Form **990**

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 private foundations)

► Do not enter social security numbers on this form as it may be made public.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 7/01 **, 2018, and ending** 6/30 **, 2019**

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C
DESERT AIDS PROJECT, INC.
1695 N. SUNRISE WAY
PALM SPRINGS, CA 92262

D Employer identification number: 33-0068583

E Telephone number: (760) 323-2118

G Gross receipts $ 52,801,766.

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

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► WWW.DESERTAIDSPROJECT.ORG

H(c) Group exemption number ►

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

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

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	305
6	Total number of volunteers (estimate if necessary)	6	367
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	808,290.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	-3,092,142.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	17,110,648.	14,162,013.
	9	Program service revenue (Part VIII, line 2g)	25,620,276.	28,813,418.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	495,045.	531,083.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	378,559.	441,715.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,604,528.	43,948,229.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,206,776.	19,571,043.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 1,178,611.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	25,620,924.	23,209,004.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	39,827,700.	42,780,047.
	19	Revenue less expenses. Subtract line 18 from line 12	3,776,828.	1,168,182.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	44,254,649.	44,147,066.
	21	Total liabilities (Part X, line 26)	14,992,034.	14,060,115.
	22	Net assets or fund balances. Subtract line 21 from line 20	29,262,615.	30,086,951.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

► Signature of officer | Date

► DAVID BRINKMAN CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
SHANNON C. MAIDMENT	SHANNON C. MAIDMENT			P01426554

Firm's name ► LUND & GUTTRY LLP

Firm's address ► 36917 COOK STREET STE 102
PALM DESERT, CA 92211

Firm's EIN ► 95-2101327

Phone no. (760) 568-2242

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses $ 22,532,954. including grants of $) (Revenue $)

SEE SCHEDULE O

4b (Code:) (Expenses $ 8,194,201. including grants of $) (Revenue $)

SEE SCHEDULE O

4c (Code:) (Expenses $ 3,900,431. including grants of $) (Revenue $)

REVIVALS - RE-SALE STORES
EXPENSES: $ 3,900,431 REVENUE: $ 6,243,204
DAP OPERATES THREE RE-SALE STORES IN OUR SERVICE AREA AS A FUNDRAISING ENDEAVOR. MOST ITEMS FOR SALE ARE DONATED BY INDIVIDUALS AND INCLUDE CLOTHING, FURNITURE, HOME DECOR, ARTWORK, JEWELRY AND BOOKS. NEW FURNITURE, CARPETS/RUGS, MATTRESSES AND OTHER NEW ITEMS ARE ALSO AVAILABLE. OVER 400 VOLUNTEERS (MANY OF WHOM ARE ALSO CLIENTS) DONATED MORE THAN 74,000 HOURS OF THEIR TIME TO STAFF THE STORES INCREASING NET REVENUE AVAILABLE TO BE ALLOCATED TO COMMUNITY HEALTH PROGRAMS, CLINICAL CARE AND SOCIAL SERVICES.

4d Other program services (Describe in Schedule O.) SEE SCHEDULE O
(Expenses $ 3,799,836. including grants of $) (Revenue $)

4e Total program service expenses ► 38,427,422.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If 'Yes,' complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*	11 a	X	
b	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*	11 b		X
c	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*	11 c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*	11 d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11 e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If 'Yes,' complete Schedule D, Part X*	11 f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional*	12 b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If 'Yes,' complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If 'Yes,' complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If 'Yes,' complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	254			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1 c	X	

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

			Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 305			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**	X	
b If 'Yes,' has it filed a Form 990-T for this year? *If 'No' to line 3b, provide an explanation in Schedule O*		**3b**	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		X
b If 'Yes,' enter the name of the foreign country: ►				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		**7b**	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	**7d**			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**	X	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	**11a**			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state?		**13a**		
Note. See the instructions for additional information the organization must report on Schedule O.				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c Enter the amount of reserves on hand	**13c**			
14a Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		X
b If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*		**14b**		
15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		**15**		X
If 'Yes,' see instructions and file Form 4720, Schedule N.				
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		**16**		X
If 'Yes,' complete Form 4720, Schedule O.				

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

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

Section A. Governing Body and Management

			Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	13		
b Enter the number of voting members included in line 1a, above, who are independent	1b	11		
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		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? SEE SCH O		4	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6 Did the organization have members or stockholders?		6		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?		8a	X	
b Each committee with authority to act on behalf of the governing body?		8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*		9		X

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

		Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	10a		X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12 a Did the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this was done* SEE SCHEDULE O	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	15a	X	
b Other officers or key employees of the organization SEE SCHEDULE O	15b	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a 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		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

JUDY STITH 1695 N. SUNRISE WAY PALM SPRINGS CA 92262 760 323 2118

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

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

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

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

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

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

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

(A) Name and Title	**(B)** Average hours per week (list any hours for related organizations below dotted line)	**(C)** Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	**(D)** Reportable compensation from the organization (W-2/1099-MISC)	**(E)** Reportable compensation from related organizations (W-2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
(1) STEVE KAUFER CHAIRMAN	1 0	X		X				0.	0.	0.
(2) PATRICK JORDAN VICE CHAIR	1 0	X		X				0.	0.	0.
(3) FREDERICK J. DREWETTE TREASURER	1 0	X		X				0.	0.	0.
(4) MARK HAMILTON SECRETARY	1 0	X		X				0.	0.	0.
(5) KEVIN BASS DIRECTOR	1 0	X						0.	0.	0.
(6) JERRY FOGELSON DIRECTOR	1 0	X						0.	0.	0.
(7) TERRIL KETOVER, PHD DIRECTOR	1 0	X						0.	0.	0.
(8) LAURI KIBBY DIRECTOR	1 0	X						0.	0.	0.
(9) BERTIL LINDBLAD DIRECTOR	1 0	X						0.	0.	0.
(10) KYLE MUDD DIRECTOR	1 0	X						0.	0.	0.
(11) DAVID PEREZ DIRECTOR	1 0	X						0.	0.	0.
(12) ANN SHEFFER DIRECTOR	1 0	X						0.	0.	0.
(13) DAVID BRINKMAN CEO	40 0			X				386,410.	0.	25,334.
(14) JUDY STITH CFO FROM 2/2019	40 0			X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) CHRISTOPHER BROWN COO	40 0			X				225,702.	0.	29,559.
(16) DAVID MORRIS, M.D. CHIEF MED OFF.	40 0			X				325,577.	0.	37,749.
(17) DARRELL TUCCI CHIEF DEV. OFF.	40 0			X				160,659.	0.	22,528.
(18) TULIKA SINGH ASST CHIEF MEDICAL OFFICER	40 0				X			336,513.	0.	25,314.
(19) SHERI SAENZ HR DIRECTOR	40 0				X			133,417.	0.	22,161.
(20) BRANDE ORR DIR. OF STRATEGIC INITIATIVES	40 0				X			110,532.	0.	23,041.
(21) DAVID L. SCOTT, MD CLINICIAN	40 0					X		383,546.	0.	40,581.
(22) CHRISTOPHER FOLTZ, MD CLINICIAN	40 0					X		304,456.	0.	17,821.
(23) SHUBHA KERKAR, MD CLINICIAN	40 0					X		225,668.	0.	28,468.
(24) MATTHEW MORAN CLINICIAN	40 0					X		207,431.	0.	33,033.
(25) TRENT BROADUS CLINICIAN	40 0					X		167,030.	0.	15,156.
1 b Sub-total ►								2,966,941.	0.	320,745.
c Total from continuation sheets to Part VII, Section A ►								197,744.	0.	12,877.
d Total (add lines 1b and 1c) ►								3,164,685.	0.	333,622.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ► 13

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ► 0

Form 990

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No. 1545-0047

2018

Name of the Organization: DESERT AIDS PROJECT, INC.

Employer Identification number: 33-0068583

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DAVID BENJAMIN FORMER CFO THRU 10/2018	40 0						X	197,744.	0.	12,877.

