

Return of Organization Exempt From Income Tax

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

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For the **2009** calendar year, or tax year beginning , **2009**, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C Name of organization Aunt Ritas Foundation Number and street (or P.O. box if mail is not delivered to street addr) Room/suite PO Box 3946 City, town or country State ZIP code + 4 Phoenix AZ 85030	D Employer Identification Number 41-2176501 E Telephone number (602) 258-3434 G Gross receipts \$ 424,876.
F Name and address of principal officer: Kit Klockle 1804 E Rovey Ave Phoenix AZ 85016		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ N/A	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation: 2005 M State of legal domicile: AZ	

Part I Summary				
1 Briefly describe the organization's mission or most significant activities: <u>HIV/AIDS Foundation</u>				
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.				
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	12	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12	
	5	Total number of employees (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)	20	
	7a	Total gross unrelated business revenue from Part VIII, Icolumn (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34		
Revenue			Prior Year	
			Current Year	
	8	Contributions and grants (Part VIII, line 1h)	6,126.	
	9	Program service revenue (Part VIII, line 2g)	206,823.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		213,002.	424,876.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,882.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	199,167.	387,240.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		199,167.	403,440.	
19 Revenue less expenses. Subtract line 18 from line 12		13,835.	21,436.	
Net Assets or Fund Balances			Beginning of Year	
			End of Year	
	20	Total assets (Part X, line 16)	22,154.	
21	Total liabilities (Part X, line 26)	0.		
22 Net assets or fund balances. Subtract line 21 from line 20		22,154.	43,590.	

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
	Type or print name and title.		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4		Preparer's identifying number (see instructions)
	Phoenix AZ 85067-4965		EIN ▶ 26-3298599
		Phone no. ▶ (602) 265-1631	

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

HIV/AIDS Foundation

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 101,263. including grants of \$ 0.) (Revenue \$ 371,979.)

AIDs Walk

4b (Code:) (Expenses \$ 7,131. including grants of \$ 0.) (Revenue \$ 34,306.)

SavorLife

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 108,394.

