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DLN: 93493136040442

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

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

A Forth	ne 2010 ca	lendar year, or tax year beginning 07-01-2010 and	l ending 06-30-201	1		
Check i	ıf applıcable	C Name of organization Southern Arizona AIDS Foundation			D Employe	er identification number
_ Address	s change	Doing Business As			86-086	4100
Name o	change	Doing Business ro			E Telepho	ne number
Initial re	eturn	Number and street (or P O box if mail is not delivered to str	reet address)	Room/suite	(520)6	28-7223
Termina	ated	375 S Euclid Ave				
Amende	ed return	City or town, state or country, and ZIP + 4 Tucson, AZ 85719		<u> </u>	G Gross rec	eipts \$ 6,436,591
- Applicat	tion pending	Tucson, AZ 03719				
		F Name and address of principal officer		H(a) Is this a	group return for a	affiliates? Yes No
		Cheryl Smith 375 S Euclid Ave		H(b) Are all a	ffiliatas mali id	led?
		Tucson,AZ 85719				list (see instructions)
Tay-ay	empt status	▼ 501(c)(3)	(1) or \Box 527		exemption	
	<u> </u>		1(1) 01 327			
	ite:► ww					
		✓ Corporation		L Year of for	nation 1997	M State of legal domicile AZ
Part	Sum	mary				
1		escribe the organization's mission or most significan ase an awareness of the AIDS epidemic in Southern		lucation as we	ll ac provid	ing support for individuals
ן ע	with HIV		Arizona tiliougii et	iucation, as we	ii as pioviu	ing support for individuals
2						
<u> </u>	Chackth	us how III if the organization discontinued its opera	tions or disposed (of mara than 21	50/- of its no	t accets
		is box 🔰 if the organization discontinued its opera			1	_ 1
5 3 5 4		of voting members of the governing body (Part VI, lii of independent voting members of the governing bod				3 16 4 16
		mber of individuals employed in calendar year 2010			<u> </u>	5 79
5 I		mber of volunteers (estimate if necessary)				6
		elated business revenue from Part VIII, column (C)			_	7a 0
		lated business taxable income from Form 990-T, lin			7	'b
		·		Prior	Year	Current Year
8	Contri	butions and grants (Part VIII, line 1h)			4,351,87	2 5,992,872
월 9		m service revenue (Part VIII, line 2g)	174,77!			
Beyende 10	Invest	ment income (Part VIII, column (A), lines 3, 4, and		43:	3 395	
ë ₁₁	. Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,		118,47	1 148,384	
12		evenue—add lines 8 through 11 (must equal Part VI		e	4,645,55	6,325,502
13		and similar amounts paid (Part IX, column (A), line			1,541,110	
14		ts paid to or for members (Part IX, column (A), line 4			1,541,111	0
15		es, other compensation, employee benefits (Part IX,				
8 1	5-10)		(, , , ,		2,238,607	7 2,443,671
EXD enses	ia Profes	sional fundraising fees (Part IX, column (A), line 11e	e)			0
ਲੌਂ 📗	b Total fu	ndraising expenses (Part IX, column (D), line 25) 🕨 371,763				
_ 17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-	-24f)		1,115,12	
18		expenses Add lines 13–17 (must equal Part IX, col			4,894,838	+
<u></u>	Reven	ue less expenses Subtract line 18 from line 12 .		<u> </u>	-249,287	7 22,016
8 0 2 0					of Current ear	End of Year
第 20	Total	ussets (Part X, line 16)			3,091,56	3,386,624
Separate Pund Parate Pund Pund Pund Pund Pund Pund Pund Pund		iabilities (Part X, line 26)			476,178	
22	Net as	sets or fund balances Subtract line 21 from line 20	<u>. </u>		2,615,38	2,675,752
Part I	II Sign	ature Block				
Jnder pe	nalties of po ge and belie	erjury, I declare that I have examined this return, includi f, it is true, correct, and complete. Declaration of prepar		r) is based on a		
Sign	_ I B	ture of officer		Dai		
lere		lell Hicks Executive Direc				
		or print name and title				
	Print/Type preparer's		e DeVries		heck if self- mployed 🕨	_ PTIN
Paid	Firm's nar	ne DeVries CPAs of Arizona PC				Firm's EIN
reparer		ress • 4349 East Fifth Street				
Jse Only	y ,					Phone no ► (520) 298- 6200
May the	IRS discus	Tucson, AZ 857112025 s this return with the preparer shown above? (see in	structions)			

-orn	n 990 (2010)					Page 2
Par		Program Serv O contains a resp		lishments Jestion in this Part III		
	Briefly describe the organic ncrease an awareness of the /AIDS			izona through educatio	n, as well as providing supp	oort for individuals with
2	Did the organization und the prior Form 990 or 99	90-EZ?				「Yes ✓ No
	If "Yes," describe these	new services on S	chedule O			
3	Did the organization cea services?				nducts, any program	┌ Yes ┌ No
	If "Yes," describe these	changes on Sched	ule O			
4		01(c)(4) organizat	ions and section	on 4947(a)(1) trusts a	largest program services b re required to report the am service reported	
4a	(Code) (Expenses \$	5,267,386	ıncludıng grants of \$	2,587,541) (Revenue \$	183,851)
	See Attached Statement					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program services	,	•	c 4	\	
	(Expenses \$		uding grants of	·) (Revenue \$)
4e	Total program service e	expenses ⊩ \$	5,267,38	6		

Part TV	Checklist of	Required	Schedules
	CHCCKH3COL	IXCUUII CU	Scriculics

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
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		No
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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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 X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) 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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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 \Box Yes \Box No			
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

r e	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 22			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
. _	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
la	Did the organization have unrelated business gross income of \$1,000 or more during the	_		NI -
h	year?	3a 3b		No No
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35		110
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		No
·	1. 163 to fine 3a of 3b, and the organization merionin 0000-1	5с		INU
ia	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
,	Organizations that may receive deductible contributions under section 170(c).			1
а	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νo
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
6	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
Ī	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
)	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
.0	Section 501(c)(7) organizations. Enter			
	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			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
~	year [12b]			
.3 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			
a	Note. See the instructions for additional information the organization must report on Schedule O	13a		Νo
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			
С	Enter the amount of reserves on hand			
A -	Did the erganization receive any nayments for indeer tanning carries during the tay year?	1 4 4 -		NI =
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