Part VIII **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 1,464,625.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 12,697,388.				
	g Noncash contributions included in lines 1a-1f: $	5,352,997.				
	h **Total.** Add lines 1a-1f ►		14,162,013.			
Program Service Revenue		Business Code				
	2a FEES FOR SERVICES		28,813,418.	28,813,418.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ►		28,813,418.			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ►		380,893.			380,893.
	4 Income from investment of tax-exempt bond proceeds ►					
	5 Royalties ►					
		(i) Real / (ii) Personal				
	6a Gross rents	334,159. /				
	b Less: rental expenses	/				
	c Rental income or (loss)	334,159. /				
	d Net rental income or (loss) ►		334,159.	334,159.		
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	2,359,491. / 4,670.				
	b Less: cost or other basis and sales expenses	2,213,971. /				
	c Gain or (loss)	145,520. / 4,670.				
	d Net gain or (loss) ►		150,190.	1,870.	2,800.	145,520.
	8a Gross income from fundraising events (not including $ 1,464,625. of contributions reported on line 1c). See Part IV, line 18	a 474,753.				
	b Less: direct expenses	b 1,201,852.				
	c Net income or (loss) from fundraising events ►		-727,099.			
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ►					
	10a Gross sales of inventory, less returns and allowances	a 6,243,204.				
	b Less: cost of goods sold	b 5,437,714.				
	c Net income or (loss) from sales of inventory ►		805,490.		805,490.	
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS	624100	29,165.	29,165.		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ►		29,165.			
	12 **Total revenue.** See instructions ►		43,948,229.	29,178,612.	808,290.	526,413.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,498,306.	2,597,390.	436,454.	464,462.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	11,384,404.	8,452,585.	1,420,337.	1,511,482.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	700,663.	520,222.	87,416.	93,025.
9 Other employee benefits	2,990,479.	2,220,343.	373,097.	397,039.
10 Payroll taxes	997,191.	740,385.	124,411.	132,395.
11 Fees for services (non-employees):				
a Management				
b Legal	33,995.	33,995.		
c Accounting	39,000.		39,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,204,248.	2,695,689.	259,753.	248,806.
12 Advertising and promotion				
13 Office expenses	941,254.	518,159.	215,556.	207,539.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	612,736.	435,437.	81,069.	96,230.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,206,403.	957,093.		249,310.
23 Insurance	383,433.	213,594.	1,768.	168,071.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PHARMACEUTICALS	12,571,634.	12,571,634.		
b FACILITIES COST	2,251,878.	785,425.	22,618.	1,443,835.
c EVENT AND OUTREACH	1,245,580.	193,974.	109,551.	942,055.
d CLIENT ASSISTANCE	840,853.	840,756.	97.	
e All other expenses	-122,010.	4,650,741.	2,887.	-4,775,638.
25 **Total functional expenses.** Add lines 1 through 24e	42,780,047.	38,427,422.	3,174,014.	1,178,611.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash — non-interest-bearing		4,682,147.	1	832,625.
	2	Savings and temporary cash investments		1,951,332.	2	468,193.
	3	Pledges and grants receivable, net		2,289,500.	3	1,246,290.
	4	Accounts receivable, net		2,737,159.	4	3,262,775.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		423,822.	8	419,068.
	9	Prepaid expenses and deferred charges		613,407.	9	489,219.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,176,421.			
	b	Less: accumulated depreciation	10b 8,782,812.	12,712,435.	10c	16,393,609.
	11	Investments — publicly traded securities		11,742,656.	11	13,516,415.
	12	Investments — other securities. See Part IV, line 11			12	
	13	Investments — program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		7,102,191.	15	7,518,872.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		44,254,649.	16	44,147,066.
Liabilities	17	Accounts payable and accrued expenses		2,741,721.	17	2,478,095.
	18	Grants payable			18	
	19	Deferred revenue		430,230.	19	93,665.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		5,361,560.	23	5,178,144.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		6,458,523.	25	6,310,211.
	26	**Total liabilities.** Add lines 17 through 25		14,992,034.	26	14,060,115.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		19,964,945.	27	21,632,314.
	28	Temporarily restricted net assets		9,297,670.	28	8,454,637.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		29,262,615.	33	30,086,951.
	34	Total liabilities and net assets/fund balances		44,254,649.	34	44,147,066.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	43,948,229.
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,780,047.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,168,182.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,262,615.
5	Net unrealized gains (losses) on investments	5	401,154.
6	Donated services and use of facilities	6	5,000.
7	Investment expenses	7	
8	Prior period adjustments	8	-750,000.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	30,086,951.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
DESERT AIDS PROJECT, INC.

Employer identification number
33-0068583

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: ______

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ______

10 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . ☐

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	10472823.	12078017.	15841544.	17110648.	14162013.	69,665,045.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	10472823.	12078017.	15841544.	17110648.	14162013.	69,665,045.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 **Public support.** Subtract line 5 from line 4						69,665,045.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	10472823.	12078017.	15841544.	17110648.	14162013.	69,665,045.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	276,434.	284,553.	274,599.	343,595.	380,893.	1,560,074.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	7,001.	123,810.	41,476.	33,532.	29,165.	234,984.
11 **Total support.** Add lines 7 through 10						71,460,103.

12 Gross receipts from related activities, etc. (see instructions) 12 143473325.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 97.49 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 15 97.70 %

16a **33-1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► X

b **33-1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If 'No,' describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If 'Yes,' answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If 'Yes,' describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? *If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If 'Yes,' describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If 'Yes,' provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If 'Yes,' provide detail in **Part VI**.*	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in **Part VI**.*	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in **Part VI**.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If 'Yes,' answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions).***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

		Yes	No
2 Activities Test. ***Answer (a) and (b) below.***			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If 'Yes,' then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? ***If 'Yes,' explain in Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3 Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If 'Yes,' describe in* ***Part VI*** *the role played by the organization in this regard.*	**3b**		

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

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

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

Section B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

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

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

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

Section D — Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions.	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E — Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2018	2017	2016	2015	2014
MISCELLANEOUS INCOME	$ 29,165.	$ 33,532.	$ 41,476.	$ 123,810.	$ 7,001.
TOTAL	$ 29,165.	$ 33,532.	$ 41,476.	$ 123,810.	$ 7,001.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: DESERT AIDS PROJECT, INC.

Employer identification number: 33-0068583

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► ______

4 Number of states where property subject to conservation easement is located ► ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► ______

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► $ 672,500.

(ii) Assets included in Form 990, Part X ► $ 1,274,386.

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

a Revenue included on Form 990, Part VIII, line 1 ► $ ______

b Assets included in Form 990, Part X ► $ ______

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

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

a [X] Public exhibition
b [ ] Scholarly research
c [ ] Preservation for future generations
d [ ] Loan or exchange programs
e [ ] Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [ ] Yes [X] No

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	12,479,253.	12,734,436.	10,629,245.	9,160,553.	8,076,293.
b Contributions	900,097.	565,845.	3,991,027.	2,381,576.	1,000,000.
c Net investment earnings, gains, and losses	20,397.	-735,593.	-1,803,665.	-840,683.	151,722.
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses	85,752.	85,435.	82,171.	72,202.	67,462.
g End of year balance	13,313,995.	12,479,253.	12,734,436.	10,629,244.	9,160,553.

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

a Board designated or quasi-endowment ► 100.00 %
b Permanent endowment ► %
c Temporarily restricted endowment ► %

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

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

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

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		1,706,019.		1,706,019.
b Buildings		17,126,085.		17,126,085.
c Leasehold improvements		958,668.		958,668.
d Equipment		2,704,619.		2,704,619.
e Other		2,681,030.	8,782,812.	-6,101,782.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ►				16,393,609.

Part VII Investments — Other Securities. N/A

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

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

Part VIII Investments — Program Related. N/A

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ART COLLECTION	1,274,386.
(2) CHARITABLE REMAINDER TRUSTS RECEIVABLE	11,540.
(3) DEPOSITS AND OTHER	115,885.
(4) INVESTMENT - INSURANCE POLICY	320,411.
(5) RECEIVABLE FROM OTHER FUNDS	5,796,650.
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 15.)* ►	7,518,872.

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYABLE	496,806.
(3) PAYABLE TO OTHER FUNDS	5,796,650.
(4) RELATED PARTY PAYABLE	16,755.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	6,310,211.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements			1	45,551,565.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	401,154.		
b Donated services and use of facilities	2b	5,000.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.) SEE PART XIII	2d	1,197,182.		
e Add lines **2a** through **2d**			2e	1,603,336.
3 Subtract line **2e** from line **1**			3	43,948,229.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines **4a** and **4b**			4c	
5 Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	43,948,229.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements			1	43,977,229.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
b Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.) SEE PART XIII	2d	1,197,182.		
e Add lines **2a** through **2d**			2e	1,197,182.
3 Subtract line **2e** from line **1**			3	42,780,047.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines **4a** and **4b**			4c	
5 Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	42,780,047.

Part XIII Supplemental Information.

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

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

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

Part XIII Supplemental Information *(continued)*

PART III, LINE 4 - DESCRIPTION OF ORGANIZATION COLLECTIONS & HOW FURTHERS EXEMPT PURPOSE (C

DESIGNATED BY THE DONOR.

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

EXPENSES IN SPECIAL EVENTS	$ 1,201,852.
GAIN ON DISPOSAL OF ASSETS	-4,670.
TOTAL	$ 1,197,182.

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

EXPENSES IN SPECIAL EVENTS	$ 1,201,852.
GAIN ON DISPOSAL OF ASSETS	-4,670.
TOTAL	$ 1,197,182.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: DESERT AIDS PROJECT, INC.

