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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
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
AIDS HEALTHCARE FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
6255 SUNSET BLVD 21ST FLOOR

City or town, state or province, country, and ZIP or foreign postal code
LOS ANGELES, CA 90028

D Employer identification number
95-4112121

E Telephone number
(323) 860-5200

G Gross receipts $ 1,029,251,131

F Name and address of principal officer
MICHAEL WEINSTEIN
6255 SUNSET BLVD 21ST FL
LOS ANGELES, CA 90028

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ HTTP //WWW AIDSHEALTH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1987

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE FOUNDATION PROVIDES MEDICAL CARE FOR THOSE AFFECTED BY HIV OR AIDS

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**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	2,021
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	20,660,274	21,659,826
9	Program service revenue (Part VIII, line 2g)	78,057,264	70,715,184
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	690,477	1,018,400
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	218,088,495	278,949,398
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	317,496,510	372,342,808
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,321,647	6,223,779
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	112,705,570	131,797,537
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,228,870		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	136,359,270	176,633,906
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	253,386,487	314,655,222
19	Revenue less expenses Subtract line 18 from line 12	64,110,023	57,687,586

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	345,565,609	405,091,606
21	Total liabilities (Part X, line 26)	117,692,198	136,661,853
22	Net assets or fund balances Subtract line 21 from line 20	227,873,411	268,429,753

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

****** 2017-11-14
Signature of officer Date

LYLE HONIG C F O
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LYNN D BOSTER	LYNN D BOSTER			P00440365

Firm's name ▶ VASQUEZ & COMPANY LLP — Firm's EIN ▶ 33-0700332

Firm's address ▶ 801 S GRAND AVE SUITE 400
LOS ANGELES, CA 90017 — Phone no (213) 873-1700

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ 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 . . . . . ☑

1 Briefly describe the organization's mission

AIDS HEALTHCARE FOUNDATION, INC (THE FOUNDATION) HEADQUARTERED IN LOS ANGELES, CALIFORNIA IS A NOT FOR PROFIT HEALTHCARE ORGANIZATION INCORPORATED IN 1987 THE FOUNDATION PROVIDES MEDICAL CARE FOR THOSE AFFECTED BY HIV OR LIVING WITH AIDS IN ADDITION,THE FOUNDATION PARTICIPATES IN SCIENTIFIC RESEARCH AND PATIENT ADVOCACY FOR THOSE IN NEED

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

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

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

If "Yes," describe these changes on Schedule 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 $ 283,002,725 including grants of $ 6,223,779) (Revenue $)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

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** ▶ 283,002,725

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
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	Yes	
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		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
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**	Yes	
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**		No
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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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**		No
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**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
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**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	1,108		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,021		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
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			
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		Yes	
b	If "Yes," enter the name of the foreign country ▶ MX , NU , HA , GT , AR , PE , BR , JM , NL , UP , EN , RS , CB , CH , IN , NP , VM , TH , SF , WZ , ZA , SL , LT , PA , ZI , UG , RW , KE , NI , ET , BM				
	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			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
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			No
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			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
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			
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			
9a	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? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
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			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
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			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you 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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶LYLE HONIG 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028 (323) 860-5200

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								4,776,518	0	36,500

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 ▶ 227

			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**		No
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**	Yes	
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**		No

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
LABORATORY CORPORATION OF AMERICA HOLDIN PO BOX 2270 BURLINGTON, NC 27216	LAB SERVICES	5,409,472
CAREERSTAFF UNLIMITED LLC PO BOX 301076 DALLAS, TX 753031076	STAFFING SERVICES	2,188,391
CEDAR SINAI MEDICAL CENTER PO BOX 512480 LOS ANGELES, CA 900510480	MEDICAL SERVICES	1,958,231
KR 6255 SUNSET LLC 12200 W OLYMPIC BLVD STE 200 LOS ANGELES, CA 90064	RENTAL	1,054,444
RAM TECHNOLOGIES INC 275 COMMERCE DR STE 100 FORT WASHINGTON, PA 19034	IT HEALTHCARE SUPPORT	761,571

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 ▶ 79

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			
	d Related organizations	1d			
	e Government grants (contributions)	1e	17,162,558		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,497,268		
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶		21,659,826		

Program Service Revenue	Business Code				
2a MEDICARE REVENUE	621400	42,265,316	42,265,316		
b INCOME FROM AFFILIATES	621400	23,819,984	23,819,984		
c PATIENT SERVICE REVENUE	621400	4,629,884	4,629,884		
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f . . . . ▶		70,715,184			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,018,400			1,018,400
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					
	(i) Real	(ii) Personal			
6a Gross rents	379,932				
b Less rental expenses	0				
c Rental income or (loss)	379,932				
d Net rental income or (loss) . . . . . ▶			379,932	379,932	
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory					
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss) . . . . . ▶					
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a		704,250			
b Less direct expenses . . . b		1,114,979			
c Net income or (loss) from fundraising events . . ▶			-410,729		-410,729
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		934,600,890			
b Less cost of goods sold . . b		655,793,344			
c Net income or (loss) from sales of inventory . . ▶			278,807,546	278,807,546	
Miscellaneous Revenue	Business Code				
11a GAIN ON INVESTMENT	900099		702,183	702,183	
b OTHER INCOME	900099		-529,534	-529,534	
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶			172,649		
12 **Total revenue.** See Instructions . . . . . ▶			372,342,808	350,075,311	0	607,671

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,101,508	5,101,508		
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, line 15 and 16	1,122,271	1,122,271		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,776,518	4,776,518		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	92,066,188	83,132,310	7,997,339	936,539
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,975,883	1,778,268	175,206	22,409
9 Other employee benefits	24,787,435	23,446,365	1,263,515	77,555
10 Payroll taxes	8,191,513	7,468,564	549,344	173,605
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
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)	49,332,826	42,548,608	6,482,318	301,900
12 Advertising and promotion	13,613,047	12,988,215	483,693	141,139
13 Office expenses	1,735,751	1,663,180	68,681	3,890
14 Information technology				
15 Royalties				
16 Occupancy	10,958,862	8,605,191	2,338,728	14,943
17 Travel	7,616,127	6,665,132	897,084	53,911
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	606,156	570,308	35,476	372
20 Interest	1,318,448	904,171	402,618	11,659
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,767,307	7,353,374	3,400,920	13,013
23 Insurance	1,523,653	1,131,718	390,078	1,857
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 PROVISION FOR BAD DEBTS	16,963,977	16,963,977		
b CALIFORNIAN'S FOR LOWER	14,300,000	14,300,000		
c ORGANIZATION EVENT	7,939,038	6,241,292	400,922	1,296,824
d TELEPHONE	5,292,818	4,634,846	646,090	11,882
e All other expenses	34,665,896	31,606,909	2,891,615	167,372
25 **Total functional expenses.** Add lines 1 through 24e	314,655,222	283,002,725	28,423,627	3,228,870
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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments	31,774,657	2	63,135,801
	3	Pledges and grants receivable, net	9,277,619	3	9,165,526
	4	Accounts receivable, net	82,800,744	4	68,925,644
	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	27,129,241	8	26,498,770
	9	Prepaid expenses and deferred charges	15,947,826	9	29,063,929
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 157,727,617			
	b	Less accumulated depreciation — 10b: 49,893,708	93,742,512	10c	107,833,909
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	62,309,020	12	78,775,639
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	22,583,990	15	21,692,388
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	345,565,609	16	405,091,606
Liabilities	17	Accounts payable and accrued expenses	73,288,344	17	86,995,926
	18	Grants payable		18	
	19	Deferred revenue		19	
	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	28,142,517	23	24,812,001
	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	16,261,337	25	24,853,926
	26	**Total liabilities.** Add lines 17 through 25	117,692,198	26	136,661,853
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	227,025,609	27	268,021,554
	28	Temporarily restricted net assets	847,802	28	408,199
	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	227,873,411	33	268,429,753
	34	Total liabilities and net assets/fund balances	345,565,609	34	405,091,606