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

Check if Schedule O contains a response to any question in this Part VI										. F	7
---	--	--	--	--	--	--	--	--	--	-----	---

Se	ction 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			
ь	Enter the number of voting members included in line 1a, above, who are			
	Independent			
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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	7.5		
Ū	year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		Νo
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		No
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
C.		16b		No
	List the States with which a copy of this Form 990 is required to be filed. 7			
17	List the States with which a copy of this Form 990 is required to be filed AZ			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			

- interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨

The corporation 375 S Euclid Ave Tucson, AZ 85719 (520)628-7223

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

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

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

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

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

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

(A) Name and Tıtle	(B) Average hours		tion (that a	che		I		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation						
	per week (describe hours for related organizations in Schedule O)	Officel Institutional Trustee Or director d zations		Key employee Cfficei Institutional Trustee		Key employee Officer Institutional Trustee or director		Key employee Officer Institutional Trustee Individual trustee or director		Former Highest compensated employee Key employee		lighest compensated mployee Key employee		organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
(1) Wendell Hicks Executive Direc	40 00				х			98,880	0	5,075						
(2) Steve Gottlieb 2nd VP	1 00	х		х				0	0	0						
(3) Pam Meichel 1st VP	1 00	х		х				0	0	0						
(4) Mımı Petro Director	1 00	х						0	0	0						
(5) Miguel Cruz Director	1 00	х						0	0	0						
(6) Melissa Hess Director	1 00	х						0	0	0						
(7) Lında Breck Dırector	1 00	х						0	0	0						
(8) Larry Cummings Director	1 00	х						0	0	0						
(9) Kristie Graham Director	1 00	х						0	0	0						
(10) Kathy Wells Member at Large	1 00	х						0	0	0						
(11) Kathy Byrne Director	1 00	х						0	0	0						
(12) Juliet Yardy Director	1 00	х						0	0	0						
(13) John Braswell Sec/Treas	1 00	х		х				0	0	0						
(14) Gwen Stephens Member at Large	1 00	х						0	0	0						
(15) Conrad Moseley Director	1 00	х						0	0	0						
(16) Cliff Martin Director	1 00	х						0	0	0						
		•		_		_	_			5 000 (3.01.0.)						

\$100,000 in compensation from the organization **F**0

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

(A) Name and Title	(B) Average hours		tion (that a	(che		II		(D) Reportable compensation from the	(E) Reportable compensation from related		(F Estim	ated of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	0	compen from rganızat relat organız	the non and ed
17) Cheryl Smith President	1 00	х		Х				0		0		
										+		
										+		
										-		
						<u> </u>				_		
			_							\bot		
										+		
1b Sub-Total							<u> </u>			+		
c Total from continuation						<u>· · · · · · · · · · · · · · · · · · · </u>				+		
d Total (add lines 1b and 1							F	98,880				5,075
Total number of individua \$100,000 in reportable o					ted	above) who	received more tha	n	•		
											Yes	No
3 Did the organization list a								r highest compensa	ated employee			
on line 1a? If "Yes," comp										3		No
For any individual listed of organization and related of the control of the co												
ındıvıdual			•	•	•		•			4		No
5 Did any person listed on l services rendered to the									r individual for •	5		No
									L		1	1 110
Section B. Independen												
Complete this table for your standard for you			ndep	ende	ent c	contrac	ctors	that received more	than			
	(A) Name and business ad	dress						Descr	(B) ption of services		(C Compe	
	and sasmess du	55						5000	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	\Rightarrow		
										+		
										\downarrow		
								ı				

	•	(2010)					Р	age 9
Part \	V111	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue		exclude from tax under sections
								512, 513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns	1a					
gg.		Membership dues						
£.	C	Fundraising events	. 1c	98,834				
등을	d	Related organizations	. 1d					
Sign Sign	е	Government grants (contributions)	1e	5,404,755				
돌	f	All other contributions, gifts, grants similar amounts not included above	, and 1f	489,283				
달	g			16,294				
္မွ	h	Total. Add lines 1a-1f			5,992,872			
<u>a</u>				Business Code				
Program Service Revenue	2a	Program Rental/Mgmt Fees			183,851	183,851		<u> </u>
<u>\$</u>	b							
¥IC.	d							
Ř	e							
Ta E		All other program service re	venue					
ွိ								
		Total. Add lines 2a-2f Investment income (including			183,851			
		and other similar amounts)	409			40		
	4	Income from investment of tax-ex	0					
	5	Royalties			0			
	_		(ı) Real	(II) Personal				
		Gross Rents Less rental						
	_	expenses Rental income						
		or (loss)	<u> </u>		0			
	u u	Net rental income or (loss)	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	4,000					
	h	than inventory Less cost or	4,014					
		other basis and sales expenses	,					
		Gain or (loss)	-14					
4.		Net gain or (loss)			-14			-1
nue	8a	Gross income from fundraisi (not including	ng events					
eve eve		\$ 98,834 of contributions reported on	line 1c)					
Other Revenue		See Part IV, line 18						
the			a	215,137				
0		Less direct expenses . Net income or (loss) from fui		68,391	146,746			146,74
			ctivities See Part IV, line 19 . a					
	ь	Less direct expenses .		ь				
		Net income or (loss) from ga			0			
	10a	Gross sales of Inventory, les returns and allowances	s a	40 222				
	ь	Less cost of goods sold .	. b	40,322 38,684				
		Net income or (loss) from sa			1,638			1,63
		Miscellaneous Revenue		Business Code				
	11a						-	
	b						-	
	ч С	i All other revenue					-	
		Total. Add lines 11a-11d					1	
			▶				<u> </u>	
	12	Total revenue. See Instructi	ons	ĺ	6 325 502	183,851		148,77