Employer identification number: 33-0068583

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

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

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

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

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

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

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

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

		(a) Event #1 S CHASE GALA (event type)	(b) Event #2 AIDS WALK (event type)	(c) Other events 6 (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	1,047,453.	344,652.	547,273.	1,939,378.
	2 Less: Contributions	598,445.	324,652.	541,528.	1,464,625.
	3 Gross income (line 1 minus line 2)	449,008.	20,000.	5,745.	474,753.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	61,575.	884.	29,456.	91,915.
	7 Food and beverages	207,334.	20,225.	37,110.	264,669.
	8 Entertainment	9,800.	600.	6,500.	16,900.
	9 Other direct expenses	536,821.	89,529.	202,018.	828,368.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				1,201,852.
	11 Net income summary. Subtract line 10 from line 3, column (d) ►				-727,099.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ►				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ►				

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

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

b If 'No,' explain: ______

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

b If 'Yes,' explain: ______

11 Does the organization conduct gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ►

Address ►

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

b If 'Yes,' enter the amount of gaming revenue received by the organization ► $ and the amount of gaming revenue retained by the third party ► $

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

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► $

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► **Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.**

► **Attach to Form 990.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: DESERT AIDS PROJECT, INC.

Employer identification number: 33-0068583

Part I Questions Regarding Compensation

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☒ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4 a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4 b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5 a		X
b	Any related organization?	5 b		X
	If 'Yes' on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6 a		X
b	Any related organization?	6 b		X
	If 'Yes' on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8		X
9	If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DAVID BRINKMAN	(i)	386,410.	0.	0.	0.	25,334.	411,744.	0.
1 CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRISTOPHER BROWN	(i)	225,702.	0.	0.	0.	29,559.	255,261.	0.
2 COO	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID MORRIS, M.D.	(i)	325,577.	0.	0.	0.	37,749.	363,326.	0.
3 CHIEF MED OFF.	(ii)	0.	0.	0.	0.	0.	0.	0.
DARRELL TUCCI	(i)	160,659.	0.	0.	0.	22,528.	183,187.	0.
4 CHIEF DEV. OFF.	(ii)	0.	0.	0.	0.	0.	0.	0.
TULIKA SINGH	(i)	336,513.	0.	0.	0.	25,314.	361,827.	0.
5 ASST CHIEF MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
SHERI SAENZ	(i)	133,417.	0.	0.	0.	22,161.	155,578.	0.
6 HR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID L. SCOTT, MD	(i)	383,546.	0.	0.	0.	40,581.	424,127.	0.
7 CLINICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRISTOPHER FOLTZ, MD	(i)	304,456.	0.	0.	0.	17,821.	322,277.	0.
8 CLINICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
SHUBHA KERKAR, MD	(i)	225,668.	0.	0.	0.	28,468.	254,136.	0.
9 CLINICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
MATTHEW MORAN	(i)	207,431.	0.	0.	0.	33,033.	240,464.	0.
10 CLINICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
TRENT BROADUS	(i)	167,030.	0.	0.	0.	15,156.	182,186.	0.
11 CLINICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID BENJAMIN	(i)	197,744.	0.	0.	0.	12,877.	210,621.	0.
12 FORMER CFO THRU 10/2018	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part III **Supplemental Information**

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2018
Open To Public Inspection

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

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

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
(1)	KEVIN BASS	SEE PART V	173,169.	SEE PART V		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V **Supplemental Information.**
Provide additional information for responses to questions on Schedule L (see instructions).

SUPPLEMENTAL INFORMATION

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

KEVIN BASS BECAME A MEMBER OF THE BOARD OF DIRECTORS IN MAY 2012. HE IS A MEMBER OF PROFESSIONAL REGISTRY HOLDINGS, LLC., DBA COACHELLA VALLEY HOME HEALTH. DURING THIS FISCAL YEAR D.A.P. PAID $ 173,169 FOR SERVICES OF COACHELLA VALLEY HOME HEALTH.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: DESERT AIDS PROJECT, INC.

Employer identification number: 33-0068583

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art	X	2	672,500.	APPRAISAL
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods			4,156,080.	THRIFT STR VAL
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other	X	1	479,417.	NRV
18 Collectibles				
19 Food inventory	X	5	45,000.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

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

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

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

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

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

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

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE MISSION OF DESERT AIDS PROJECT (D.A.P.) IS TO ENHANCE AND PROMOTE THE HEALTH AND WELL-BEING OF OUR COMMUNITY. FOUNDED IN 1984 AS A NONPROFIT ORGANIZATION, THE PRINCIPAL AREA OF SERVICE IS EASTERN RIVERSIDE COUNTY IN SOUTHERN CALIFORNIA, WITH BROADER REACH TO THE RURAL AREAS OF RIVERSIDE AND SAN BERNARDINO COUNTIES. AS A FEDERALLY QUALIFIED HEALTH CENTER, D.A.P. OFFERS A BROAD CONTINUUM OF CLINICAL AND SOCIAL SERVICES DESIGNED TO MEET THE HEALTH AND WELLNESS NEEDS OF LOW-INCOME COMMUNITY MEMBERS. D.A.P.'S AREA OF EXPERTISE IS THE PROVISION OF CARE AND SERVICES TO THOSE WHO ARE INFECTED WITH, AFFECTED BY AND AT RISK FOR ACQUIRING HIV.

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

CLINIC SERVICES

EXPENSES: $22,532,954

HEALTH CARE SERVICES

IN 2018, D.A.P. PROVIDED HEALTH CENTER SERVICES TO 6,523 PATIENTS. AS A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) 330 GRANTEE, D.A.P. PROVIDES PRIMARY OUTPATIENT MEDICAL CARE, COMPREHENSIVE HIV-SPECIALTY CARE, PHARMACEUTICAL ASSISTANCE AND MEDICAL

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

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

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

BEHAVIORAL HEALTH SERVICES

IN 2018, D.A.P. PROVIDED BEHAVIORAL HEALTH SERVICES TO 922 PATIENTS. D.A.P.'S BEHAVIORAL HEALTH SERVICES ARE OFFERED AT OUR MAIN CAMPUS TO LOW-INCOME, UNINSURED OR UNDER-INSURED COMMUNITY MEMBERS. THE BEHAVIORAL HEALTH PROGRAM OFFERS PSYCHIATRY AND INDIVIDUAL AND GROUP THERAPY PROVIDED BY LICENSED CLINICIANS (PSYCHIATRISTS, PSYCHOLOGISTS, LICENSED CLINICAL SOCIAL WORKERS AND PSYCHIATRIC NURSE PRACTICIONERS). CLIENTS ALSO BENEFITTED FROM SUBSTANCE ABUSE COUNSELING AND OTHER PSYCHOSOCIAL SUPPORT SERVICES OFFERED THROUGH OUR SOCIAL SERVICES DEPARTMENT. OUR STAFF BRINGS PARTICULAR EXPERTISE IN SERVING THOSE LIVING WITH HIV. FOR INDIVIDUAL THERAPY, WE ACCEPT CLIENTS WITH VARIOUS INSURANCE PLANS INCLUDING MEDI-CAL (CALIFORNIA'S MEDICAID PROGRAM), AND MEDICARE. FOR THE UNINSURED, SERVICES ARE PROVIDED ON A SLIDING SCALE DEPENDING ON INDIVIDUAL CLIENT INCOME ELIGIBILITY.

DENTAL SERVICES

IN 2018, D.A.P. PROVIDED DENTAL CENTER SERVICES TO 956 FQHC AND 942 RYAN WHITE PATIENTS. D.A.P. PROVIDES ORAL HEALTH CARE TO LOW-INCOME, UNINSURED OR UNDER-INSURED

Name of the organization: DESERT AIDS PROJECT, INC.

Employer identification number: 33-0068583

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

COMMUNITY MEMBERS IN OUR DENTAL CLINIC AT OUR MAIN CAMPUS. OUR STAFF BRING PARTICULAR EXPERTISE IN SERVING THOSE LIVING WITH OR AT-RISK FOR HIV. THE DENTAL CLINIC OFFERS HEALTH EDUCATION IN COMBINATION WITH A BROAD SPECTRUM OF PREVENTATIVE AND RESTORATIVE ORAL HEALTH CARE. WE ACCEPT CLIENTS WITH VARIOUS INSURANCE PLANS INCLUDING MEDI-CAL (CALIFORNIA'S MEDICAID PROGRAM), AND FOR THE UNINSURED, SERVICES ARE PROVIDE ON A SLIDING SCALE DEPENDING ON INDIVIDUAL CLIENT INCOME ELIGIBILITY.