Part XI Reconcilliation 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	372,342,808
2	Total expenses (must equal Part IX, column (A), line 25)	2	314,655,222
3	Revenue less expenses Subtract line 2 from line 1	3	57,687,586
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	227,873,411
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-17,131,244
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	268,429,753

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		No
	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	Yes	
	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	Yes	
	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	Yes	
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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 95-4112121

Name: AIDS HEALTHCARE FOUNDATION

Form 990, Part III, Line 4a:

THE FOUNDATION HAS A NETWORK OF 47 OUTPATIENT HEALTHCARE CENTERS AND 43 PHARMACIES LOCATION IN CALIFORNIA, FLORIDA, GEORGIA, ILLINOIS, INDIANA, LOUISIANA, MARYLAND, MISSISSIPPI, NEVADA, NEW YORK, OHIO SOUTH CAROLINA, TEXAS, WASHINGTON AND DISTRICT OF COLUMBIA IN WHICH PATIENTS ARE EXAMINED, TEST CONDUCTED, DIAGNOSED AND TREATMENT PRESCRIBED MOREOVER, THE FOUNDATION ALSO OPERATES 396 HEALTHCARE CENTERS OUTSIDE OF THE UNITED STATES IN ADDITION, THE FOUNDATION OPERATES 20 THRIFT STORES, THE PROCEEDS OF WHICH ASSIST THE FOUNDATION'S COMMITMENT TO PROVIDE HIV+ AND AIDS AFFECTED HEALTHCARE SERVICES WITHOUT REGARD TO THE PERSON'S FINANCIAL SITUATION PREVENTION AND OUTREACH PROGRAMS IN CALIFORNIA, FLORIDA, GEORGIA, ILLINOIS, INDIANA, LOUISIANA, MARYLAND, MISSISSIPPI, NEVADA, NEW YORK, OHIO SOUTH CAROLINA, TEXAS, WASHINGTON AND DISTRICT OF COLUMBIA WHICH AIMS TO INCREASE AWARENESS OF THE IMPORTANCE OF HIV TESTING, PREVENTION AND RISK REDUCTION HIV/AIDS OUTPATIENT HEALTHCARE CENTERS AND TESTING AND PREVENTION PROGRAMS IN RESOURCE-POOR COUNTRIES IN AFRICA, ASIA, EUROPE AND LATIN AMERICA IN WHICH PATIENTS ARE TESTED AND LINKED TO MEDICAL CARE THIS MEDICAL CARE CONSISTS OF EXAMINATION, TESTING, DIAGNOSIS AND TREATMENT

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL WEINSTEIN PRESIDENT	40 00	X		X				421,602	0	2,500
WILLIAM ARROYO MD BOARD MEMBER	4 00	X						0	0	0
JUDITH BRIGGS MARSH BOARD MEMBER	4 00	X						0	0	0
DIANA HOORZUK VICE CHAIR (GLOBAL)	4 00	X		X				0	0	0
RODNEY WRIGHT MD SECRETARY	4 00	X		X				0	0	0
AGAPITO DIAZ BOARD MEMBER	4 00	X						0	0	0
ELIZABETH MENDIA BOARD MEMBER	4 00	X						0	0	0
CONDESSA CURLEY MD MPH FAAFP BOARD MEMBER	4 00	X						0	0	0
ANGELINA WAPAKABULO BOARD MEMBER	4 00	X						0	0	0
STEVE L CARLTON ESQ TREASURER	4 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY ASHLEY BOARD MEMBER	4 00	X						0	0	0
CURLEY L BONDS MD DOMESTIC VICE CHAIR	4 00	X		X				0	0	0
CYNTHIA DAVIS MPH BOARD CHAIR	4 00	X		X				0	0	0
SCOTT GALVIN BOARD MEMBER	4 00	X						0	0	0
LAWRENCE PETERS MS BOARD MEMBER	4 00	X						0	0	0
ANITA ANN WILLIAMS BOARD MEMBER	4 00	X						0	0	0
GABRIEL P MALDONADO BOARD MEMBER	4 00	X						0	0	0
REV KELVIN SAULS BOARD MEMBER	4 00	X						0	0	0
PETER REIS VICE PRESIDENT	40 00			X				253,431	0	2,500
THOMAS A MYERS CHIEF COUNSEL/PUBLIC AFFAI	40 00			X				243,453	0	2,500

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONNA STIDHAM CHIEF MANAGED CARE	40 00			X				237,330	0	2,500
LYLE HONIG CHIEF FINANCIAL OFFICER	40 00			X				233,828	0	2,500
MICHAEL WOHLFEILER CHIEF MEDICAL OFFICER	40 00			X				360,574	0	2,500
KENNETH SCOTT CARRUTHERS CHIEF OF PHARMACY	40 00			X				235,515	0	0
JONATHAN PETRUS CHIEF/NATIONAL BUREAU & IN	40 00			X				213,568	0	0
ANITA CASTILLE VICE PRESIDENT OF HUMAN RESOURCES	40 00			X				177,090	0	2,000
SAMANTHA A GRANBERRY VICE PRESIDENT OF SALES & MARKETING	40 00			X				174,654	0	2,500
WHITNEY ENGERAN SR DIR OF PUBLIC HEALTH	40 00			X				171,212	0	0
MICHAEL KAHANE BUREAU CHIEF SOUTHERN REGION	40 00			X				236,450	0	2,500
ROBERT HEGLAR DEPUTY CHIEF MEDICAL OFFICER	40 00				X			317,437	0	1,500

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ADAM CARL ZWEIG REGIONAL MEDICAL DIRECTOR	40 00				X			250,989	0	1,500
CLIFFORD KINDER MD MEDICAL DIRECTOR	40 00					X		243,286	0	2,000
WAREF AZMEH MEDICAL DIRECTOR	40 00					X		261,288	0	2,500
JAMES T DWYER MEDICAL DIRECTOR	40 00					X		235,060	0	2,500
MATHEW HEIN PHARMACY SALES REPRESENTATIVE	40 00					X		267,220	0	2,000
MICHELLE R POWELL PHYSICIAN	40 00					X		242,531	0	2,500

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

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 **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	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
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)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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 ▶ ☐

b **33 1/3% support test—2015.** 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—2016.** 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—2015.** 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	20,275,884	23,478,538	18,814,883	20,660,274	21,659,826	104,889,405
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	85,568,599	64,817,326	65,932,976	78,057,264	70,715,184	365,091,349
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	105,844,483	88,295,864	84,747,859	98,717,538	92,375,010	469,980,754
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 **Public support.** (Subtract line 7c from line 6)						469,980,754

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6	105,844,483	88,295,864	84,747,859	98,717,538	92,375,010	469,980,754
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,298,839	255,518	395,992	690,477	1,018,400	3,659,226
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,298,839	255,518	395,992	690,477	1,018,400	3,659,226
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)	81,152,829	121,435,157	176,371,132	218,088,495	278,949,398	875,997,011
13 **Total support.** (Add lines 9, 10c, 11, and 12)	188,296,151	209,986,539	261,514,983	317,496,510	372,342,808	1,349,636,991

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 2016 (line 8, column (f) divided by line 13, column (f))	15	34 820 %
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	34 040 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	0 270 %
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	0 260 %

19a **33 1/3% support tests—2016.** 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—2015.** 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 on line 12 of 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 (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 line 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 **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)	1		
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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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).