	990 (2010)				Page 10
Par	Statement of Functional Expenses		1		
Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to c			(D).	
Do no	ot include amounts reported on lines 6b, b, 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 governments and organizations in the U S See Part IV, line 21 $$	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,587,541	2,587,541		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	103,955	73,039	21,066	9,850
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			
7	Other salaries and wages	1,918,806	1,346,084	391,316	181,406
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	235,968	170,728	41,910	23,330
10	Payroll taxes	184,942	133,810	32,846	18,286
а	Fees for services (non-employees) Management	0			
b	Legal	2,530	537	1,993	
c	Accounting	16,337	3,468	12,869	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			_
f	Investment management fees	0			
g	Other	3,396	721	2,675	
12	Advertising and promotion	0			
13	Office expenses	89,169	61,371	9,621	18,177
14	Information technology	0	 		
15	Royalties	0			
16	Occupancy	238,626	219,509	15,070	4,047
17	Travel	146,448		 	4,775
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	237,372	,,,,,,,	.,,,,,
19	Conferences, conventions, and meetings	0			_
20	Interest	21,871	13,058	8,813	_
21	Payments to affiliates	0	,	,	_
22	Depreciation, depletion, and amortization	114,357	88,323	23,041	2,993
23	Insurance	41,611	2,637	37,693	1,281
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)		,	,	,
а	Printing and Publications	57,087	12,123	3,895	41,069
b	Postage and Shipping	15,380	11,345		4,035
С	Miscellaneous	44,634	4,442	21,957	18,235
d	Contracted services	374,432	337,172	14,068	23,192
e	Computer equipment & software	79,832	56,984	16,254	6,594
f	All other expenses	26,564	7,122	4,949	14,493
25	Total functional expenses. Add lines 1 through 24f	6,303,486	5,267,386	664,337	371,763
26	Joint costs. Check here ▶ ┌ if following				
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (2010)

Part X Balance Sheet (A) (B) Beginning of year End of year 88.432 95,814 1 1 99.516 2 165,154 2 Savings and temporary cash investments 580,048 778,737 3 3 2,990 15,237 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 0 Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 0 6 0 7 10,940 8 9,479 8 26,413 Prepaid expenses and deferred charges 9 42,451 10a Land, buildings, and equipment cost or other basis Complete 3,175,091 Part VI of Schedule D 10a 10b 1.217.019 2,007,462 b Less accumulated depreciation 10c 1.958.072 0 11 11 0 12 12 Investments—other securities See Part IV, line 11 0 13 13 Investments—program-related See Part IV, line 11 . . 0 14 14 277,223 15 320,219 15 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 3,091,563 16 3,386,624 **17** 229,328 17 308.601 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 240.421 23 Secured mortgages and notes payable to unrelated third parties . . 23 395.938 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 6.429 25 6.333 26 476,178 26 710.872 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 2,211,144 27 2,159,675 Temporarily restricted net assets 348,441 28 460,277 28 Fund 55,800 55,800 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here F and complete lines 30 through 34. ŏ 30 Capital stock or trust principal, or current funds 30 Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ž 2,615,385 2,675,752 33 33 Total net assets or fund balances Total liabilities and net assets/fund balances 34 3.091.563 3,386,624 34

	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)				
2	Total expenses (must equal Part IX, column (A), line 25)	2			325,502 303,486
3	Revenue less expenses Subtract line 2 from line 1	3		0,2	22,016
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,6	, 515,385
5	Other changes in net assets or fund balances (explain in Schedule O)	5			38,351
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2,6	575,752
Par	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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DLN: 93493136040442

OMB No 1545-0047

7MB NO 1343-00-

2010

Open to Public

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

ns. Inspection
Employer identification number

Southern Arizona AIDS Foundation 86-0864100 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organızatı col (ı) lıst your gove	Is the organization in col (i) listed in your governing document?		Is the Did you organ (i) listed in col		(v) Did you notify the organization in col (i) of your support?		e on in anized S ?	(vii) A mount of support	
		inst ruct ions))	Yes	No	Yes	No	Yes	No				
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.)

	under Part III. II til	e organization i	alls to quality t	illuel the tests	iisteu below, pi	ease co	ilibiete i	ait III.)
	ection A. Public Support		1	1	1			
Cal	endar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	4,022,66	5 4,257,037	4,081,597	4,351,872		5,992,872	22,706,043
	ınclude any "unusual grants ")	4,022,00	7,237,037	4,001,397	7,331,072		1,992,072	22,700,043
2	Tax revenues levied for the organization's benefit and either							0
3	paid to or expended on its behalf The value of services or facilities							
•	furnished by a governmental unit to the organization without charge							0
4 5	Total. Add lines 1 through 3 The portion of total contributions	4,022,66	4,257,037	4,081,597	4,351,872	5	5,992,872	22,706,043
	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the							0
6	amount shown on line 11, column (f) Public Support. Subtract line 5							22.706.042
	from line 4							22,706,043
	ection B. Total Support							
Cal	endar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	010	(f) Total
7	Amounts from line 4	4,022,665	4,257,037	4,081,597	4,351,872	5	5,992,872	22,706,043
8	Gross income from interest,							· · · · · · · · · · · · · · · · · · ·
	dividends, payments received on	4 706	4.400	2 720	422		400	0.545
	securities loans, rents, royalties and income from similar	1,736	4,198	2,739	433		409	9,515
	sources							
9	Net income from unrelated							
	business activities, whether or							0
	not the business is regularly carried on							
10	Other income Do not include							
	gaın or loss from the sale of							0
	capital assets (Explain in Part							
11	IV) Total support (Add lines 7 through 10)							22,715,558
12	Gross receipts from related activit	ies, etc (See inst	ructions)		<u>.</u>	12		2,293,479
13	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second	, thırd, fourth, or f	ifth tax year as a	501(c)(3) organız	ation, ▶
<u>_s</u>	<u>ection C. Computation of Pu</u>							
14	Public Support Percentage for 201	0 (line 6 column	(f) divided by line	11 column (f))		14		99 960 %
15	Public Support Percentage for 200	9 Schedule A , Pa	rt II, line 14			15		99 940 %
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more	, check t	
b	and stop here. The organization qu 33 1/3% support test—2009. If the box and stop here. The organization	e organızatıon dıd	not check the bo	x on line 13 or 16	a, and line 15 is	33 1/3%	or more,	►√ check this ►
17a	10%-facts-and-circumstances test is 10% or more, and if the organization	: —2010. If the org ation meets the "f	anization did not o acts and circums	check a box on lir tances" test, che	ck this box and s	op here.	Explain	·
b	In Part IV how the organization me organization 10%-facts-and-circumstances test			_				ed ▶□
_	15 is 10% or more, and if the orga Explain in Part IV how the organize	nızatıon meets th	e "facts and circu	mstances" test, (check this box an	d stop he	ere.	
18	supported organization Private Foundation If the organiza	tion did not check	a box on line 13,	. 16a, 16b, 17a o	r 17b, check this	box and	see	▶ ┌
	instructions		•		•			▶ □