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

SOCIAL SERVICES

EXPENSES: $ 8,194,201

CASE MANAGEMENT

IN 2018, D.A.P. PROVIDED CASE MANAGEMENT SERVICES TO 2,769 CLIENTS. UNDER THE SOCIAL SERVICES UMBRELLA, D.A.P. PROVIDES CASE MANAGEMENT TO LOW-INCOME, UNINSURED OR UNDER-INSURED COMMUNITY MEMBERS, MOST OF WHOM ARE OVER THE AGE OF 50 YEARS AND LIVING WITH HIV. SERVICES ARE PROVIDED AT OUR MAIN CAMPUS AND OUR SATELLITE OFFICE IN INDIO. CASE MANAGEMENT CONSISTS OF SERVICE COORDINATION ON BEHALF OF CLIENTS TO REMOVE BARRIERS TO, AVOID DUPLICATION OF, AND MAINTAIN ENGAGEMENT IN MEDICAL CARE AND OTHER NEEDED SERVICES. THE TEAM OF CASE MANAGERS ASSESS NEEDS, IDENTIFY BARRIERS AND PROVIDE INDIVIDUALS WITH REFERRALS AND ADVOCACY DESIGNED TO FACILITATE LINKAGE TO SERVICES OFFERED AT D.A.P. OR OTHER COMMUNITY AGENCIES. THEY PROVIDE ASSISTANCE WITH MEDICAL INSURANCE ENROLLMENT, OFFER GUIDANCE ON BUDGETING, AND MONITOR HEALTH OUTCOMES. FOR THOSE WHO ARE AT RISK OF FALLING OUT OF CARE, THEY PROVIDE INTENSIVE MEDICAL CASE MANAGEMENT.

WELLNESS SERVICES

IN 2018, D.A.P. PROVIDED WELLNESS SERVICES TO 2,362 CLIENTS. D.A.P. MAINTAINS AN

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

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

EXTENSIVE SOCIAL SERVICES DEPARTMENT PROVIDING MANY SERVICES TO LOW-INCOME, UNINSURED OR UNDER-INSURED COMMUNITY MEMBERS. OUR STAFF BRINGS PARTICULAR EXPERTISE IN SERVING THOSE LIVING WITH HIV AND DELIVERS THESE SERVICES AT OUR MAIN CAMPUS AND OUR SATELLITE OFFICE IN INDIO. THE DEPARTMENT OFFERS PSYCHOLOGICAL SUPPORT SERVICES INCLUDING MANY ORGANIZED CLINICIAN-LED GROUPS INCLUDING: HIV AND AGING, ISOLATION TO SOCIALIZATION, THRIVING WITH CHALLENGES, SUBSTANCE ABUSE SUPPORT GROUP, REAL RELATIONSHIPS SKILL GROUP, DEPRESSION AND ANXIETY SUPPORT GROUP, AND TALKING CIRCLE. PEER-RUN GROUPS INCLUDE: SEWING WITH A PURPOSE, KNITTING GROUP, 12 STEP MEETINGS, LADIES GROUP, CLAY SCULPTING, GRUPO LATINO, AND HOT COFFEE HOT TOPICS. ADDITIONAL WELLNESS SERVICES AS CHIROPRACTIC, CHAIR MASSAGE, TAI CHI, ACUPUNCTURE, YOGA, AND MEDITATION ARE UNDER THE SOCIAL SERVICES UMBRELLA. THE DEPARTMENT ALSO INCLUDES A SUPPORT SERVICES DEPARTMENT PROVIDING HOUSING, FOOD, AND MEDICAL TRANSPORTION RESOURCE AND REFEFFERAL ASSISTANCE.

HOME HEALTH SERVICES

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

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

COMMUNITY HEALTH - EDUCATION AND PREVENTION

EXPENSES: $ 3,799,836

IN 2018, D.A.P. PROVIDED COMMUNITY HEALTH PROVIDED 4,508 HIV TESTS AND ENROLLED 478

Name of the organization: DESERT AIDS PROJECT, INC.

Employer identification number: 33-0068583

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

CLIENTS INTO EARLY INTERVETION SERVICES. D.A.P.'S COMMITMENT TO TESTING, EDUCATION AND PREVENTION IS CONTINUALLY EXERCISED BY OUR COMMUNITY HEALTH DEPARTMENT. STAFF PROVIDES RAPID HIV AND HEPATITIS C (HCV) TESTS ON-SITE AT OUR MAIN CAMPUS, IN OUR MOBILE TESTING VAN, AND OFFSITE AT COMMUNITY PARTNERS (MEDICAL AND NON-MEDICAL) LOCATIONS OR AT SPECIAL EVENTS. EDUCATION PRESENTATIONS ABOUT HIV, HEPATITIS C, AND OTHER SEXUALLY TRANSMITTED INFECTIONS ARE ROUTINELY OFFERED TO ADULTS AND YOUTH THROUGHOUT RIVERSIDE AND SAN BERNARDINO COUNTIES. DEPARTMENT PERSONNEL ARE ALSO FULLY TRAINED IN EDUCATING AT-RISK INDIVIDUALS ON HIV PREVENTION; PRE- EXPOSURE PROPHYLAXIS (PREP) AND POST-EXPOSURE PROPHYLAXIS (PEP).

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

BOARD OF DIRECTORS APPROVED THE FOLLOWING CHANGE TO THE BYLAWS IN DECEMBER 2019:

ARTICLE VII SECTION 4

A MEMBER OF THE BOARD SHALL TYPICALLY SERVE FOR NO MORE THAN THREE (3) CONSECUTIVE TERMS. HOWEVER WHEN A PARTICULAR MEMBER POSSESSES A SKILL SET OR ATTRIBUTE THAT IS UNIQUE, SPECIAL OR OF IRREPLACEABLE VALUE, THE BOARD CAN DETERMINE TO WAIVE THIS LIMIT.

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

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

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

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

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

THE BOARD PRESIDENT AND EXECUTIVE COMMITTEE REVIEW THE COMPENSATION OF THE CEO AND MAINTAIN DOCUMENTATION AND RECORDKEEPING OF THE REVIEW.

Name of the organization: DESERT AIDS PROJECT, INC.

Employer identification number: 33-0068583

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

THE BOARD PRESIDENT AND EXECUTIVE COMMITTEE REVIEW THE COMPENSATION OF THE OFFICERS AND KEY EMPLOYEES BASING COMPENSATION ON SALARY SURVEYS AND ANNUAL EVALUATION/PERFORMANCE REVIEWS.

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

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: DESERT AIDS PROJECT, INC.

Employer identification number: 33-0068583

Part I **Identification of Disregarded Entities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity? Yes	No
(1) VISTA SUNRISE, INC. 1695 NORTH SUNRISE WAY PALM SPRINGS, CA 92262 20-5404897	OVERSEEING MGMT DUTIES FOR PRTNRSHP	CA	501(C)(3)	12B	N/A		X
(2)							
(3)							
(4)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor-tionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
SEE PART VII												
(1) VISTA SUNRISE AP 720 OLIVE STREET ST. LOUIS, MO 63 42-1574452	RENT MGMT	CA	VSI	UNRELATED	-34.	76,256.		X	N/A	X		0.01
(2)												
(3)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									

Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

			Yes	No
	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													

Part VII Supplemental Information.
Provide additional information for responses to questions on Schedule R. See instructions.

PART III - PARTNERSHIP FULL NAME, ADDRESS, FEIN

VISTA SUNRISE APARTMENTS, L.P. 42-1574452 720 OLIVE STREET SUITE 2500

ST. LOUIS, MO 63101

Form **990-T**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2018 or other tax year beginning 7/01, 2018, and ending 6/30, 2019

► Go to *www.irs.gov/Form990T* for instructions and the latest information.

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

OMB No. 1545-0687

2018

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed

☐ Check box if name changed and see instructions.)

B Exempt under section
☒ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

Print or Type
DESERT AIDS PROJECT, INC.
1695 N. SUNRISE WAY
PALM SPRINGS, CA 92262

D Employer identification number (Employees' trust, see instructions.)
33-0068583

E Unrelated business activity code (See instructions.)
452000

C Book value of all assets at end of year
44,147,066.

F Group exemption number (See instructions.) ►

G Check organization type ► ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Enter the number of the organization's unrelated trades or businesses. ► 1 Describe the only (or first) unrelated trade or business here ► THRIFT STORE SALES. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► ☐ Yes ☒ No
If 'Yes,' enter the name and identifying number of the parent corporation ►

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

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 6,243,204.				
b	Less returns and allowances ____ c Balance ►	1c	6,243,204.		
2	Cost of goods sold (Schedule A, line 7)	2	5,437,714.		
3	Gross profit. Subtract line 2 from line 1c	3	805,490.		805,490.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	2,800.		2,800.
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	**Total.** Combine lines 3 through 12	13	808,290.	0.	808,290.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	1,395,544.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	93,506.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562) — 21: 249,310.		
22	Less depreciation claimed on Schedule A and elsewhere on return — 22a	22b	249,310.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	65,701.
25	Employee benefit programs	25	280,416.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 1	28	1,815,955.
29	**Total deductions.** Add lines 14 through 28	29	3,900,432.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-3,092,142.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	-3,092,142.