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
AIDS HEALTHCARE FOUNDATION	95-4112121

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		21,003,824
j	Total Add lines 1c through 1i			21,003,824
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318127997

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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

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

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

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

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

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

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

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

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

		Held at the End of the 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 8/17/06, 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.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 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
1a Land		25,492,056		25,492,056
b Buildings		40,407,157	7,006,189	33,400,968
c Leasehold improvements		20,747,515	10,695,117	10,052,398
d Equipment		60,577,790	32,192,402	28,385,388
e Other		10,503,099		10,503,099
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				107,833,909

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MONEY MARKET MUTUAL FUNDS	2,528,111	C
(B) US GOVERNMENT AND CORPORATE BONDS	75,947,528	C
(C) CASH DEPOSITS FOR FL HMO CONTRACT	300,000	C
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	78,775,639	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (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) INTANGIBLES, DEPOSITS AND OTHER ASSETS	21,692,388
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	21,692,388

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
CLAIMS PAYABLE	21,795,554
DEFERRED RENT	2,575,894
INTEREST SWAP	482,478
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	24,853,926

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	1,163,136,164
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	821,006,282		
e	Add lines **2a** through **2d**			2e	821,006,282
3	Subtract line **2e** from line **1**			3	342,129,882
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	30,212,926		
c	Add lines **4a** and **4b**			4c	30,212,926
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	372,342,808

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	1,122,579,822
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)	2d	807,924,600		
e	Add lines **2a** through **2d**			2e	807,924,600
3	Subtract line **2e** from line **1**			3	314,655,222
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	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	314,655,222

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 95-4112121
Name: AIDS HEALTHCARE FOUNDATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION QUALIFIES AS A TAX EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE 23701D THE FOUNDATION HAS EVALUATED IT S TAX POSITIONS AND THE CERTAINTY AS TO WHETHER THOSE POSITIONS WILL BE SUSTAINED IN THE E VENT OF AN AUDIT BY TAXING AUTHORITIES AT THE FEDERAL AND STATE LEVELS THE PRIMARY TAX PO SITIONS EVALUATED RELATE TO THE FOUNDATIONS CONTINUED QUALIFICATION AS A TAX-EXEMPT ORGANI ZATION AND WHETHER THERE ARE UNRELATED BUSINESS INCOME ACTIVITIES THAT WOULD BE TAXABLE M ANAGEMENT HAS DETERMINED THAT ALL INCOME TAX POSITIONS WILL MORE LIKELY THAN NOT (>50%) BE SUSTAINED UPON POTENTIAL AUDIT OR EXAMINATION, THEREFORE, NO DISCLOSURE OF UNCERTAIN INCO ME TAX POSITIONS ARE REQUIRED THE FOUNDATION FILES INFORMATION RETURNS IN THE US FEDERAL JURISDICTION AND THE STATE OF CALIFORNIA WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO U S FEDERAL AND STATE EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2012

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	PROGRAM SERVICE REVENUE FOR AHF AFFILIATES 158,819,996 COST OF SALES 655,793,344 INTERCOMPANY EXPENSES 6,392,942

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	INTERCOMPANY REVENUE 30,212,926

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF SALES-- 655,793,344 PROGRAM SERVICE EXPENSES FOR AFFILIATES 152,131,256

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☑ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	142	994			47,651,477
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	142	994			47,651,477

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☑ No

Additional Data

Software ID:

Software Version:

EIN: 95-4112121

Name: AIDS HEALTHCARE FOUNDATION

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	25	109	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENT	4,995,753
SOUTH ASIA	9	55	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENT	1,813,390
NORTH AMERICA	9	46	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENT	2,686,574

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	3	4	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENT	1,871,556
RUSSIA AND THE NEWLY INDEPENDENT STATES	3	16	PROGRAM SERVICES	HEALTH CARE FOR HIV PATIENTS	3,563,608
SUB-SAHARAN AFRICA	87	737	PROGRAM SERVICES	HEALTH CARE FOR HIV PATIENTS	29,074,397

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	3	13	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	1,643,243
SOUTH AMERICA	3	14	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	2,002,956