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. 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

33 1/3% support tests-2009. 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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

▶□

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493136040442

OMB No 1545-0047

Department of the Treasury

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

emal	Revenue Service	Form 990. ► See separate instructions.		1	nspec	tion
	me of the organization		Emp	loyer identificatio	n numbe	er
iou	thern Arızona AIDS Foundation		86-	0864100		
₽a	rt I Organizations Maintaining Donor	Advised Funds or Other Simila			Comple	te if the
	organization answered "Yes" to Form					
		(a) Donor advised funds		(b) Funds and othe	eraccou	nts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor actions are the organization's property, subject to the				┌ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the b conferring impermissible private benefit			r purpose	┌ Yes	┌ No
a.	rt III Conservation Easements. Complet	te if the organization answered "Ye	s" to Forn	n 990, Part IV, l	line 7.	
	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a que easement on the last day of the tax year	ation or pleasure) Preservation o	of a certifie	d historic structur		a
				Held at the En	d of the	Year
a	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easemen	nts	2b			
С	Number of conservation easements on a certified h	historic structure included in (a)	2c			
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d			
	Number of conservation easements modified, trans the taxable year Number of ctates where preparty subject to conse		nated by th	ne organızatıon du	rıng	
	Number of states where property subject to consect Does the organization have a written policy regard enforcement of the conservation easements it holds	ing the periodic monitoring, inspection,	handling of	violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, in	nspecting and enforcing conservation ea	sements d	uring the year ►		
	A mount of expenses incurred in monitoring, inspec	cting, and enforcing conservation easem	nents durin	g the year ► \$		
	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	e 2(d) above satisfy the requirements of	fsection		┌ Yes	┌ No
	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organization's finar				
ar	Complete if the organization answered			her Similar As	sets.	
a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	eld for public exhibition, education or res	search in fu			≘,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these items	or public exhibition, education, or resear				
	(i) Revenues included in Form 990, Part VIII, line	e 1		► \$		
	(ii) Assets included in Form 990, Part X			- \$		
	If the organization received or held works of art, hi	storical treasures, or other similar asse	ts for finan	· -		
_	following amounts required to be reported under SF		101 1111011	ciai gam, provide		
а	Revenues included in Form 990, Part VIII, line 1			▶ \$		

Assets included in Form 990, Part X

Par	Tit Organizations Maintaining Co					•					ntinued)
3	Using the organization's accession and othe items (check all that apply)	records, check an	y of th		_	_			ectioi	ı	
а	Public exhibition		d		Loan or	exchange progr	ams				
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	illections and expla	un hov	wthev	further t	he organization	's ex	emnt nurnos	e in		
	Part XIV					-			, С 111		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	Г	Yes	□ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the o	rganıza	tion answered		es" to Forn			,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						ets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follov	wing tab	ole	Г			A mou	ınt	
_	Bannan a halana					-	1.		AIIIO	11111	
ч С	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 Fo		e 21?	>					Г	Yes	│ No
b	If "Yes," explain the arrangement in Part XIV								_		
Pa	rt V Endowment Funds. Complete	f the organization (a)Current Year		Swered Prior Ye		to Form 990, c)Two Years Back		t IV, line 1 Three Years Ba		N Equr V	ears Back
1a	Beginning of year balance	(a)Curient rear 46,474	(D		42,671	50,446	+ • •	Tillee feats ba	ck (e)rour t	ears back
ь	Contributions	,			, ., .		1				
C	Investment earnings or losses	5,773			4,068	-5,673	3		+		
d	Grants or scholarships	3,773			1,000	3,07.					
_	Other expenditures for facilities	4,410			265	2,012	,				
е	and programs	4,410			203	2,012					
f	Administrative expenses										
g	End of year balance	47,837		4	46,474	42,67	L				
2	Provide the estimated percentage of the yea	r end balance held a	as		•				•		
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment ► 100 000 %										
c	Term endowment ►										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that ar	e held aı	nd administered	for	the			
	organization by									Yes	No
	(i) unrelated organizations								3a(i)		No
	(ii) related organizations							🖺	Ba(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organizatio						•		3b		No
4	Describe in Part XIV the intended uses of th					B- 13/ 1	10				
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S								
	Description of investment				Cost or oth (Investme			(c) Accumula depreciatio		(d) Bo	ok value
1a	Land					302	,449				302,449
b I	Buildings					2,642	,618	1,042	2,630		1,599,988
c l	Leasehold improvements					3	,572		3,081		491
d I	Equipment					181	,000	162	2,133		18,867
e (Other					45	,452	Ġ	,175		36,277
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>		nn (B), line 1	0(c).) .		•				1,958,072
								Schedul	e D (I	Form 9	90) 2010

Part VII Investments—Other Securities. S	ee Form 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2,233.1.1.1.1.1	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related.		3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X	, line 15.	
(a) Des	scription	(b) Book value
(1) Due from affiliate		5,964
(2) Donated Timeshare/Land		9,500
Total. (Column (b) should equal Form 990, Part X, col.(B) II.	ne 15.)	
Part X Other Liabilities. See Form 990, Pa		220,219
1 (a) Description of Liability	(b) Amount	
Federal Income Taxes	(D) / Illioditic	
	6.222	
Tenant security deposits	6,333	
	 	