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-3,092,142.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) SEE STATEMENT 2	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	-3,092,142.
37	Specific deduction (Generally $1,000, but see line 37 instructions for exceptions)	37	
38	**Unrelated business taxable income.** Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	-3,092,142.

Part IV Tax Computation

39	**Organizations Taxable as Corporations.** Multiply line 38 by 21% (0.21) ►	39	0.
40	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 38 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ►	40	
41	**Proxy tax.** See instructions ►	41	
42	Alternative minimum tax (trusts only)	42	
43	**Tax on Noncompliant Facility Income.** See instructions	43	
44	**Total.** Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
b	Other credits (see instructions)	45b			
c	General business credit. Attach Form 3800 (see instructions)	45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
e	**Total credits.** Add lines 45a through 45d			45e	0.
46	Subtract line 45e from line 44			46	0.
47	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			47	
48	**Total tax.** Add lines 46 and 47 (see instructions)			48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	
50a	Payments: A 2017 overpayment credited to 2018	50a			
b	2018 estimated tax payments	50b			
c	Tax deposited with Form 8868	50c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d			
e	Backup withholding (see instructions)	50e			
f	Credit for small employer health insurance premiums (attach Form 8941)	50f			
g	Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ►	50g			
51	**Total payments.** Add lines 50a through 50g			51	0.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached ► ☐			52	
53	**Tax due.** If line 51 is less than the total of lines 48, 49, and 52, enter amount owed ►			53	
54	**Overpayment.** If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid ►			54	
55	Enter the amount of line 54 you want: **Credited to 2019 estimated tax** ► **Refunded** ►			55	

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

		Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here ►		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If 'Yes,' see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year ► $ 0.		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer | Date | CEO Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
SHANNON C. MAIDMENT	SHANNON C. MAIDMENT			P01426554

Firm's name ► LUND & GUTTRY LLP — Firm's EIN ► 95-2101327

Firm's address ► 36917 COOK STREET STE 102, PALM DESERT, CA 92211 — Phone no. (760) 568-2242

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

1 Inventory at beginning of year	1	423,822.	6 Inventory at end of year	6 419,068.
2 Purchases	2	5,437,714.	7 **Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7 5,437,714.
3 Cost of labor	3			
4 a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes: No: X
b Other costs (attach sch) SEE STATEMENT 3	4b	-4,754.		
5 **Total.** Add lines 1 through 4b	5	5,856,782.		

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

1 Description of property

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

2 Rent received or accrued: (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	2 Rent received or accrued: (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►

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

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property: (a) Straight line depreciation (attach sch)	3 (b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ►				

Total dividends-received deductions included in column 8 ►

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

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

Nonexempt Controlled Organizations

7 Taxable Income	**8** Net unrelated income (loss) (see instructions)	**9** Total of specified payments made	**10** Part of column 9 that is included in the controlling organization's gross income	**11** Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G — Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	**2** Amount of income	**3** Deductions directly connected (attach schedule)	**4** Set-asides (attach schedule)	**5** Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals ►	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I — Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	**2** Gross unrelated business income from trade or business	**3** Expenses directly connected with production of unrelated business income	**4** Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	**5** Gross income from activity that is not unrelated business income	**6** Expenses attributable to column 5	**7** Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ►	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

Schedule J — Advertising Income (see instructions)

Part I **Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	**2** Gross advertising income	**3** Direct advertising costs	**4** Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	**5** Circulation income	**6** Readership costs	**7** Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►						

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I . . . . ►						
Totals, Part II (lines 1– 5) . . . . ►	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

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

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

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► **Attach to your tax return.**

► **Go to *www.irs.gov/Form4797* for instructions and the latest information.**

OMB No. 1545-0184

2018

Attachment Sequence No. **27**

Name(s) shown on return: DESERT AIDS PROJECT, INC.

Identifying number: 33-0068583

1 Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions	1	2,800.

Part I — Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft — Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)

3 Gain, if any, from Form 4684, line 39	3	
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6 Gain, if any, from line 32, from other than casualty or theft	6	
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7	

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	

Part II — Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

SALE OF ASSETS UBTI			2,800.			2,800.

11 Loss, if any, from line 7	11	
12 Gain, if any, from line 7 or amount from line 8, if applicable	12	
13 Gain, if any, from line 31	13	
14 Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17 Combine lines 10 through 16	17	2,800.
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from 'Form 4797, line 18a.' See instructions	18a	
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14	18b	

BAA For Paperwork Reduction Act Notice, see separate instructions.

STATEMENT 1
FORM 990-T, PART II, LINE 28
OTHER DEDUCTIONS

EVENT AND OUTREACH	$	920.
FACILITIES COSTS		1,380,488.
INSURANCE		10,817.
OFFICE EXPENSES		96,741.
OTHER EXPENSES		-2,058.
PRINTING AND MARKETING		142,338.
PROFESSIONAL SERVICES		135,698.
TRAVEL AND TRANSPORTATION		51,011.
TOTAL	$	1,815,955.

STATEMENT 2
FORM 990-T, PART III, LINE 35
NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS PREVIOUSLY USED	LOSS AVAILABLE
6/30/11	$ 3,599,789.	$ 0.	$ 3,599,789.
6/30/12	3,585,685.	0.	3,585,685.
6/30/13	2,953,394.	0.	2,953,394.
6/30/14	2,961,888.	0.	2,961,888.
6/30/15	2,926,383.	0.	2,926,383.
6/30/16	2,534,514.	0.	2,534,514.
6/30/17	2,971,398.	0.	2,971,398.
6/30/18	3,017,812.	0.	3,017,812.
NET OPERATING LOSS AVAILABLE			$ 24,550,863.
TAXABLE INCOME			$ -3,092,142.
NET OPERATING LOSS DEDUCTION (LIMITED TO TAXABLE INCOME)			$ 0.

STATEMENT 3
FORM 990-T, SCHEDULE A, LINE 4B
OTHER COST OF GOODS SOLD

INVENTORY CHANGE	$	-4,754.
TOTAL	$	-4,754.

TAXABLE YEAR **2018**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) 7/01/2018, and ending (mm/dd/yyyy) 6/30/2019

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

A First Return . . . ☐ Yes ☒ No

B Amended Return . . . ● ☐ Yes ☒ No

C IRC Section 4947(a)(1) trust . . . ☐ Yes ☒ No

D Final Information Return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) ●

E Check accounting method:
1 ☐ Cash 2 ☒ Accrual 3 ☐ Other

F Federal return filed? 1 ● ☒ 990T 2 ● ☐ 990-PF 3 ● ☐ Sch H (990)
4 ☐ Other 990 series

G Is this a group filing? See instructions . . . ● ☐ Yes ☒ No

H Is this organization in a group exemption . . . ☐ Yes ☒ No
If 'Yes,' what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions . . . ● ☒ Yes ☐ No SEE STM 1

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions . . . ● ☐ Yes ☒ No

K Is the organization exempt under R&TC Section 23701g? . . . ● ☐ Yes ☒ No
If 'Yes,' enter the gross receipts from nonmember sources . . . $

L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required . . . ● ☐

M Is the organization a Limited Liability Company? . . . ● ☐ Yes ☒ No

N Did the organization file Form 100 or Form 109 to report taxable income? . . . ● ☒ Yes ☐ No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? . . . ● ☐ Yes ☒ No

P Is federal Form 1023/1024 pending? . . . ☐ Yes ☒ No
Date filed with IRS

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●			1	39,045,907.
	2	Gross dues and assessments from members and affiliates ●			2	
	3	Gross contributions, gifts, grants, and similar amounts received . . . SEE SCH. B ●			3	14,162,013.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B ●			4	53,207,920.
	5	Cost of goods sold ●	5	5,437,714.		
	6	Cost or other basis, and sales expenses of assets sold ●	6	2,213,971.		
	7	Total costs. Add line 5 and line 6			7	7,651,685.
	8	Total gross income. Subtract line 7 from line 4 ●			8	45,556,235.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 ●			9	43,981,899.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●			10	1,574,336.
Filing Fee	11	Total payments ●			11	
	12	Use tax. See General Information K ●			12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 ●			13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 ●			14	
	15	Filing fee $10 or $25. See General Information F			15	10.
	16	Penalties and Interest. See General Information J			16	
	17	**Balance due.** Add line 12, line 15, and line 16. Then subtract line 11 from the result ◉			17	10.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶ Title: CEO Date ● Telephone: (760) 323-2118

Paid Preparer's Use Only

Preparer's signature ▶ SHANNON C. MAIDMENT Date Check if self-employed ▶ ☐ ● PTIN: P01426554

Firm's name (or yours, if self-employed) and address ▶ LUND & GUTTRY LLP
36917 COOK STREET STE 102
PALM DESERT, CA 92211
● Firm's FEIN: 95-2101327
● Telephone: (760) 568-2242

May the FTB discuss this return with the preparer shown above? See instructions . . . ● ☒ Yes ☐ No

DESERT AIDS PROJECT, INC. 33-0068583

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	6,243,204.
	2	Interest	2	138,291.
	3	Dividends	3	242,602.
	4	Gross rents	4	334,159.
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See Instructions)	6	2,364,161.
	7	Other income. Attach schedule SEE STATEMENT 2	7	29,723,490.
	8	**Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	39,045,907.
Expenses and Disburse-ments	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	11	3,498,306.
	12	Other salaries and wages	12	11,384,404.
	13	Interest	13	
	14	Taxes	14	997,191.
	15	Rents	15	
	16	Depreciation and depletion (See instructions)	16	1,206,403.
	17	Other Expenses and Disbursements. Attach schedule SEE STATEMENT 3	17	26,895,595.
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	43,981,899.