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO DECREASE HIV INFECTION IN THE COMMUNITY ESPECIALLY AMONG YOUNG PEOPLE AT HIGHEST RISK AND THE DISABLED	25,000	WIRE TRANSFER			BOOK
		EAST ASIA AND THE PACIFIC	"TO PROVIDE COMPREHENSIVE AND CONTINUUM CARE FOR PLHIVS WHO ARE POOR AND NEED FURTHER SUPPORT	21,383	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	TO PROVIDE TESTING, EDUCATIONAL AWARENESS AND LINKAGE TO CARE IN THE IDU AND DRUG LEAD PLHIV COMMUNITY	24,815	WIRE TRANSFER			BOOK
		SOUTH ASIA	TO HELP ESTABLISH A PLATFORM WHICH CAN BE EXTENDED AS A COMMUNITY CARE CENTER RANGING FROM TREATMENT, CARE, SUPPORT, OUTREACH PROVIDING INFORMATION ON RISK REDUCTION, PREVENTION ON MOTHER TO CHILD TRANSMISSION, TESTING, FAMILY PLANNING TO ART AND STRONG REFERRAL TO OTHER SERVICES CENTERS	24,720	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO SUPPORT A YEAR-LONG PROGRAM, DRAMA FOR LIFE LOVER + ANOTHER NATIONAL FESTIVAL DFL THAT USES PERFORMANCE POETRY AS A MEDIUM FOR HIV/AIDS EDUCATION	40,000	WIRE TRANSFER			BOOK
		CENTRAL AMERICA AND THE CARIBBEAN	TO REACH OUT TO SEX WORKERS WITH HUMAN RIGHTS AND HIV INFORMATION, HIV TESTING AND PROVIDE ACCESS TO HEALTH CARE SERVICES	23,004	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO SUPPORT THE SENSITIZATION, MOBILIZATION AND ENGAGEMENT OF THE COMMUNITY TO ENSURE SIGNIFICANT PARTICIPATION IN HIV, MALARIA AND POLIO TESTING TO SUPPORT THE SENSITIZATION, MOBILIZATION AND ENGAGEMENT OF THE COMMUNITY TO ENSURE SIGNIFICANT PARTICIPATION IN HIV, MALARIA AND POLIO TESTING	25,000	WIRE TRANSFER			BOOK
		EAST ASIA AND THE PACIFIC	TO PROVIDE KNOWLEDGE, SKILLS AND INFORMATION FOR YOUNG FSWS IN HANOI WITH HIV/AIDS	5,575	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	TO PROMOTE THE EFFECTIVE AND EFFICIENT DELIVERY PROGRAM PREVENTION NEW HIV/AIDS INFECTION AMONG HIGH RISK GROUP OF ENTERTAINMENT WORKERS, SWEETHEART AND OTHER KEY POPULATION TO ADOPTION OF SAFER BEHAVIOURS THAT REDUCE THEIR RISK OF HIV ACQUISITION	15,000	WIRE TRANSFER			BOOK
		EAST ASIA AND THE PACIFIC	TO PROVIDE HIV TESTING, DRAMA SHOW RELATED TO STIGMA AND DISCRIMINATION AMONG MSMS AND TGS ACROSS 4 PROVINCES IN CAMBODIA	15,330	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	TO SUPPORT THE IMPLEMENTATION OF CAMBODIA 3 0 INITIATIVE TO ELIMINATE NEW HIV INFECTION AMONG YOUNG ENTERTAINMENT WORKERS	15,000	WIRE TRANSFER			BOOK
		EAST ASIA AND THE PACIFIC	TO HELP IMPROVE ACCESS FOR HIV/AIDS HEALTHCARE SERVICES FOR MOST AT-RISK POPULATION AND PLWHA IN HOTSPOT OPERATIONAL DISTRICTS IN CAMBODIA	17,663	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO SUPPORT THE HIV AWARENESS MUSIC PROJECT ENTUSI IN KAMPALA, UGANDA	25,000	WIRE TRANSFER			BOOK
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO SUPPORT THE SUSTAINABILITY OF HIV PROGRAMS FOR KEY AFFECTED GROUPS IN THE SOUTHEAST EUROPE	27,994	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO SUPPORT THE HEALTH AND SUPPORT SERVICES PROGRAM THAT AIMS TO PROVIDE QUALITY HEALTH SERVICES NOT ONLY RELATING TO HIV AND STDS, BUT AS WELL AS GENERAL HEALTH TO THE LGBTI COMMUNITY	33,080	WIRE TRANSFER			BOOK
		SOUTH ASIA	TO SUPPORT HIV PREVENTION, AWARENESS AND TESTING AMONG DRIVERS, THE YOUTH AND GENERAL COMMUNITY IN UJJAIN DISTRICT	3,917	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO SUPPORT OPERAIONAL EXPENSES	20,000	WIRE TRANSFER			BOOK
		EAST ASIA AND THE PACIFIC	TO PROMOTE HUMAN RIGHTS OF PEOPLE AND HEALTH CARE FOR PEOPLE LIVING WITH HIV IN BATTAMBANG, ROKA COMMUNE AND KAMPONG CHHNANG PROVINCE	15,000	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	TO SUPPORT A PROGRAM PROMOTING HIV/AIDS AWARENESS AND EDUCATION, HIV TESTING, CONDOM DISTRIBUTION AND LINAKGE TO CARE	9,220	WIRE TRANSFER			BOOK
		SOUTH ASIA	TO SUPPORT PROVISION OF MEDICATIONS TO PLHIVS FOR OIS, STIS, ANEMIA, AND PROTEIN ENERGY MALNUTRITION	11,647	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	TO SUPPORT THE INSTITUTIONALIZATION OF HIV/AIDS ISSUE IN THE PROGRAM OF HOMES-NEPAL AND ABLE TO IDENTIFY GAPS IN IMPLEMENTATION LEVEL IN SCHOOL EDUCATION	9,990	WIRE TRANSFER			BOOK
		SOUTH ASIA	TO SUPPORT THE ORGANIZATION IN ESTABLISHING THE INCOME GENERATION SCHEMES FOR PLHA, PROVIDING VOCATION TRAINING AMONG PLHA AND DRUG USERS AND TO PROMOTE ENGAGEMENT OF PLHA AND DRUG USERS IN INCOME GENERATING ACTIVITIES	13,632	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	LEVERAGING THE MOMENTUM FROM THE INTERNATIONAL AIDS CONFERENCE TO ENGAGE, MOBILIZE AND ORGANIZE FAITH LEADERS IN PREVENTATIVE HEALTH EDUCATION, COMPASSIONATE INTERVENTION, AND STRATEGIC ADVOCACY ON HIV/AIDS AS A HUMAN RIGHTS ISSUE	51,300	WIRE TRANSFER			BOOK
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO PROVIDE MOBILE HIV TESTING TO KEY AFFECTED POPULATIONS, FREE CONDOMS AND HEALTHCARE FOR THOSE WHO TEST POSITIVE	24,860	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	TO HELP STRENGTHEN THE GAYLATINO NETWORK ON GOVERNANCE AND ADVOCACY	25,000	WIRE TRANSFER			BOOK
