,888.	<input checked="" type="radio"/> 2,961,888.	0.	0. <input checked="" type="radio"/> 2,961,888.
<input checked="" type="radio"/> 2014		GEN	2,926,383.	<input checked="" type="radio"/> 2,926,383.	0.	0. <input checked="" type="radio"/> 2,926,383.
<input checked="" type="radio"/> 2015		GEN	2,534,514.	<input checked="" type="radio"/> 2,534,514.	0.	0. <input checked="" type="radio"/> 2,534,514.

Current Year NOLs

3 2019		DIS				col. (d) minus col. (f) See instructions.
4 2019		GEN	2,956,993.			2,956,993.
2019						
2019						
2019						

*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2019 NOL deduction

1 Total the amounts in Part II, line 2, column (f)	<input checked="" type="radio"/> 1	0.
2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-.....	2	0.
3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7.....	<input checked="" type="radio"/> 3	0.

TAXABLE YEAR

**2019 Net Operating Loss (NOL) Computation and
NOL and Disaster Loss Limitations – Corporations**

CALIFORNIA FORM

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

CONTINUATION SHEET PAGE 2

Corporation name **DESERT AIDS PROJECT, INC.
DBA DAP HEALTH**

California corporation number

1316318During the taxable year the corporation incurred the NOL, the corporation was a(n): C corporation

FEIN

 S corporation Exempt organization Limited liability company (electing to be taxed as a corporation)**33-0068583**

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.**Part I Current year NOL.** If the corporation does not have a current year NOL, go to Part II.1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2.
Enter as a positive number.....**1**

2 2019 disaster loss included in line 1. Enter as a positive number.....

2

3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions.....

3

4a Enter the amount of the loss incurred by a new business included in line 3.....

4ab Enter the amount of the loss incurred by an eligible small business included in line 3... **4b**

c Add line 4a and line 4b.....

4c

5 General NOL. Subtract line 4c from line 3.....

5

6 Current year NOL. Add line 2, line 4c, and line 5. See instructions.....

6**Part II NOL carryover and disaster loss carryover limitations. See instructions.**

			(g) Available balance	
1	Net income – Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-).....	<input checked="" type="radio"/>		

Prior Year NOLs

(a) Year of loss	(b) Code – See instructions	(c) Type of NOL — See below*	(d) Initial loss – See instructions	(e) Carryover from 2018	(f) Amount used in 2019		(h) Carryover to 2020 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2016		GEN	2,971,398.	<input checked="" type="radio"/> 2,971,398.	0.	0.	<input checked="" type="radio"/> 2,971,398.
<input checked="" type="radio"/> 2017		GEN	3,017,812.	<input checked="" type="radio"/> 3,017,812.	0.	0.	<input checked="" type="radio"/> 3,017,812.
<input checked="" type="radio"/> 2018		GEN	3,092,142.	<input checked="" type="radio"/> 3,092,142.	0.	0.	<input checked="" type="radio"/> 3,092,142.
				<input checked="" type="radio"/>			<input checked="" type="radio"/>

Current Year NOLs

3 2019		DIS					col. (d) minus col. (f) See instructions.
4 2019							
2019							
2019							
2019							

*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2019 NOL deduction

- 1 Total the amounts in Part II, line 2, column (f)..... **1** 0.
- 2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100,
line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-. **2** 0.
- 3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S,
line 17; or Form 109, line 7. **3** 0.

2019

CALIFORNIA STATEMENTS
DESERT AIDS PROJECT, INC.
DBA DAP HEALTH

PAGE 1

CLIENT 510191

33-0068583

STATEMENT 1
FORM 109, PART II, LINE 19
TAXES

PAYROLL TAX.....	\$ 80,193.
	<u>TOTAL \$ 80,193.</u>

STATEMENT 2
FORM 109, PART II, LINE 24
OTHER EXPENSES

BANKING AND MERCHANT FEES.....	\$ 46,595.
CLIENT ASSISTANCE.....	115.
EVENT AND OUTREACH.....	6,278.
FACILITIES COSTS.....	1,359,921.
INSURANCE.....	13,700.
OFFICE EXPENSES.....	118,930.
OTHER EXPENSES.....	16,135.
PRINTING AND MARKETING.....	141,481.
PROFESSIONAL SERVICES.....	329.
TRAVEL AND TRANSPORTATION.....	32,844.
	<u>TOTAL \$ 1,736,328.</u>