Schedule L **Balance Sheet**

	Beginning of taxable year (a)	Beginning of taxable year (b)	End of taxable year (c)	End of taxable year (d)
Assets				
1 Cash		6,633,479.		1,300,818.
2 Net accounts receivable		5,026,659.		4,509,065.
3 Net notes receivable				
4 Inventories		423,822.		419,068.
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock		11,742,656.		13,516,415.
8 Mortgage loans				
9 Other investments. Attach schedule				
10a Depreciable assets	19,112,747.		23,470,402.	
b Less accumulated depreciation	7,637,202.	11,475,545.	8,782,812.	14,687,590.
11 Land		1,236,890.		1,706,019.
12 Other assets. Attach schedule STM 4		7,715,598.		8,008,091.
13 **Total assets**		44,254,649.		44,147,066.
Liabilities and net worth				
14 Accounts payable		2,741,721.		2,478,095.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable		5,361,560.		5,178,144.
18 Other liabilities. Attach schedule STM 5		6,888,753.		6,403,876.
19 Capital stock or principal fund		29,262,615.		30,086,951.
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 **Total liabilities and net worth**		44,254,649.		44,147,066.

Schedule M-1 **Reconciliation of income per books with income per return**
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

1 Net income per books	1,574,336.	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax		8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule		10 Net income per return. Subtract line 9 from line 6	1,574,336.
5 Expenses recorded on books this year not deducted in this return. Attach schedule			
6 Total. Add line 1 through line 5	1,574,336.		

STATEMENT 1
FORM 199, LINE I
ACTIVITIES NOT REPORTED TO THE FRANCHISE TAX BOARD

BOARD OF DIRECTORS APPROVED THE FOLLOWING CHANGE TO THE BYLAWS IN DECEMBER 2019:

ARTICLE VII SECTION 4
A MEMBER OF THE BOARD SHALL TYPICALLY SERVE FOR NO MORE THAN THREE (3) CONSECUTIVE TERMS. HOWEVER WHEN A PARTICULAR MEMBER POSSESSES A SKILL SET OR ATTRIBUTE THAT IS UNIQUE, SPECIAL OR OF IRREPLACEABLE VALUE, THE BOARD CAN DETERMINE TO WAIVE THIS LIMIT.

STATEMENT 2
FORM 199, PART II, LINE 7
OTHER INCOME

DONATED SERVICES AND USE OF FACILITIES	$ 5,000.
INCOME FROM SPECIAL EVENTS	474,753.
MISCELLANEOUS	29,165.
PROGRAM SERVICE REVENUE	28,813,418.
UNREALIZED GAIN ON INVESTMENTS	401,154.
TOTAL	$ 29,723,490.

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES	$ 39,000.
CLIENT ASSISTANCE	840,853.
EVENT AND OUTREACH	1,245,580.
FACILITIES COST	2,251,878.
INSURANCE	383,433.
LEGAL FEES	33,995.
MEDICAL SUPPLIES	578,351.
MISCELLANEOUS	-2,694.
OFFICE EXPENSES	941,254.
OTHER EMPLOYEE BENEFIT	2,990,479.
OTHER FEES	3,204,248.
PENSION PLAN CONTRIBUTIONS	700,663.
PHARMACEUTICALS	12,571,634.
PRINTING AND PUBLICATIONS	504,185.
SPECIAL EVENT EXPENSES	1,201,852.
SPECIAL EVENT-DIRECT EXPENSES	-1,201,852.
TRAVEL	612,736.
TOTAL	$26,895,595.

STATEMENT 4
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

ART COLLECTION	1,274,386.
CHARITABLE REMAINDER TRUSTS RECEIVABLE	11,540.
DEPOSITS AND OTHER	115,885.
INVESTMENT - INSURANCE POLICY	320,411.

STATEMENT 4 (CONTINUED)
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

PREPAID EXPENSES AND DEFERRED CHARGES	489,219.
RECEIVABLE FROM OTHER FUNDS	5,796,650.
TOTAL	$ 8,008,091.

STATEMENT 5
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

ANNUITY PAYABLE	496,806.
DEFERRED REVENUE	93,665.
PAYABLE TO OTHER FUNDS	5,796,650.
RELATED PARTY PAYABLE	16,755.
TOTAL	$ 6,403,876.

TAXABLE YEAR **2018**

California Exempt Organization Business Income Tax Return

FORM **109**

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) 7/01/2018, and ending (mm/dd/yyyy) 6/30/2019.

Corporation/Organization name: DESERT AIDS PROJECT, INC.	California corporation number: 1316318
Additional information. See instructions.	FEIN: 33-0068583
Street address (suite/room no.): 1695 N. SUNRISE WAY	PMB no.
City (If the corporation has a foreign address, see instructions.): PALM SPRINGS / State: CA / ZIP code: 92262	
Foreign country name / Foreign province/state/county / Foreign postal code	

A First Return Filed? ☐ Yes ☒ No

B Is this an education IRA within the meaning of R&TC Section 23712? ☐ Yes ☒ No

C Is the organization under audit by the IRS or has the IRS audited in a prior year? ● ☐ Yes ☒ No

D Final Return? ● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized

Enter date (mm/dd/yyyy) ●

E Amended Return ● ☐ Yes ☒ No

F Accounting Method Used: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

G Nature of trade or business THRIFT STORE SALES

H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? ● ☐ Yes ☒ No

I Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? ● ☐ Yes ☒ No

J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? ● ☐ Yes ☒ No

K Unrelated Business Activity (UBA) Code ● 452000

L Is this a Hospital? ● ☐ Yes ☒ No
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	●	1	-3,092,142.
	2	Multiply line 1 by the average apportionment percentage ____ % from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions	●	2	
	3	Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1	●	3	-3,092,142.
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	●	4	
Tax Computation	5	Unrelated business taxable income from line 3 or line 4	●	5	
	6	EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	●	6	
	7	Net Operating Loss deduction. See General Information N	●	7	
	8	Add line 6 and line 7	●	8	
	9	Net unrelated business taxable income. Subtract line 8 from line 5	●	9	
	10	Tax ____ % x line 9. See General Information J	●	10	
	11	Tax credits from Schedule B. See instructions	●	11	
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	●	12	0.
	13	Alternative minimum tax. See General Information 0	●	13	
	14	Total tax. Add line 12 and line 13	●	14	
Payments	15	Overpayment from a prior year allowed as a credit	●	15	
	16	2018 estimated tax payments. See instructions	●	16	
	17	Withholding (Form 592-B and/or 593.) See instructions	●	17	
	18	Amount paid with extension (form FTB 3539)	●	18	
	19	Total payments and credits. Add line 15 through line 18	●	19	
Use Tax/ Tax Due/ Overpayment	20	**Use tax.** See instructions	●	20	
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	●	21	
	22	**Use tax balance.** If line 20 is more than line 19, subtract line 19 from line 20	●	22	
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	●	23	
	24	Overpayment. Subtract line 14 from line 21. See instructions	●	24	
	25	Enter amount of line 24 to be applied to 2019 estimated tax	●	25	

DESERT AIDS PROJECT, INC. 33-0068583

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

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a	Gross receipts or gross sales 6,243,204. b Less returns and allowances c Balance ●	1c	6,243,204.
2	Cost of goods sold and/or operations (Schedule A, line 7) ●	2	5,437,714.
3	Gross profit. Subtract line 2 from line 1c ●	3	805,490.
4 a	Capital gain net income. See Specific Line Instructions — Trusts attach Schedule D (541) ●	4a	
b	Net gain (loss) from Part II, Schedule D-1 ●	4b	2,800.
c	Capital loss deduction for trusts ●	4c	
5	Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule ●	5	
6	Rental income (Schedule C) ●	6	
7	Unrelated debt-financed income (Schedule D) ●	7	
8	Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E) ●	8	
9	Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F) ●	9	
10	Exploited exempt activity income (Schedule G) ●	10	
11	Advertising income (Schedule H, Part III, Column A) ●	11	
12	Other income. Attach schedule ●	12	
13	Total unrelated trade or business income. Add line 3 through line 12 ●	13	808,290.