		EAST ASIA AND THE PACIFIC	TO SUPPORT MAINSTREAM ADOLESCENT KEY POPULATIONS ISSUES IN THE REGIONAL HIV RESPONSE	24,940	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TO REDUCE NEW HIV INFECTION AND RE-INFECTION IN RURAL COMMUNITIES AND SENSUNTEPEQUE PRISON, ERADICATE GENDER-BASED DISCRIMINATION AND HATE CRIMES IN RURAL COMMUNITIES AND IMPROVE SPIRITUAL AND PHYSICAL HEALTH OF PERSONS LIVING WITH HIV IN IMPOVERISHED, ISOLATED RURAL SETTINGS	27,907	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	TO HELP REDUCE VULNERABILITY OF WOMEN AND GIRLS TO HIV INFECTION BY ADDRESSING ISSUES THAT PREDISPOSE THEM TO GENDER-BASED VIOLENCE AND HIV AND IMPROVE THE UPTAKE OF HIV, TB, AND STIS TREATMENT OUTCOMES	34,664	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES	TO HELP INCREASE RATES OF REGULAR TESTING FOR HIV AMONG YOUNG PEOPLE AGES 15-20 THROUGH PROMOTING HIV TESTING AND EMPOWERING YOUNG PEOPLE TO TAKE HIV TESTS	12,370	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	TO MITIGATE THE IMPACT OF HIV/AIDS ON ADOLESCENT INFECTION & AFFECTED BY HIV & AIDS THROUGH A PARTICIPATORY & RESPONSIVE COMMUNITY ACTION	16,667	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO SUPPORT INCREASED ACCESS TO SRH-HIV SERVICES TO THE UNDERSERVED POPULATIONS	28,521	WIRE TRANSFER			BOOK
		SOUTH ASIA	TO SUPPORT THE IMPROVEMENT OF NUTRITION AMONG PEOPLE LIVING WITH HIV/AIDS IN ACHLAM DISTRICT, NEPAL	20,203	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO SUPPORT REDUCTION OF NEW INCIDENCE OF HIV INFECTION AMONG THE ADDIS ABABA, SHIRO MEDA TAXI COMMUNITY (TAXI DRIVERS, THEIR ASSISTANTS AND INFORMAL INSPECTORS)	19,533	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	TO SUPPORT THE MITIGATION OF THE IMPACT OF HIV/AIDS IN FEDERAL CAPITAL TERRITORY ABUJA HOLISTIC ACTION AGAINST HIV/AIDS	24,228	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO HELP RAISE AWARENESS FOR RAPE AS IT RELATES TO HIV/AIDS	18,000	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	TO SUPPORT THE STRENGTHENING OF HIV SEXUAL PREVENTION SERVICES FOR FEMALE SEX WORKERS AND THEIR CLIENTS AND REDUCE NEW INFECTIONS	22,520	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	TO SUPPORT THE PROMOTION OF SOCIOECONOMIC WELL-BEING OF PUDS AND PLHAS AS WELL AS UPLIFT THEIR SOCIOECONOMIC CONDITION	8,751	WIRE TRANSFER			BOOK
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT THE ENHANCING IN ENGAGING AND RETAINING IN HIV CARE FOR ADOLESCENT AND YOUNG MOTHERS	9,998	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO ACCELERATE TESTING LINK TO CARE AND TREATMENT	26,897	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	TO IMROVE QUALITY CARE THROUGH PEER EDUCATION FOR HIV PREVENTION, ADHERENCE, REFERRAL AND LINKAGES	14,987	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO IMPLEMENT BEAUTY PAGEANTS IN FOUR DISTRICTS TO ADDRESS STIGMA AND DISCRIMINATION AMONG YPLHIV	19,985	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	TO STRENGTHEN EXISTING COMPREHENSIVE COMMUNITY BASED ADHERENCE SUPPORT STRUCTURES AND FACILIATE LINKAGES TO HIV CARE AND TREATMENT PROGRAMS, INCLUDING SUSTAINED COMMUNITY ART ADHERENCE SUPPORT FOR 900 ADOLESCENTS LIVING WITH HIV	20,500	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO PROVIDE HIV/AIDS TRAINING, TESTING AND REFERRAL, ALONG WITH COMMUNITY PROJECTS THAT PROVIDE CLEAN-BURNING STOVES, TREES FOR BETTER NUTRITION, AND CLEAN WATER THAT IMPROVE THE HEALTH AND LIVES OF THOSE WITH HIV/AIDS	14,960	WIRE TRANSFER			BOOK
		RUSSIA AND NEIGHBORING STATES	TO SUPPORT TESTING OF IDUS TRYING TO STAY IN REMISSION	24,483	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES	TO IMPROVE QUALITY OF SERVICES PROVIDED TO PLWH, RAISE THE LEVEL OF AWARENESS ON BEST PRACTICES AMONG HEALTHCARE SPECIALISTS, AND IMPROVE THE RELATIONSHIPS BETWEEN CLIENTS AND DOCTORS THROUGH PUBLICATION OF 4 ISSUES OF JOURNAL	22,006	WIRE TRANSFER			BOOK
		SOUTH AMERICA	TO PROVIDE SUPPORT IN PREVENTING, DIAGNOSING AND ADHERING TO HIV IN THE TRANS POPULATION	7,340	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO CONTRIBUTE TO REDUCTION IN THE NUMBER OF NEW HIV INFECTIONS AND SEXUALLY TRANSMITTED INFECTIONS (STIS) AMONG SEX WORKERS AND THEIR CLIENTS WITH DELIBERATE EMPHASIS ON MASSAGE PARLORS AND UPMARKET SUBURBS IN NAIROBI COUNTY IN KENYA	13,986	WIRE TRANSFER			BOOK
		SOUTH ASIA	TO CONTRIBUTE TO THE UPLIFT DIFFERENT SKILLS GENERATING OF PLHIV AND PWID THROUGH VARIOUS ACTIVITIES TO MAKE THEM SELF-RELIANT	14,937	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO HELP REDUCE HIV-RELATED STIGMA AND DISCRIMINATION THROUGH SELF-HELP GROUPS APPROACH	19,940	WIRE TRANSFER			BOOK
		SOUTH AMERICA	TO SUPPORT RESOURCE MOBILIZATION TO ASSIST MEMBER COUNTRIES TO ACHIEVE THE 90-90-90 TARGETS	22,584	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO INCREASE ACCESS TO SUSTAINABLE TREATMENT OF HIV AND CO-INFECTIONS THROUGH COMMUNITY INITIATIVE	15,000	WIRE TRANSFER			BOOK
		CENTRAL AMERICA AND THE CARIBBEAN	TO ADDRESS THE NEED THE COMMUNITY THROUGH LINKAGES TO HEALTHCARE AND EDUCATE THE COMMUNITY ON TREATMENT LITERACY WHILE ADDRESSING GENDER BASED VIOLENCE, INTIMATE PARTNER VIOLENCE, HUMAN TRAFFICKING AND PROSTITUTION WHICH PREVENTS THEM FROM TAKING MEDICATION AND ACCESSING HEALTHCARE	25,000	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TO MAKE SURE ALL REENTRY HIV+/AIDS CLIENTS RECEIVE SERVICES THAT ALL THEM TO HAVE ACCESS TO HEALTH SERVICES NECESSARY TO MAINTAIN ADHERENCE TO THEIR TREATMENT THAT PROMOTE A STABLE CONDITION AND A GOOD QUALITY OF LIFE	25,000	WIRE TRANSFER			BOOK
		SOUTH AMERICA	TO BE ABLE TO PROVIDE IN THE SAME PLACE LEGAL CONSULTING, PSYCHOLOGICAL ATTENTION, NUTRITIONAL WORKSHOPS, PHYSICAL ACTIVITIES, ENTERTAINMENT, AND PEERS REUNIONS FOR ALL THE PLWH/A WHO WISH TO ATTEND	10,000	WIRE TRANSFER			BOOK