	 	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)		
2. Fin 48 (ASC 740) Footnote In Part XIV, provide the	text of the footnote to the organiz	ation's financial statements that reports the

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,325,502
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,303,486
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	22,016
4	Net unrealized gains (losses) on investments	4	38,351
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	38,351
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	60,367
	Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	6,644,927
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 87,676		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	280,741
3	Subtract line 2e from line 1	3	6,364,186
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 XIV)		
c	Add lines 4a and 4b	4c	-38,684
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	6,325,502
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
1	Total expenses and losses per audited financial statements	1	6,583,751
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	┝┸	
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	280,265
3	Subtract line 2e from line 1	3	6,303,486
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		· · · · · · · · · · · · · · · · · · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	6,303,486

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation				
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Cost of merchandise sold \$38684 Expenses of consolidated entity \$153905				
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Revenues of consolidated entity \$154714				
Part V, Line 4	Part V , Line 4 Intended uses of the endowment fund	Endowment funds are used for the purposes restricted by the donor				

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DLN: 93493136040442

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding **Fundraising or Gaming Activities**

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

Open to Public **Inspection**

Name of the organization						Employer ider	ntification number
Southern Arızona AIDS Foundat	non					86-0864100	
Part I Fundraising Act	tivities. Complet	e if the o	organiza	tion answered "Yes"	to Forn	n 990, Part IV	, line 17.
1 Indicate whether the organ	nization raised funds	through a	any of the	following activities Ch	eck all t	hat apply	
a Mail solicitations		J		Solicitation of no			
b Internet and e-mail so	licitations		f	Solicitation of go			
c Phone solicitations			q	Special fundraisi			
d In-person solicitations	-		9	, Special fallaraisii	ing evenie	3	
u i in person soncitation.	•						
2a Did the organization have or key employees listed in							Γ _{Yes} Γ Νο
b If "Yes," list the ten highes to be compensated at leas							
(i) Name and address of	(ii) Activity	(iii)	Did	(iv) Gross receipts	(v) A	mount paid to	(vi) A mount paid to
individual	(II) Activity		ser have	from activity		retained by)	(or retained by)
or entity (fundraiser)		custody or control of contributions?			fundraiser listed in col (i)		organization
		Yes	No.				
		1	1.10				
		+					
「otal			•				
3 List all states in which the licensing	organization is regi	stered or l	lıcensed t	o solicit funds or has b	een notıf	fied it is exempt	from registration or

			(a) Event #1 AIDS Walk	(b) Event #2 Festival	(c) Other Events 3	(d) Total Events (Add col (a) through col (c))
			(event type)	(event type)	(total number)	
₽	1	Gross receipts	148,760	87,766	77,445	313,971
Revenue	2	Less Charitable contributions	40,997	32,370	25,467	98,834
	3	Gross income (line 1 minus line 2)	107,763	55,396	51,978	215,137
	4	Cash prizes				
မ္က	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
	7	Food and beverages				
Direct	8	Entertainment				
▵│	9	Other direct expenses .	10,133	18,038	40,220	68,391
	10	Direct expense summary Add lir	ies 4 through 9 in column	(d)	🛌	68,391
-	11	Net income summary Combine li	nes 3 and 10 ın column (d)	🕨	146,746
ф 2		\$15,000 on Form 990-EZ, lı	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through
Revenue	1	Gross revenue				col (c))
နှမ့်	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facılıty costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes <u>%</u>	┌ Yes%	┌ Yes%	
		Direct expense summary Add line Net gaming income summary Com				
I						l
9 a	Ente	er the state(s) in which the organiza he organization licensed to operate	ation operates gaming act	tivities		
		No," Explain				

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{ m Yes}$ $\Gamma_{ m No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable (gaming?		. Г _{Yes} Г _{No}
13	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	-	· ·		. Γ_{Yes} Γ_{No}
b			tion 🟲 \$ and the	, , , , , , , , , , , , , , , , , , , ,
	amount of gaming revenue retain	ned by the third party 🟲 \$		
c	If "Yes," enter name and address	s		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	> \$		
	Description of services provided			
	Director/officer	□ Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distribu		
				Tyes No
b		required under state law distributed t	o other exempt organizations or spent	
D		activities during the tax year \$	reconnect to question on Cohedule C./	
Pa	t IV Complete this part to proceed instructions.)	provide additional information for	responses to question on Schedule G (see
	Identifier	ReturnReference	Explanation	

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OMB No 1545-0047

Schedule I

(Form 990)

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

Department of the Treasury Internal Revenue Service	Comple		answered "Yes," to Form ▶ Attach to Form 990	n 990, Part IV, line 21 or	22.		en to Public Inspection
Name of the organization Southern Arizona AIDS Foundation						Employer identification	on number
						86-0864100	
Part I General Informat							
Does the organization maintain the selection criteria used to							□ Yes □
2 Describe in Part IV the organ							
Form 990, Part IV, I	ine 21 for any recip	ient that received n	rganizations in the nore than \$5,000. Cho	eck this box if no one	recipient receive	d more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section	501(c)(3) and governi	ment organizations .					0

Enter total number of other organizations . . .