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

14	Compensation of officers, directors, and trustees from Schedule I ●			14	
15	Salaries and wages ●			15	1,395,544.
16	Repairs ●			16	
17	Bad debts ●			17	
18	Interest. Attach schedule ●			18	
19	Taxes. Attach schedule SEE STATEMENT 1 ●			19	93,506.
20	Contributions. See instructions and attach schedule ●			20	
21 a	Depreciation (Corporations and Associations — Schedule J) (Trusts — form FTB 3885F) ●	21a	249,310.		
b	Less: depreciation claimed on Schedule A. See instructions	21b		21	249,310.
22	Depletion. Attach schedule ●			22	
23 a	Contributions to deferred compensation plans			23a	65,701.
b	Employee benefit programs. See instructions			23b	280,416.
24	Other deductions. Attach schedule SEE STATEMENT 2 ●			24	1,815,955.
25	Total deductions. Add line 14 through line 24			25	3,900,432.
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13 ●			26	-3,092,142.
27	Excess advertising costs (Schedule H, Part III, Column B) ●			27	
28	Unrelated business taxable income before specific deduction. Subtract line 27 from line 26 ●			28	-3,092,142.
29	Specific deduction. See instructions ●			29	
30	Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28			30	-3,092,142.

Sign Here

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131.** To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶	Title	Date	● Telephone
	CEO		(760) 323-2118

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	● PTIN
SHANNON C. MAIDMENT			P01426554

Firm's name (or yours, if self-employed) and address ▶	● FEIN
LUND & GUTTRY LLP	95-2101327
36917 COOK STREET STE 102	● Telephone
PALM DESERT, CA 92211	(760) 568-2242

May the FTB discuss this return with the preparer shown above? See instructions ● ☒ Yes ☐ No

DESERT AIDS PROJECT, INC. 33-0068583

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) COST

1	Inventory at beginning of year	1	423,822.
2	Purchases	2	5,437,714.
3	Cost of labor ●	3	
4 a	Additional IRC Section 263A costs. Attach schedule	4a	
b	Other costs. Attach schedule SEE STATEMENT 3 ●	4b	-4,754.
5	Total. Add line 1 through line 4b	5	5,856,782.
6	Inventory at end of year	6	419,068.
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	5,437,714.

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? ☐ Yes ☒ No

Schedule B Tax Credits.

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

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

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

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

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

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

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

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

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

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

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
		%
		%
		%

4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income

5 Complete if any item in column 3 is more than 10%, but not more than 50%

4 (a) Deductions directly connected (attach schedule)	4 (b) Income includible, column 2 less column 4(a)	5 (a) Gross income reportable, column 2 x column 3	5 (b) Deductions directly connected with personal property (att sch)	5 (c) Net income includible, column 5(a) less column 5(b)

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

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property (a) Straight-line depreciation (attach schedule)	(b) Other deductions (attach schedule)

4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		%			
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7					

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

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income, column 2 less column 3	5 Set-asides (attach schedule)	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8					
Enter gross income from members (dues, fees, charges, or similar amounts)					

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

Exempt Controlled Organizations

1 Name of controlled organizations	2 Employer Identification Number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1					
2					
3					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)
1				
2				
3				
4 Add columns 5 and 10				
5 Add columns 6 and 11				
6 Subtract line 5 from line 4. Enter here and on Side 2, Part 1, line 9				

Schedule G Exploited Exempt Activity Income, other than Advertising Income

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

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

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

Part II Income from Periodicals Reported on a Separate Basis

Part III Column A – Net Advertising Income / Part III Column B – Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4 or 7, and amount listed in Part II, columns 4 or 7	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
Enter total here and on Side 2, Part I, line 11.		Enter total here and on Side 2, Part II, line 27.	

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of Officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14.					

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

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

TAXABLE YEAR **2018**

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under IRC Sections 179 and 280F(b)(2))

CALIFORNIA SCHEDULE **D-1**

Complete and attach this schedule to your tax return only if your California gains or losses are different from your federal gains or losses.

Name(s) as shown on tax return	SSN, ITIN, CA SOS file no., California Corp. no., or FEIN
DESERT AIDS PROJECT, INC.	1316318

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty and Theft — Property Held More Than 1 Year

Use federal Form 4684, Casualties and Thefts, to report involuntary conversions from casualty and theft.

1 Enter the gross proceeds from sales or exchanges reported to you for 2018 on federal Form 1099-S, Proceeds From Real Estate Transactions (or a substitute statement), that you will be including on line 2 or line 10, (column (d)), or on line 23. . . . 1 2,800.

2 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Date sold (mm/dd/yyyy)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (Loss) Subtract (f) from the sum of (d) and (e)

3 Gain, if any, from federal Form 4684, line 39. . .	3	
4 IRC Section 1231 gain from installment sales from form FTB 3805E, line 26 or line 37. . .	4	
5 IRC Section 1231 gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts) . . .	5	
6 Gain, if any, from line 35, from other than casualty and theft. . .	6	
7 Combine line 2 through line 6. Enter gain or (loss) here and on the appropriate line as follows:. . .	7	

IRC Section 179 Assets: For reporting the sale or disposition of assets for which an IRC Section 179 expense deduction was claimed in a prior year, see instructions.

Partnerships or Limited Liability Companies (classified as partnerships): Enter the gain or (loss) on Schedule K (565 or 568), line 10. Skip lines 8, 9, 11, and 12 below. **S corporations:** If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain, continue to line 8. **All others:** If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain and you did not have any prior year IRC Section 1231 losses, or they were recaptured in an earlier year, enter the gain as follows: **Form 540 and Long Form 540NR filers,** enter the gain on Schedule D (540 or 540NR), line 1, and skip lines 8, 9, and 12 below; **Form 100 and Form 100W filers,** enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6, and skip lines 8, 9, and 12 below.

8 Nonrecaptured net IRC Section 1231 losses from prior years. Enter as a positive number. See instructions . . .	8	
9 Subtract line 8 from line 7. If zero or less, enter -0- . . .	9	

S corporations: If line 9 is more than zero, enter this amount on Schedule D (100S), Section B, Part II, line 5 and enter the amount, if any, from line 8 on line 12 below. If line 9 is zero, enter the amount from line 7 on line 12 below. **All others:** If line 9 is more than zero, enter the amount from line 8 on line 12 below, and enter the amount from line 9 as follows: **Form 540 and Long Form 540NR filers,** enter as a capital gain on Schedule D (540 or 540NR), line 1; **Form 100 and Form 100W filers,** enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6. If line 9 is zero, enter the amount from line 7 on line 12 below. See instructions.

Part II Section A — Ordinary Gains and Losses

10 Ordinary gains and losses not included on line 11 through line 16 (include property held 1 year or less):. . .

(a)	(b)	(c)	(d)	(e)	(f)	(g)
SALE OF ASSETS	UBTI		2,800.			2,800.

11 Loss, if any, from line 7. . .	11	( )
12 Gain, if any, from line 7, or amount from line 8, if applicable. See instructions. . .	12	
13 Gain, if any, from line 34. . .	13	
14 Net gain or (loss) from federal Form 4684, line 31 and line 38a (completed using California amounts). . .	14	
15 Ordinary gain from installment sales from form FTB 3805E, line 25 or line 36. See instructions . . .	15	
16 Ordinary gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts).	16	
17 Combine line 10 through line 16 . . .	17	2,800.

18 For all except individual tax returns, enter the amount from line 17 on the appropriate line of your tax return and skip line a and line b below. For individual tax returns, complete line a and line b below: see instructions.

a If the loss on line 11 includes a loss from federal Form 4684, Section B, Part II, column (b)(ii) of line 30 or line 35, enter that part of the loss here. See instructions. . .	18a	
b Redetermine the gain or (loss) on line 17, excluding the loss, if any, on line 18a. Enter here and on line 20 .	18b	

TAXABLE YEAR **2018**

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations — Corporations

CALIFORNIA FORM **3805Q**

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

Corporation name: DESERT AIDS PROJECT, INC.

California corporation number: 1316318

FEIN: 33-0068583

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

[ ] S corporation [X] Exempt organization [ ] Limited liability company (electing to be taxed as a corporation)

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

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1	Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	3,092,142.
2	2018 disaster loss included in line 1. Enter as a positive number	2	
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	3,092,142.
4a	Enter the amount of the loss incurred by a new business included in line 3	4a	
b	Enter the amount of the loss incurred by an eligible small business included in line 3	4b	
c	Add line 4a and line 4b	4c	
5	General NOL. Subtract line 4c from line 3	5	3,092,142.
6	Current year NOL. Add line 2, line 4c, and line 5. See instructions	6	3,092,142.