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	AN INNOVATIVE ASPECT OF THE PROGRAM IS THE PRIORITIZATION OF BENEFICIARIES, BASED ON THEIR SOCIOECONOMIC CONDITIONS, AS IN THE CASE OF HAITIAN MIGRANTS, POPULATIONS BATEYES, AND BASED ON THE ESTABLISHMENT OF AN EARLY WARNING SYSTEM COORDINATED WITH HOSPITALS, WHICH WILL GIVE PRIORITY TO THOSE WITH HIGHER LEVELS OF POVERTY, THOSE WITH MORE THREAT TO LEAVE THE SERVICE OR / OR THOSE LIVING FARTHER FROM THE SERVICE, WHICH WILL OPTIMIZE THE RESOURCES AVAILABLE	33,235	WIRE TRANSFER			BOOK

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

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

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

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

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

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

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

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

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

Revenue		(a) Event #1 FLORIDA AIDS WALK (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	704,250			704,250
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	704,250			704,250
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,114,979			1,114,979
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				1,114,979
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-410,729

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	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 _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ ----------

Address ▶ ----------

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

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

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

b Enter the amount of distributions required under state law 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 95-4112121
Name: AIDS HEALTHCARE FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AIDS DELAWARE 100 W 10TH STREET STE 315 WILMINGTON, DE 19801	22-2805481	501 C 3	10,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
EDUCATIONAL JUSTICE COALITION 3612 BARING ST PHILADELPHIA, PA 19104	26-4673458	501 C 3	43,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VICTORY FOR THE WORLD CHURCH 1170 N HAIRSTON ROAD STONE MOUNTAIN, GA 30083	58-1757499	501 C 3	16,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
JUST BEEN TESTED 594 DEAN ST BROOKLYN, NY 11238	46-3818396	501 C 3	25,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOUTH CAROLINA HIV TASK FORCE PO BOX 624 COLOMBIA, SC 29202	46-5475844	501 C 3	20,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
ASPIRATIONS 3966 LANIER DR BATON ROUGUE, LA 70814	71-0944114	501 C 3	15,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MATERNAL AND CHILD HEALTH ACCESS 1111 W 6TH ST 4TH FLOOR LOS ANGELES, CA 90017	95-4555879	501 C 3	25,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
TRUEVOLUTION 5100 QUAIL RUN RD 536 RIVERSIDE, CA 92507	25-2350778	501 C 3	75,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN ON MAINTAINING EDUCATION AND NUTRITION 417 WELSHWOOD DR STE 303 NASHVILLE, TN 37211	62-1645835	501 C 3	30,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
SERO PROJECT PO BOX 1233 MILFORD, PA 18337	46-1626584	501 C 3	25,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ENTRE HERMANOS 1105 23RD AVENUE SEATTLE, WA 98122	31-1775429	501 C 3	22,304		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
YOUTH JUSTICE COALITION 1137 E REDONDO BLVD INGLEWOOD, CA 90302	83-0466818	501 C 3	25,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HIP ATLANTA 477 WINDSOR ST SW SUITE 206 ATLANTA, GA 30312	80-0778138	501 C 3	24,230		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
LINKS HALL INCORPORATED 3111 N WESTERN AVENUE CHICAGO, IL 60618	36-3135652	501 C 3	15,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALCOHOLISM CENTER FOR WOMEN 1147 S ALVARADO ST LOS ANGELES, CA 90006	23-7428537	501 C 3	35,070		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
MEN AND WOMEN IN PRISON MINISTRIES 10 W 35TH ST 9TH FLOOR SUITE 9C5-2 CHICAGO, IL 60616	36-3850240	501 C 3	25,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORTSMOUTH CITY HEALTH DEPARTMENT 605 WASHINGTON ST PORTSMOUTH, OH 45662	31-6400238	501 C 3	24,848		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
METRO COMMUNITY DEVELOPMENT COPORATION 415 S PEARL AVE COMPTON, CA 90221	45-5578708	501 C 3	25,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AID AFRICA 3916 PENNSYLVANIA AVE LA CRESCENTA, CA 91214	93-1222635	501 C 3	20,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
AIDS ALABAMA 3529 7TH AVE SOUTH BIRMINGHAM, AL 35222	58-1727755	501 C 3	25,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MOVEMENT STRATEGY CENTER 436 14TH ST STE 500 OAKLAND, CA 94612	20-1037643	501 C 3	20,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
GRIOT CIRCLE 25 FLATBUSH AVE 5TH FLOOR BROOKLYN, NY 11217	11-3364328	501 C 3	46,040		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AIDS RESOURCE CENTER OF WISCONSIN 820 PLANKINTON AVE MILWAUKEE, WI 53203	39-1534049	501 C 3	10,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
COMMUNITY INITIATIVES 354 PINE ST STE 700 SAN FRANCISCO, CA 94104	94-3255070	501 C 3	15,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WESTCARE CALIFORNIA INC 1505 N CHESTNUT AVE FRESNO, CA 93703	23-7368450	501 C 3	25,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
FUTURE FOUNDATION 1892 WASHINGTON RD EAST POINT, GA 30344	58-2636418	501 C 3	25,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GUIDING RIGHT 7901 NE 10TH ST SUITE A-111 MIDWEST CITY, OK 73110	73-1572221	501 C 3	25,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
THE RED PUMP PROJECT PO BOX 618386 CHICAGO, IL 60661	27-1537684	501 C 3	25,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HIV STORY PROJECT 167 CASTRO ST SAN FRANCISCO, CA 94114	27-1066761	501 C 3	9,675		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
INTERSECTION FOR THE ARTS 901 MISSION ST SUITE 306 SAN FRANCISCO, CA 94103	94-1593216	501 C 3	73,445		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YOUNG HEROES FOUNDATION 15 VILLONE DRIVE LEEDS, MA 01053	20-4026044	501 C 3	20,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
THRIVE SS INC 2577 SEMMES ST ATLANTA, GA 30344	81-1080246	501 C 3	10,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES COMMUNITY HEALTH PROJECT 12801 CROSSROADS PKWY SOUTH SUITE 200 CITY OF INDUSTRY, CA 91746	95-2557063	501 C 3	45,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
THE GERONTOLOGICAL SOCIETY OF AMERICA 1220 L STREET NW SUITE 901 WASHINGTON, DC 20005	52-1256181	501 C 3	45,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JENESSE CENTER PO BOX 8476 LOS ANGELES, CA 90008	95-3652529	501 C 3	25,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
ANTHONY NEWSOME & BRENTLEY WILLIS-BAWN DBA BAWN ENTERTAINMENT 4100 W ALAMEDA AVE BURBANK, CA 91501	81-4112056	501 C 3	15,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FIRST LADIES HEALTH ALLIANCE 8 SOUTH MICHIGAN AVE SUITE 1600 CHICAGO, IL 60603	45-4425973	501 C 3	40,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
LOS ANGELES URBAN LEAGUE 3450 MOUNT VERNON DR LOS ANGELES, CA 90008	96-1691288	501 C 3	20,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in 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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**		No
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 are not listed on Form 990, Part VII

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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.

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 95-4112121
Name: AIDS HEALTHCARE FOUNDATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1 MICHAEL WEINSTEIN PRESIDENT	(I)	314,689	106,913	0	2,500	0	424,102	0
	(II)	0	0	0	0	0	0	0
1 PETER REIS VICE PRESIDENT	(I)	227,431	26,000	0	2,500	0	255,931	0
	(II)	0	0	0	0	0	0	0
2 THOMAS A MYERS CHIEF COUNSEL/PUBLIC AFFAI	(I)	217,453	26,000	0	2,500	0	245,953	0
	(II)	0	0	0	0	0	0	0
3 DONNA STIDHAM CHIEF MANAGED CARE	(I)	208,330	29,000	0	2,500	0	239,830	0
	(II)	0	0	0	0	0	0	0
4 LYLE HONIG CHIEF FINANCIAL OFFICER	(I)	207,828	26,000	0	2,500	0	236,328	0
	(II)	0	0	0	0	0	0	0
5 MICHAEL WOHLFEILER CHIEF MEDICAL OFFICER	(I)	306,754	45,333	8,487	2,500	0	363,074	0
	(II)	0	0	0	0	0	0	0
KENNETH SCOTT **6** CARRUTHERS CHIEF OF PHARMACY	(I)	207,015	28,500	0	0	0	235,515	0
	(II)	0	0	0	0	0	0	0
7 JONATHAN PETRUS CHIEF/NATIONAL BUREAU & IN	(I)	187,568	26,000	0	0	0	213,568	0
	(II)	0	0	0	0	0	0	0
8 ANITA CASTILLE VICE PRESIDENT OF HUMAN RESOURCES	(I)	151,090	26,000	0	2,000	0	179,090	0
	(II)	0	0	0	0	0	0	0
9 SAMANTHA A GRANBERRY VICE PRESIDENT OF SALES & MARKETING	(I)	148,654	26,000	0	2,500	0	177,154	0
	(II)	0	0	0	0	0	0	0
10 WHITNEY ENGERAN SR DIR OF PUBLIC HEALTH	(I)	145,212	26,000	0	0	0	171,212	0
	(II)	0	0	0	0	0	0	0
11 MICHAEL KAHANE BUREAU CHIEF SOUTHERN REGION	(I)	207,450	29,000	0	2,500	0	238,950	0
	(II)	0	0	0	0	0	0	0
12 ROBERT HEGLAR DEPUTY CHIEF MEDICAL OFFICER	(I)	251,743	42,406	23,288	1,500	0	318,937	0
	(II)	0	0	0	0	0	0	0
13 ADAM CARL ZWEIG REGIONAL MEDICAL DIRECTOR	(I)	178,595	55,394	17,000	1,500	0	252,489	0
	(II)	0	0	0	0	0	0	0
14 CLIFFORD KINDER MD MEDICAL DIRECTOR	(I)	217,742	21,422	4,122	2,000	0	245,286	0
	(II)	0	0	0	0	0	0	0
15 WAREF AZMEH MEDICAL DIRECTOR	(I)	191,391	19,097	50,800	2,500	0	263,788	0
	(II)	0	0	0	0	0	0	0
16 JAMES T DWYER MEDICAL DIRECTOR	(I)	186,687	25,947	22,426	2,500	0	237,560	0
	(II)	0	0	0	0	0	0	0
17 MATHEW HEIN PHARMACY SALES REPRESENTATIVE	(I)	25,220	1,000	241,000	2,000	0	269,220	0
	(II)	0	0	0	0	0	0	0
18 MICHELLE R POWELL PHYSICIAN	(I)	182,567	25,781	34,183	2,500	0	245,031	0
	(II)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AHF'S OUTSIDE AUDITORS AND FINANCE STAFF PREPARE THE FORM 990 THE FORM IS THEN REVIEWED AND APPROVED BY THE ORGANIZATION'S CONTROLLER AND CHIEF FINANCIAL OFFICER THE FORM IS THEN SENT TO THE AHF AUDIT COMMITTEE, WHICH IS COMPOSED OF BOARD MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AHF REQUIRES ALL EMPLOYEES TO DISCLOSE, AT LEAST ANNUALLY, ALL SOURCES OF INCOME FROM, COMPENSATION FROM, OR OWNERSHIP OF EVERY OUTSIDE ENTITY THAT (A) SOLD, SUPPLIED OR PROVIDED MEDICAL SERVICES, (B) OPERATED A COMPETING ENTERPRISE, OR (C) PROVIDED GOODS OR SERVICES TO AHF IN THE LAST SIX MONTHS AHF'S GENERAL COUNSEL EVALUATES THE FORMS FOR POTENTAIL CONFLICTS OF INTEREST AHF ALSO REQUIRES ALL DIRECTORS TO ANNUALLY SIGN A STATEMENT AFFIRMING (A) RECEIPT OF AHF'S CONFLICT OF INTEREST POLICY, (B) UNDERSTANDING OF THE POLICY, AND (C) AGREEMENT WITH THE POLICY AHF'S CONFLICT OF INTEREST POLICY DESCRIBES HOW AHF WILL RESOLVE POSSIBLE CONFLICTS OF INTEREST-BY, FOR EXAMPLE, HAVING THE INTERESTED BOARD MEMBER LEAVE DURING DISCUSSION AND VOTING ON MATTERS THAT INVOLVE THE INTERESTED PERSON