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Client services and support	1060	2,587,541		Actual cash value	Medical Counseling, Food, Shelter

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier Return Reference

Explanation

Schedule I (Form 990) 2010

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DLN: 93493136040442

OMB No 1545-0047

2010

Inspection

Open to Public

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Name of the organization Southern Arizona AIDS Foundation Employer identification number

86-0864100

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Documents are available on the organization's website

ldentifier	Return Reference	Explanation				
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	Finance committee reviews 990 prior to filing				

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 4	Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	See attached statement

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DLN: 93493136040442

OMB No 1545-0047

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SCHEDULE R (Form 990)

Name of the organization

Southern Arizona AIDS Foundation

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

Employer identification number 86-0864100

Part I Identification of Disregarded Entities (Comple	ete if the organization	n answered "Yes'	" on Form 990, Pa	art IV, line 33.)		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (: or foreign coun		(e) End-of-year assets	(f) Direct controlli entity	ing
(1) SAAF LLC 375 S Euclid Ave Tucson, AZ 85719	Property Management	AZ		9,50	00 N/A	
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the		ıf the organızatıor	n answered "Yes"	on Form 990, Part	IV, line 34 becaus	se it had one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(1 controlled organization

Name, address, and EIN of related organization Primary activity Legal domicile (stat or foreign country)		Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	conti organi	
						Yes	No
(1) Stephenson Place							
375 S Euclid Ave	Charitable	AZ	501(c)(3)	7	N/A		No
Tucson, AZ 85719 86-0766137							
For Privacy Act and Paperwork Reduction Act Notice, see the Instruct	ions for Form 990.	Cat No 5	0135Y		Schedule R (F	orm 990)	2010

Part III Identifi because	ication of Related to the interior in the inte	ed Org ore relat	anizations Taxa ted organizations t	ble as a Partner reated as a partne	ship (Co ership du	mplete if ring the ta	the org ax year	ganızatıon (r.)	answe	ered "\	es" on Fo	rm 990,	Part	IV, lır	ne 34
(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)	Share of t	(f) total income		(g) f end-of-year assets	(h Disprop alloca	ortionate	(i) Code V- amount in b Schedule (Form 10	ox 20 of K-1	(j Gene mana parti	ral or aging	(k) Percentage ownership
									Yes	No			Yes	No	
Part IV Identifi	ication of Relat because it had on	ed Orga e or mo	l anizations Taxa pre related organız	ble as a Corpora ations treated as a	tion or a corpora	Trust (Co	ı omplete ust dur	e if the org ing the tax	anıza year	tion ar .)	nswered "\	es" on	Form	990,	Part IV,
Name, address, an	(a) d EIN of related organiz	ation	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct cor enti	ntrolling	(e) Type of el (C corp, S or trust	corp,	Share o	(f) f total income	Sha end-o	j) re of f-year sets		(h) Percentage ownership

(4)

(5)

(6)

Part	Transactions With Related Organizations (Complete if the organization answered "Ye	s" on Form 990, Pai	rt IV, line 34, 35, 3!	5A, or 36.)		
N	ote. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 Duri	ng the tax year, did the orgranization engage in any of the following transactions with one or more related orga	nızatıons lısted ın Part	s II-IV?			
a R	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b G	ift, grant, or capital contribution to other organization(s)			1b		No
c G	ift, grant, or capital contribution from other organization(s)			1c		No
d L	oans or loan guarantees to or for other organization(s)			1d		No
e L	oans or loan guarantees by other organization(s)			1e		No
f S	ale of assets to other organization(s)			1f	_	No
g P	urchase of assets from other organization(s)			1g		No
h E	xchange of assets			1h		No
i Le	ease of facilities, equipment, or other assets to other organization(s)			11		No
i Le	ease of facilities, equipment, or other assets from other organization(s)			1 <u>j</u>		No
=	erformance of services or membership or fundraising solicitations for other organization(s)			1k		
	erformance of services or membership or fundraising solicitations by other organization(s)			11		No
	haring of facilities, equipment, mailing lists, or other assets			1n	1	No
	haring of paid employees			1n		No
o R	eimbursement paid to other organization for expenses			10	-	No
	eimbursement paid by other organization for expenses			1p	+	
				1-		No
-	ther transfer of cash or property to other organization(s)			1q 1r		No No
r O	ther transfer of cash or property from other organization(s)			<u> </u>		NO
2 If	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, i	ncluding covered relat	ionships and transacti	on thresholds		
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determ Involve		ount
(1) Stepl	henson Place	p	23,200			
(2) Stepl	henson Place	k	16,800			
(3)						

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 Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	
			Yes	No		Yes	No		Yes	No
									+	-
										1
							\vdash		+	\vdash
										T
									-	\vdash
										╁
									+	+
										1

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010

BYLAWS OF SOUTHERN ARIZONA AIDS FOUNDATION (Restated January 4, 2011)

ARTICLE 1. OFFICE

Southern Arizona AIDS Foundation ("SAAF") is located at 375 S. Euclid, Tucson, Arizona. The Board may determine a different or additional location from time to time.

ARTICLE II. PURPOSE

The Corporation shall only engage in activities permitted under §501(c) (3) of the Internal Revenue Code, as amended ("Code"). SAAF's mission is to create and sustain a healthier community through a compassionate, comprehensive response to HIV/AIDS, including decent, affordable housing for low and moderate-income individuals. SAAF will provide services in Pima County, and outside Pima County as resources permit.

The Corporation shall not conduct activities prohibited under Code §501(c) (3). No part of net earnings shall benefit directors, officers, or other private persons, except payment of reasonable compensation and payments in furtherance of permitted purposes.

ARTICLE III. MEMBERS

The Board may create non-voting memberships, as it deems advisable.

ARTICLE IV. BOARD OF DIRECTORS

Section 1. <u>Number and Composition</u>. The Board shall number at least 9 and not more than 21, as determined by the Board. Directors shall represent, to the extent feasible: (1) a demographic representation of the community; (2) professional and consumer interests; (3) people living with HIV/AIDS; and (4) people with experience working with or caring for people with HIV/AIDS. Directors shall receive no compensation.

Section 2. <u>Duties</u>. Board members shall:

- A. Attend Board meetings
- B. Monitor and audit the finances of the corporation
- C. Serve on at least one standing committee
- D. Adopt policies and procedures necessary to accomplish the mission of the Corporation, including an annual budget.
- E. Make an annual financial contribution to the corporation.
- F. Promote agency events.
- Section 3. <u>Term.</u> A director's term is three years. To promote continuity, 1/3 of the total Board takes office each July 1. Vacancies may be filled for the unexpired term at any regular or special meeting called for that purpose.
- Section 4. <u>Annual Meeting</u>. The annual meeting shall be held in May in place of the regular meeting, to elect directors and officers and for other business properly brought before the meeting. Except as otherwise provided herein, action shall be taken by majority vote of directors present at an annual or other meeting.
- Section 5. Regular Meeting. Regular meetings shall be held at the time and place designated by the board.