If the corporation is using the current year NOL to carryback to offset net income for taxable years 2016 and/or 2017, complete Part III, NOL carryback, on Side 2 **before** completing Part I, lines 7-9 below.

7	2018 NOL carryback used to offset 2016 net income. Enter the amount from Part III, line 3, column (e)	7	
8	2018 NOL carryback used to offset 2017 net income. Enter the amount from Part III, line 3, column (g)	8	
9	2018 NOL carryover to 2019. Add line 7 and line 8, then subtract the result from line 6. See instructions	9	3,092,142.

Election to waive carryback

[X] Check the box if the corporation elects to relinquish the entire carryback period with respect to 2018 NOL under Internal Revenue Code (IRC) Section 172(b)(3). By making the election, the corporation is electing to carry an NOL forward instead of carrying it back in the previous two years. Once the election is made, it's **irrevocable**. See instructions.

Continue with Part II, NOL carryover and disaster loss carryover limitations. **Do not** complete Part III, NOL carryback.

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

1 Net income — Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-) — (g) Available balance:

Prior Year NOLs

	(a) Year of loss	(b) Code — See instructions	(c) Type of NOL — See below*	(d) Initial loss — See instructions	(e) Carryover from 2017	(f) Amount used in 2018	(g)	(h) Carryover to 2019 col. (e) minus col. (f)
2	2012		GEN	2,953,394.	2,953,394.	0.	0.	2,953,394.
	2013		GEN	2,961,888.	2,961,888.	0.	0.	2,961,888.
	2014		GEN	2,926,383.	2,926,383.	0.	0.	2,926,383.
	2015		GEN	2,534,514.	2,534,514.	0.	0.	2,534,514.

Current Year NOLs

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h) col. (d) minus col. (f) See instructions.
3	2018		DIS					
4	2018		GEN	3,092,142.				3,092,142.
	2018							
	2018							
	2018							

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

TAXABLE YEAR
2018

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations — Corporations

CALIFORNIA FORM
3805Q

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

CONTINUATION SHEE PAGE 2

Corporation name: DESERT AIDS PROJECT, INC.

California corporation number: 1316318

FEIN: 33-0068583

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

☐ S corporation ☒ Exempt organization ☐ Limited liability company (electing to be taxed as a corporation)

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

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number . . . 1

2 2018 disaster loss included in line 1. Enter as a positive number . . . 2

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

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

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

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

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

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

If the corporation is using the current year NOL to carryback to offset net income for taxable years 2016 and/or 2017, complete Part III, NOL carryback, on Side 2 **before** completing Part I, lines 7-9 below.

7 2018 NOL carryback used to offset 2016 net income. Enter the amount from Part III, line 3, column (e) . . . 7

8 2018 NOL carryback used to offset 2017 net income. Enter the amount from Part III, line 3, column (g) . . . 8

9 2018 NOL carryover to 2019. Add line 7 and line 8, then subtract the result from line 6. See instructions . . . 9

Election to waive carryback

☒ Check the box if the corporation elects to relinquish the entire carryback period with respect to 2018 NOL under Internal Revenue Code (IRC) Section 172(b)(3). By making the election, the corporation is electing to carry an NOL forward instead of carrying it back in the previous two years. Once the election is made, it's **irrevocable**. See instructions.

Continue with Part II, NOL carryover and disaster loss carryover limitations. **Do not** complete Part III, NOL carryback.

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

1 Net income — Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-) . . . (g) Available balance:

Prior Year NOLs

	(a) Year of loss	(b) Code — See instructions	(c) Type of NOL — See below*	(d) Initial loss — See instructions	(e) Carryover from 2017	(f) Amount used in 2018	(g) Available balance	(h) Carryover to 2019 col. (e) minus col. (f)
2	2016		GEN	2,971,398.	2,971,398.	0.	0.	2,971,398.
	2017		GEN	3,017,812.	3,017,812.	0.	0.	3,017,812.

Current Year NOLs

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h) col. (d) minus col. (f) See instructions.
3	2018		DIS					
4	2018							
	2018							
	2018							
	2018							

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

DESERT AIDS PROJECT, INC. 1316318

Part III NOL carryback

1 2016 Net income — Enter the amount from 2016 Form 100, line 22; Form 100W, line 22; Form 100S, line 20; or taxable income from Form 109, line 9; (but not less than -0-) . . . .

2 2017 Net income — Enter the amount from 2017 Form 100, line 22; Form 100W, line 22; Form 100S, line 20; or taxable income from Form 109, line 9; (but not less than -0-) . . . .

(a) Year of loss	(b) Code — See instructions	(c) Type of NOL — See below*	(d) Initial loss — See instructions	2016		2017		(i) Carryover to 2019 col. (d) minus [col. (e) plus col. (g)]
				(e) Carryback used — See instructions	(f) After carryback col. (d) minus col. (e)	(g) Carryback used — See instructions	(h) After carryback col. (f) minus col. (g)	
3 2018								
2018								
2018								
2018								
2018								

***Type of NOL:** General (GEN), New Business (NB), Eligible Small Business (ESB), or NOL attributable to a qualified disaster loss (DIS).

Part IV 2018 NOL deduction

1 Total the amounts in Part II, line 2, column (f). . . . . 1 0.

2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-. . . . . 2 0.

3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7. . . . . 3 0.

STATEMENT 1
FORM 109, PART II, LINE 19
TAXES

PAYROLL TAXES	$ 93,506.
TOTAL	$ 93,506.

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

EVENT AND OUTREACH	$ 920.
FACILITIES COSTS	1,380,488.
INSURANCE	10,817.
OFFICE EXPENSES	96,741.
OTHER EXPENSES	-2,058.
PRINTING AND MARKETING	142,338.
PROFESSIONAL SERVICES	135,698.
TRAVEL AND TRANSPORTATION	51,011.
TOTAL	$ 1,815,955.

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

INVENTORY CHANGE	$ -4,754.
TOTAL	$ -4,754.

IN

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
(916) 210-6400

WEB SITE ADDRESS:
www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code
11 Cal. Code Regs. section 301-307, 311, and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number CT60367

Check if:
☐ Change of address
☐ Amended report

DESERT AIDS PROJECT, INC.
Name of Organization

1695 N. SUNRISE WAY
Address (Number and Street)

PALM SPRINGS, CA 92262
City or Town, State and ZIP Code

Corporate or Organization No. 1316318

Federal Employer I.D. No. 33-0068583

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

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

PART A — ACTIVITIES

For your most recent full accounting period (beginning 7/01/18 **ending** 6/30/19 **) list:**
Gross annual revenue $ 52,801,766. **Total assets** $ 44,147,066.

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

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

		Yes	No
1	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? SEE STATEMENT 1	X	
2	During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3	During this reporting period, did non-program expenditures exceed 50% of gross revenue?		X
4	During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5	During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6	During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 2	X	
7	During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8	Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. SEE STATEMENT 3	X	
9	Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (760) 323-2118

Organization's e-mail address DESERTAIDSPROJECT.ORG

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

Signature of authorized officer	Printed Name	Title	Date
	DAVID BRINKMAN	CEO	

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

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

KEVIN BASS BECAME A MEMBER OF THE BOARD OF DIRECTORS IN MAY 2012. HE IS A MEMBER OF PROFESSIONAL REGISTRY HOLDINGS, LLC., DBA COACHELLA VALLEY HOME HEALTH. DURING THIS FISCAL YEAR D.A.P. PAID $ 173,169 FOR SERVICES OF COACHELLA VALLEY HOME HEALTH.

STATEMENT 2
FORM RRF-1, PART B, LINE 6
GOVERNMENT AGENCY THAT PROVIDED FUNDING

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

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

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

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

CITY OF PALM DESERT
73510 FRED WARING DRIVE
PALM DESERT, CA 92260
760 346 0611

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

MORONGO BAND OF MISSION INDIANS
12700 PUMARRA ROAD
BANNING, CA 92220
951 849 4697

RIVERSIDE COUNTY
VARIOUS AGENCIES
4080 LEMON STREET
RIVERSIDE, CA

STATEMENT 2 (CONTINUED)
FORM RRF-1, PART B, LINE 6
GOVERNMENT AGENCY THAT PROVIDED FUNDING

951 955 1000

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

TWENTY-NINE PALMS BAND OF MISSION INDIANS
46200 HARRISON PLACE
COACHELLA, CA 92236
760 863 2444

UNIVERSITY OF CALIFORNIA, RIVERSIDE
900 UNIVERSITY AVE
RIVERSIDE, CA 92521
951 827 1012

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

STATEMENT 3
FORM RRF-1, PART B, LINE 8
VEHICLE DONATION PROGRAM INFORMATION

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