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD REVIEWED AHF PRESIDENT'S AND CHIEF FINANCIAL OFFICER'S COMPENSATION IN 2015 THE BOARD REVIEWED DATA OF COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED NONPROFIT EXECUTIVES THE OCCURRENCE OF THESE DELIBERATIONS ARE NOTED IN THE BOARD MINUTES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	SOME OR ALL OF THESE ITEMS MAY BE AVAILABLE AS PART OF A PUBLIC GRANT APPLICATION, HOWEVER, THERE IS NO PROCESS FOR MAKING THESE AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VIII LINE 10A, 10B & 10C	PART VIII PART 10A GROSS INCOME $ 934,600,890 PART 10B COST OF GOODS SOLD BEGINNING INVENTORY $ 27,129,241 ADD PURCHASES AND OTHER COST 655,162,873 LESS ENDING INVENTORY -26,498,770 655,793,344 PART 10C NET INCOME $278,807,546

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PAYROLL SERVICES PROGRAM SERVICE EXPENSES 237,184 MANAGEMENT AND GENERAL EXPENSES 78,926 FUNDRAISING EXPENSES 3,299 TOTAL EXPENSES 319,409 MEDICAL SERVICES PROGRAM SERVICE EXPENSES 25,851,893 MANAGEMENT AND GENERAL EXPENSES 1,157,031 FUNDRAISING EXPENSES 460 TOTAL EXPENSES 27,009,384 PROFESSIONAL SERVICES PROGRAM SERVICE EXPENSES 16,459,531 MANAGEMENT AND GENERAL EXPENSES 5,246,361 FUNDRAISING EXPENSES 298,141 TOTAL EXPENSES 22,004,033

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 24E	POSTAGE/MESSENGER PROGRAM SERVICE EXPENSES 3,514,412 MANAGEMENT AND GENERAL EXPENSES 77, 088 FUNDRAISING EXPENSES 5,824 TOTAL EXPENSES 3,597,324 FAIR COMMITTEE - FOR ADULT PRO GRAM SERVICE EXPENSES 2,999,765 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,999,765 SOFTWARE SUBSCRIPTION PROGRAM SERVICE EXPENSES 2,233,378 MAN AGEMENT AND GENERAL EXPENSES 504,708 FUNDRAISING EXPENSES 9,076 TOTAL EXPENSES 2,747,162 OHIOANS FOR FAIR DRUG PRICES PROGRAM SERVICE EXPENSES 1,653,000 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,653,000 COALITION TO PRESERVE LA P ROGRAM SERVICE EXPENSES 1,650,000 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,650,000 ENTERTAINMENT & MEALS PROGRAM SERVICE EXPENSES 1,108,408 M ANAGEMENT AND GENERAL EXPENSES 476,008 FUNDRAISING EXPENSES 6,243 TOTAL EXPENSES 1,590,6 59 PRINTING PROGRAM SERVICE EXPENSES 1,429,365 MANAGEMENT AND GENERAL EXPENSES 99,012 FUNDRAISING EXPENSES 30,262 TOTAL EXPENSES 1,558,639 SUPPLIES PROGRAM SERVICE EXPENSES 1,493,837 MANAGEMENT AND GENERAL EXPENSES 30,743 FUNDRAISING EXPENSES 1,760 TOTAL EXPEN SES 1,526,340 AUTOMOBILE EXPENSES PROGRAM SERVICE EXPENSES 1,445,953 MANAGEMENT AND GEN ERAL EXPENSES 63,634 FUNDRAISING EXPENSES 4,283 TOTAL EXPENSES 1,513,870 REPAIR & MAINT ENANCE PROGRAM SERVICE EXPENSES 1,228,466 MANAGEMENT AND GENERAL EXPENSES 161,958 FUNDR AISING EXPENSES 1,550 TOTAL EXPENSES 1,391,974 RECRUITEMENT PROGRAM SERVICE EXPENSES 1, 188,360 MANAGEMENT AND GENERAL EXPENSES 126,972 FUNDRAISING EXPENSES 32,558 TOTAL EXPEN SES 1,347,890 PUBLICITY PROGRAM SERVICE EXPENSES 1,268,285 MANAGEMENT AND GENERAL EXPEN SES 47,412 FUNDRAISING EXPENSES 6,062 TOTAL EXPENSES 1,321,759 PROPERTY TAXES PROGRAM SERVICE EXPENSES 782,062 MANAGEMENT AND GENERAL EXPENSES 260,402 FUNDRAISING EXPENSES 8, 837 TOTAL EXPENSES 1,051,301 DUES & SUBSCRIPTION PROGRAM SERVICE EXPENSES 899,454 MANA GEMENT AND GENERAL EXPENSES 94,991 FUNDRAISING EXPENSES 9,866 TOTAL EXPENSES 1,004,311 SECURITY EXPENSE PROGRAM SERVICE EXPENSES 913,977 MANAGEMENT AND GENERAL EXPENSES 21,042 FUNDRAISING EXPENSES 2,698 TOTAL EXPENSES 937,717 UTILITIES PROGRAM SERVICE EXPENSES 779,990 MANAGEMENT AND GENERAL EXPENSES 150,199 FUNDRAISING EXPENSES 828 TOTAL EXPENSES 931,017 BANK CHARGES PROGRAM SERVICE EXPENSES 742,233 MANAGEMENT AND GENERAL EXPENSES 165,250 FUNDRAISING EXPENSES 16,316 TOTAL EXPENSES 923,799 TAXES & LICENSES PROGRAM SE RVICE EXPENSES 836,127 MANAGEMENT AND GENERAL EXPENSES 70,681 FUNDRAISING EXPENSES 1,757 TOTAL EXPENSES 908,565 COM SOFTWARE - NON CAPITALIZED PROGRAM SERVICE EXPENSES 814,470 MANAGEMENT AND GENERAL EXPENSES 23,139 FUNDRAISING EXPENSES 984 TOTAL EXPENSES 838,593 COMPUTER EQUIPMENT - NON CAPITAL PROGRAM SERVICE EXPENSES 648,572 MANAGEMENT AND GENER AL EXPENSES 132,979 FUNDRAISING EXPENSES 3,944 TOTAL EXPENSES 785,495 DATA TRANSPORT P ROGRAM SERVICE EXPENSES 700,32