- Section 6. <u>Special Meeting</u>. The President, the Executive Director, or 40% of the Board may call special meetings.
- Section 7. <u>Telephonic Meeting</u>. A meeting may be held telephonically whereby all persons participating in the meeting can hear each other.
- Section 8. <u>Electronic Voting</u>. Electronic voting may occur on issues before the Board when a face to face meeting is not possible.
- Section 9. <u>Notice</u>. Notice of any meeting shall be given by email or facsimile at least two business days prior to the meeting. Notice given after 4:00 p.m. shall be deemed given on the next business day.
- Section 10. <u>Waiver of Notice</u>. Notice may be waived in writing, and is deemed waived by attendance at a meeting unless a director appears only to object to the meeting.
- Section 11. Quorum. A majority of directors constitutes a quorum for transacting business. Those attending a duly convened meeting without a quorum may adjourn the meeting without notice and may conduct business at such rescheduled meeting if a quorum is then present. If the rescheduled date will be more than 30 days after the original meeting date, notice shall be given of such rescheduled meeting.
- Section 12. <u>Resignations, Removal</u>. A director may resign by written notice to the President, effective on the date specified in such notice.

The Board may remove a director for failure to perform duties, as determined in the sole discretion of the Board, or failure to attend three consecutive Board meetings. The Executive Committee shall give the director 10 days prior written notice of the opportunity to address the Board prior to vote. A director may be removed without cause and without notice, by a 3/4 vote of the remaining Board Members.

Section 13. <u>Honorary Directors</u>. Honorary directors may be appointed or removed by a 3/4 vote of Directors present at meeting, following recommendation by the Nominating Committee or Executive Director. The nominee must be prominent in the community; have a personal interest in the successful fulfillment of SAAF's mission; and shall not be a regular Board Member. Honorary directors need not attend meetings or serve on committees, do not vote, and are not considered in determining the presence of a quorum. In the case of selecting a person as a posthumous Honorary Director, following a recommendation/nomination from the Nominating Committee or Executive Director, the Board will admit the nominee by means of a unanimous vote.

ARTICLE V. OFFICERS AND EXECUTIVE DIRECTOR

- Section 1. <u>President</u>. The President presides at meetings of the Board and serves as a voting member on all committees. The President shall communicate regularly with the Executive Director, and with Committee Chairs to ensure committees are working effectively. The President has authority to contract business for the Corporation, and may delegate specific acts to the Executive Director.
 - Section 2. First Vice-President. The First Vice-President acts in the absence of the President.
- Section 3. <u>Second Vice-President</u>. The Second Vice-President acts in the absence of the President and First Vice-President.
- Section 4. <u>Secretary/Treasurer</u>. The Secretary/Treasurer supervises the books and records of the Corporation, including monthly and year-end financial statements. The Secretary/Treasurer ensures

that correct and complete books and records, as well as written minutes of Board meetings, are maintained at the corporate office.

Section 5. <u>Executive Director</u>. The Executive Director shall attend to the day-to-day administration and operation of the Corporation, including hiring and termination of employees. The Executive Director shall be hired or terminated by a 3/4 vote of the entire Board. The Executive Director shall serve under the terms of an employment contract. The Executive Director shall be a nonvoting member of all committees, and shall attend directors' meetings as a nonvoting member.

The Executive Director shall recommend policies for both paid and volunteer staff, for consideration and approval by the Board.

- Section 6. <u>Term</u>. Officers serve for one year, except as otherwise provided in the Executive Director's contract. Officers elected to fill vacancies or newly created positions, shall hold office until the next annual meeting.
- Section 7. <u>Resignations, Removal</u>. An officer may resign by written notice to the President. In the case of the President, written notice shall be given to the First Vice-President. An officer may be removed by a 3/4 vote of the entire Board.

ARTICLE VI. COMMITTEES

The Corporation shall have five standing committees, as described below. The Board may establish additional ad hoc committees as needed. Committee members are not required to be directors or members. Appointments are made at the annual meeting for a one-year term. Each committee shall be comprised of at least two directors.

- Section 1. <u>Executive Committee</u>. This Committee, chaired by the President, is comprised of the officers, the Executive Director, and two other directors, one of whom will be the immediate past President in years when a new President is elected. This Committee shall attend to matters, which are not within the purview of a standing committee. The Committee evaluates the performance and compensation of the Executive Director.
- Section 2. <u>Finance Committee</u>. The Secretary/Treasurer shall serve as Chair. This Committee reviews financial matters, makes recommendations concerning accounting policies and practices, supervises development of an annual budget and monitors compliance with the budget and with accepted accounting practices. The Committee makes recommendations concerning employee compensation. The Committee ensures that an annual audit is conducted, and that required reports and tax returns are filed. The Finance Committee serves as the Audit Committee of the corporation.
- Section 3. <u>Programs Committee</u>. This Committee is chaired by a Director appointed by the Board. This committee shall, at least biennially, review and make recommendations to the Board concerning agency service programs. The Committee shall encourage applications for funding the mission of the Corporation.
- Section 4. <u>Development Committee</u>. This Committee is chaired by a Director appointed by the Board. This Committee shall work with the Executive Director and staff to, identify activities and events, and to provide support and ensure the success of the annual development plan. The Committee shall promote full Board participation in the development endeavors of the organization. The Committee reviews proposals, makes recommendations to the Board, and tracks financial contributions of directors and members.
- Section 5. <u>Nominating Committee</u>. This Committee is chaired by a Director appointed by the Board. The Committee identifies, recruits, and screens potential directors and officers, and shall establish

a written process that takes into account Board composition and needs of the Corporation. The Committee will submit a single slate of directors and of officers to the Board no later than 10 days prior to the annual meeting, or prior to any meeting at which a vacancy or new position will be filled. Voting will be by secret ballot.

If the slate of directors is not elected, candidates shall be voted on individually. If one or more candidates do not receive a majority vote, then nominations will be accepted one at a time from the nominating committee, or if none, from the other directors present, until a minimum of 9 directors are serving. At any time after the minimum is secured a motion may be made to close the elections.