STATEMENT 3
FORM 109, SCHEDULE A, LINE 4B
OTHER COSTS

INVENTORY CHANGE.....	\$ -78,276.
	<u>TOTAL \$ -78,276.</u>



(For Registry Use Only)

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

DESERT AIDS PROJECT, INC. DBA DAP HEALTH		Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report
Name of Organization		
List all DBAs and names the organization uses or has used		
1695 N. SUNRISE WAY		State Charity Registration Number <u>CT60367</u>
Address (Number and Street)		
PALM SPRINGS, CA 92262		Corporation or Organization No. <u>1316318</u>
City or Town, State and ZIP Code		
(760) 323-2118	DBRINKMAN@DESERTAIDSPRO	Federal Employer ID No. <u>33-0068583</u>
Telephone Number	E-mail Address	

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

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/19 ending 6/30/20) list:

Gross Annual Revenue \$ 60,057,144. Noncash Contributions \$ 3,686,549. Total Assets \$ 41,953,109.
Program Expenses \$ 40,570,945. Total Expenses \$ 56,527,438.

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

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

1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SEE STATEMENT 1		
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SEE STATEMENT 2		
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SEE STATEMENT 3		
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

DAVID BRINKMAN

CEO

Signature of Authorized Agent

Printed Name

Title

Date

2019

CALIFORNIA STATEMENTS

PAGE 1

CLIENT 510191

**DESERT AIDS PROJECT, INC.
DBA DAP HEALTH**

33-0068583

**STATEMENT 1
FORM RRF-1, PART B, LINE 1
FINANCIAL TRANSACTIONS**

THE FOLLOWING SERVICE WAS PROVIDED TO THE DESERT AIDS PROJECT BY BUSINESS OWNER/MANAGEMENT WHO IS A MEMBER OF THE BOARD OF DIRECTORS OF D.A.P. DURING THIS FISCAL YEAR:

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 D.A.P. PAID \$ 199,903 FOR SERVICES OF COACHELLA VALLEY HOME HEALTH.

**STATEMENT 2
FORM RRF-1, PART B, LINE 5
GOVERNMENT AGENCY THAT PROVIDED FUNDING**

AGUA CALIENTE BAND OF CAHUILLA INDIANS
901 EAST TAHQUITZ CANYON WAY C 204
PALM SPRINGS, CA 92262
760 699 6800

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
P.O. BOX 997377, MS 0500
SACRAMENTO, CA 95899-7377
916 558 1784

CITY OF INDIAN WELLS
44-950 ELDORADO DRIVE
INDIAN WELLS, CA 92210
760 346 2489

CITY OF PALM SPRINGS
3200 E. TAHQUITZ CANYON WAY
PALM SPRINGS, CA 92262
760 323 8299

DESERT HEALTHCARE DISTRICT
1140 N. INDIAN CYN. DR.
PALM SPRINGS, CA 92262
760 323 6113

RIVERSIDE COUNTY
VARIOUS AGENCIES
4080 LEMON STREET
RIVERSIDE, CA
951 955 1000

SAN BERNARDINO DEPARTMENT OF HEALTH
351 N. MT. VIEW AVENUE
SAN BERNARDINO, CA 92415-0010
800 728 4264

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
200 INDEPENDENCE AVENUE, S.W.
WASHINGTON, D.C. 20201
877 696 6775

U.S. SMALL BUSINESS ADMINISTRATION
PAYCHECK PROTECTION PROGRAM

2019

CLIENT 510191

**CALIFORNIA STATEMENTS
DESERT AIDS PROJECT, INC.
DBA DAP HEALTH**

PAGE 2

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**STATEMENT 3
FORM RRF-1, PART B, LINE 7
VEHICLE DONATION PROGRAM INFORMATION**

DONATED VEHICLES ARE SOLD THROUGH THE ORGANIZATION'S REGULAR THRIFT STORE OPERATIONS WITH THE PROCEEDS BEING REPORTED IN THE THRIFT STORES SALES.