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 24E	7 MANAGEMENT AND GENERAL EXPENSES 69,255 FUNDRAISING EXPENSES 5,555 TOTAL EXPENSES 775, 137 EQUIPMENT RENTAL PROGRAM SERVICE EXPENSES 402,357 MANAGEMENT AND GENERAL EXPENSES 7 5,414 FUNDRAISING EXPENSES 9,779 TOTAL EXPENSES 487,550 EDUCATION/TRAINING PROGRAM SER VICE EXPENSES 416,672 MANAGEMENT AND GENERAL EXPENSES 15,192 FUNDRAISING EXPENSES 2,582 TOTAL EXPENSES 434,446 STATE TAXES PROGRAM SERVICE EXPENSES 409,234 MANAGEMENT AND GEN ERAL EXPENSES 156 FUNDRAISING EXPENSES 7 TOTAL EXPENSES 409,397 EQUIPMENT MAINTENANCE PROGRAM SERVICE EXPENSES 303,684 MANAGEMENT AND GENERAL EXPENSES 96,848 FUNDRAISING EXPE NSES 167 TOTAL EXPENSES 400,699 PATIENT INCENTIVES PROGRAM SERVICE EXPENSES 387,268 MA NAGEMENT AND GENERAL EXPENSES 8,508 FUNDRAISING EXPENSES 6 TOTAL EXPENSES 395,782 EQUIP MENT - NON CAPITALIZED PROGRAM SERVICE EXPENSES 388,891 MANAGEMENT AND GENERAL EXPENSES 3,879 FUNDRAISING EXPENSES 103 TOTAL EXPENSES 392,873 STORAGE EXPENSE PROGRAM SERVICE EXPENSES 332,608 MANAGEMENT AND GENERAL EXPENSES 48,200 FUNDRAISING EXPENSES 3,437 TOTA L EXPENSES 384,245 REFUSE SERVICES PROGRAM SERVICE EXPENSES 351,323 MANAGEMENT AND GENE RAL EXPENSES 5,292 FUNDRAISING EXPENSES 13 TOTAL EXPENSES 356,628 PARKING VALIDATION P ROGRAM SERVICE EXPENSES 343,766 MANAGEMENT AND GENERAL EXPENSES 9,895 FUNDRAISING EXPENS ES 411 TOTAL EXPENSES 354,072 FURNITURE & FIXTURE-NON CAPITALIZED PROGRAM SERVICE EXPEN SES 318,964 MANAGEMENT AND GENERAL EXPENSES 27,851 FUNDRAISING EXPENSES 344 TOTAL EXPEN SES 347,159 (GAIN)/LOSS-FOREIGN EXCHANGE PROGRAM SERVICE EXPENSES 318,087 MANAGEMENT AN D GENERAL EXPENSES 19 FUNDRAISING EXPENSES 1 TOTAL EXPENSES 318,107 RENOVATION PROGRAM SERVICE EXPENSES 258,959 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTA L EXPENSES 258,959 KITCHEN EXPENSES PROGRAM SERVICE EXPENSES 207,961 MANAGEMENT AND GEN ERAL EXPENSES 6,876 FUNDRAISING EXPENSES 106 TOTAL EXPENSES 214,943 MVM STRATEGY GROUP LLC PROGRAM SERVICE EXPENSES 160,527 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPE NSES 0 TOTAL EXPENSES 160,527 GIFTS/FLOWER PROGRAM SERVICE EXPENSES 75,989 MANAGEMENT AND GENERAL EXPENSES 15,144 FUNDRAISING EXPENSES 1,849 TOTAL EXPENSES 92,982 FINES AND FEES PROGRAM SERVICE EXPENSES 86,579 MANAGEMENT AND GENERAL EXPENSES 599 FUNDRAISING EX PENSES 72 TOTAL EXPENSES 87,250 HARRIS MARKETING GROUP PROGRAM SERVICE EXPENSES 30,296 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 30,296 LOSS FR OM THEFT - RX PROGRAM SERVICE EXPENSES 17,447 MANAGEMENT AND GENERAL EXPENSES 1,213 FUN DRAISING EXPENSES 44 TOTAL EXPENSES 18,704 PROJECT ASSETS PROGRAM SERVICE EXPENSES 15,7 56 MANAGEMENT AND GENERAL EXPENSES 1,040 FUNDRAISING EXPENSES 47 TOTAL EXPENSES 16,843 LAUNDRY PROGRAM SERVICE EXPENSES 16,704 MANAGEMENT AND GENERAL EXPENSES 16 FUNDRAISING EXPENSES 1 TOTAL EXPENSES 16,721 COMMITTEE ON PHRAMACEUTICALS PROGRAM SERVICE EXPENSES 15,000 MANAGEMENT AND GENERA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 24E	L EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 15,000 CUTTING EDGE CAMPAIGN LTD PR OGRAM SERVICE EXPENSES 10,000 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 10,000 DISCOUNT PROGRAM SERVICE EXPENSES 6,204 MANAGEMENT AND GENERAL EX PENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 6,204 EMPLOYEE REIMBURSABLE PROGRAM SER VICE EXPENSES 50 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSE S 50 (GAIN)/LOSS PROGRAM SERVICE EXPENSES -1,597,858 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES -1,597,858

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN NET ASSETS OF AFFILIATES -17,131,244

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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. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

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) AHF CHINA LLC 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028 47-5544483	HEALTH CARE	CA	0	0	AIDS HEALTHCARE FOUNDATION

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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No

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) Disproprtionate 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

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) Section 512(b)(13) controlled entity? Yes	(i) No
(1)AIDS HEALTHCARE FOUNDATION KENYA	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	KE	AIDS HEALTHCARE FOUNDATION	C			100 000 %	Yes	
(2)AHF UGANDA CARES LIMITED	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	UG	AIDS HEALTHCARE FOUNDATION	C			100 000 %	Yes	

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the orgranization 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		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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) Disproprtionate 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	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 95-4112121
Name: AIDS HEALTHCARE FOUNDATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028 20-8572701	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	FL	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION		No
(1) 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028 20-8744009	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	FL	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION		No
(2) 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028 95-4582918	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	CA	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION		No
(3) 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028 95-4607931	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	CA	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION		No
(4) 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028 46-1454134	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	TX	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION		No
(5) 2829 EUCLID AVENUE CLEVELAND, OH 44115 34-1433612	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	OH	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION		No
(6) 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028 46-2690306	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	NY	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION		No
(7) 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028 94-3177103	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	CA	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION		No
(8) 161-21 JAMAICA AVE 6TH FLOOR JAMAICA, NY 11432 11-2837894	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	NY	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION		No
(9) 10420 S HALSTED CHICAGO, IL 60628 36-3532259	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	IL	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION		No
(10) 1605 PEACHTREE ST NE ATLANTA, GA 30309 58-1537967	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	GA	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	AHF MCO OF FLORIDA INC	Q	12,232,874	BOOK
(1)	AHF HEALTHCARE CENTERS	Q	12,887,112	BOOK
(2)	AIDS HEALTHCARE FOUNDATION MCO OF FLORIDA	B	21,350,000	BOOK
(3)	AIDS HEALTHCARE FOUNDATION DISEASE MGMT OF FLORIDA INC	B	314,094	BOOK
(4)	AIDS HEALTHCARE FOUNDATION TEXAS	B	469,900	BOOK
(5)	AIDS TASKFORCE OF GREATER CLEVELAND	B	429,680	BOOK
(6)	AJS BROOKLYN MED PRACTICE INVESTMENT	B	582,097	BOOK
(7)	HIV IMMUNOTHERAPEUTIC INC	B	100,000	BOOK
(8)	SOUTHSIDE HELP CENTER INC	B	100,000	BOOK
(9)	AIDS HEALTHCARE CENTERS	B	100,000	BOOK
(10)	AIDS ATLANTA INC	B	170,000	BOOK
(11)	AIDS TASKFORCE OF GREATER CLEVELAND	J	96,094	BOOK
(12)	WOMEN ORGANIZED TO RESPOND TO LIFE-THREATENING DISEASES	J	79,370	BOOK
(13)	AIDS CENTER OF QUEENS COUNTY	K	71,993	BOOK