If the slate of officers is not elected, candidates shall be voted on individually. If a candidate does not receive a majority vote, then nominations will be accepted from the nominating committee, or if none, from the other directors present, until an individual receives a majority vote.

ARTICLE VII. CONFLICT OF INTEREST

A director shall not discuss or vote on any matter in which the director has a financial interest or professional conflict, and shall fully apprise the Board.

No transaction shall be entered into with a director, officer, or committee member, or with an entity in which the individual is a member, shareholder, director, officer, partner, agent, employee or holder of a financial interest, or with a family member of such individual. Any such transaction shall be null and void at the option of the Corporation, and no indemnification shall be made in the event of such a conflict or transaction.

Each Board member will annually sign a Conflict of Interest Statement which will serve to update the Board and SAAF on the member's status relevant to this statement. The statement will be maintained in their Board member file.

ARTICLE VIII. CONFIDENTIALITY AGREEMENT

A director may learn confidential information. During and after tenure on the Board, confidential information may not be shared with anyone not associated with the agency and may only be shared with someone associated with the agency on a need-to-know basis. Violation of this agreement can lead to immediate termination from the Board.

Each Board member will annually sign a Confidentiality Agreement, which will be maintained in their Board member file.

ARTICLE IX. INDEMNIFICATION

The Corporation will indemnify officers and directors to the extent allowed by law.

ARTICLE X. DISSOLUTION

Upon dissolution, after paying or making provisions for payment of all liabilities, assets shall be distributed to organizations that qualify under Code §501(c) (3) which have similar mission and purpose. In the absence of such disposition, then to such qualified organizations as the Pima County Superior Court shall determine.

ARTICLE XI. AMENDMENTS

The Board may at any time amend these bylaws by 34 of the entire Board.

I hereby certify that these restated bylaws were approved by the Board of Directors January 4, 2011.

John Braswell, Secretary/Treasurer

John Braswell 1/4/2011

Volunteer Resources

The Volunteer Resources program offers volunteer support to all areas of SAAF in addition to providing vital outreach to the community. Since its earliest beginnings, SAAF has relied on volunteers to provide much-needed client services as well as prevention outreach. This still holds true today.

Volunteers are given training, continuing education, and staff support to acquire the skills needed to take on these important roles throughout the agency. VR provides monthly orientations to new volunteers, as well as quarterly advanced trainings. Volunteers made an impact by helping to support a healthier community through advocacy, outreach, and support.

Almost 2,300 volunteers provided more than 26,000 hours, which equates to approximately \$562,000, according to the IndependentSector.org and the Bureau of Labor Stats.

Prevention Services

SAAF's Prevention Department creates healthier communities through innovative education, training, and outreach services to reduce the transmission of HIV, Hepatitis, and Sexually Transmitted Infections by using safe and supportive approaches. Prevention services continue to target populations at increased risk of HIV infection or transmission and expanded in fiscal year 2011 to include HIV rural testing in Graham, Greenlee, and Santa Cruz counties; Syringe Access Programming; and directly funded CDC and SAMHSA grants targeting substance users and youth of color at risk, respectively.

SAAF continues to provide effective behavioral interventions that include health education and risk reduction activities such as outreach, individual-level interventions, group-level interventions, community-level interventions, and health education/public information; and Public Health Strategies such as Comprehensive Risk Counseling Services (CRCS), HIV Counseling, Testing and Referral Services (CTRS), and Syringe Access Services.

Prevention programs conducted over 900 outreach and educational events, making over 17,300 contacts; 213 participants received individual level interventions, including syringe access services, with over 800 sessions conducted; and 29 group level interventions were conducted reaching 352 individuals.

HIV Counseling and Testing is provided by SAAF staff in collaboration with the Pima County Health Department. Testing is available at SAAF, behavioral health agencies, local bars, and at community events throughout the year. Confidential HIV testing using a HIV Rapid Test is available. Last year approximately 1,637 people were tested at SAAF, Behavioral Health Agencies in Yuma, La Paz, Gila, Pinal, Graham, Greenlee, and Santa Cruz counties, community locations, and at mobile-testing events.

Care Services

Care Services ensure that people living with HIV/AIDS have access to the services they need to maintain optimal health and live as independently and safely as possible. Care Services are grouped into three areas: Clinical Services, Support Services, and Housing Services.

Of the people served in 2011, 96% were low income, with 54% living below the poverty level. Due to the ongoing economic conditions and the stress of living with limited incomes, the number of people who received housing and food services increased. The demand remained high for other basic support services including transportation, emergency rent and utility assistance, as well as essential medical services including dental care and medications assistance.

During this past year, SAAF provided services to the greatest number of people in its history, serving 1,060 people living with HIV/AIDS and their household members. Of these, 108 were new clients to SAAF

Clinical Services

- Case Management provided needs assessments, the development of care and action plans, and provision of or referral to necessary services.
- Peer Counseling provided people living with HIV/AIDS with a caring person living with or deeply affected by HIV/AIDS, from whom they can receive support and referrals.

Support Services

- Complementary Therapies
- Dental Services
- Food and Nutrition Services, including the Food for Life Program and the Food Pantry
- Holiday Project
- Medications Assistance
- Support Groups
- Transportation Services
- Wellness and Buyers' Club
- Other personal support services

Housing Services

- 83 units owned by SAAF at seven different locations
- 75 subsidized rental units in the community
- Move-in assistance and short-term financial assistance to help pay rent, mortgage, and utility bills

Through your support SAAF was able to offer a comprehensive array of services that made a great impact for many people last year.

• 1,051 people received case management and peer counseling services

- 485 people received access to dental services through a contract with Delta Dental
- 466 people received food assistance
- 377 people received transportation services
- 170 people received emergency short-term rent, mortgage, and utility assistance or move-in deposits
- 171 people received assistance through the Holiday Project
- 181 people received medications assistance
- 100 households lived in SAAF properties, housing 145 people
- 96 households lived in SAAF tenant-based subsidized units, housing 193 people
- 42 people accessed services of the Complementary Therapies Program