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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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

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 ▶

D Employer identification number

95-4112121

E Telephone number

(323) 860-5200

G Gross receipts \$ 1,141,795,799

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

Activities & Governance

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

19

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

18

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

5

2,091

6 Total number of volunteers (estimate if necessary)

6

0

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

0

7b Net unrelated business taxable income from Form 990-T, line 34

7b

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

21,659,826

25,101,233

9 Program service revenue (Part VIII, line 2g)

70,715,184

1,100,141,866

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

1,018,400

1,980,679

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

278,949,398

2,972,617

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

372,342,808

1,130,196,395

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

6,223,779

8,482,524

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)

131,797,537

153,660,901

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶3,914,277

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

176,633,906

907,460,899

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

314,655,222

1,069,604,324

19 Revenue less expenses Subtract line 18 from line 12

57,687,586

60,592,071

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

405,091,606

472,173,979

21 Total liabilities (Part X, line 26)

136,661,853

150,064,231

22 Net assets or fund balances Subtract line 21 from line 20

268,429,753

322,109,748

Part II Signature Block

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

Sign Here

Signature of officer

2020-03-10

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

Firm's name ▶ VASQUEZ & COMPANY LLP

Firm's EIN ▶ 33-0700332

Firm's address ▶ 655 N CENTRAL AVE STE 1550

Phone no (213) 873-1700

GLENDALE, CA 91203

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 1,042,105,683 including grants of \$ 8,482,524) (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 1,042,105,683

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? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>	Yes	
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? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
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? <i>If "Yes," complete Schedule R, Part VI</i>		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	Yes	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1,446
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	2,091
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	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 If "Yes," enter the name of the foreign country ►, UG, RW, KE, NI, ET, MI, DR, PM, BL, ID, RP, MZ		
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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		
	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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	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
7b	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, GA

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

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

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

[illegible]

[illegible]

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 ▶ 280

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
LABORATORY CORPORATION OF AMERICA HOLDIN PO BOX 2270 BURLINGTON, NC 27216	LAB SERVICES	6,810,886
CAREERSTAFF UNLIMITED LLC PO BOX 301076 DALLAS, TX 753031076	STAFFING SERVICES	2,503,708
CEDAR SINAI MEDICAL CENTER PO BOX 512480 LOS ANGELES, CA 900510480	MEDICAL SERVICES	2,259,299
UNIVERSITY OF SOUTHERN CALIFORNIA FILE 749240 LOS ANGELES, CA 90074	MEDICAL SERVICES	1,239,618
KILROY REALTY LP 12200 W OLYMPIC BLVD STE 200 LOS ANGELES, CA 90064	PROPERTY MANAGEMENT	1,143,172

Form 990 (2017)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☒

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	19,015,749		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,085,484		
	g Noncash contributions included in lines 1a-1f \$		1,016,499		
	h Total. Add lines 1a-1f		25,101,233		
Program Service Revenue		Business Code			
	2a PHARMACY REVENUE	621400	1,030,597,409	1,030,597,409	
	b MEDICARE REVENUE	621400	43,245,923	43,245,923	
	c INCOME FROM AFFILIATES	621400	18,946,141	18,946,141	
	d PATIENT SERVICE REVENUE	621400	7,352,393	7,352,393	
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		1,100,141,866		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,980,679		1,980,679
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents	(i) Real (ii) Personal			
		1,074,829			
	b Less rental expenses	0			
	c Rental income or (loss)	1,074,829			
	d Net rental income or (loss)		1,074,829	1,074,829	
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	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 1,564,496			
	b Less direct expenses	b 1,765,513			
	c Net income or (loss) from fundraising events		-201,017		-201,017
	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 10,420,670				
b Less cost of goods sold	b 9,833,891				
c Net income or (loss) from sales of inventory		586,779	586,779		
Miscellaneous Revenue	Business Code				
11a GAIN ON INVESTMENT	900099	1,026,441	1,026,441		
b OTHER INCOME	900099	485,585	485,585		
c					
d All other revenue					
e Total. Add lines 11a-11d		1,512,026			
12 Total revenue. See Instructions		1,130,196,395	1,103,315,500	0	1,779,662

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	7,685,688	7,685,688		
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.	796,836	796,836		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	5,410,210	5,410,210		
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.	109,371,287	100,136,924	7,885,559	1,348,804
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,477,265	2,323,508	123,392	30,365
9 Other employee benefits.	27,298,245	25,712,433	1,391,703	194,109
10 Payroll taxes.	9,103,894	8,464,124	546,966	92,804
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).	98,872,619	94,384,296	4,040,516	447,807
12 Advertising and promotion.	16,800,013	15,825,039	660,540	314,434
13 Office expenses.	1,913,306	1,906,571		6,735
14 Information technology.				
15 Royalties.				
16 Occupancy.	11,339,095	10,304,559	1,014,326	20,210
17 Travel.	9,414,599	8,374,628	887,547	152,424
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,035,053	1,010,498	23,842	713
20 Interest.	1,188,896	834,112	349,470	5,314
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	12,776,619	9,726,370	3,015,600	34,649
23 Insurance.	1,608,273	1,306,391	299,782	2,100
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 PHARMACY COST	675,366,228	675,366,228		
b CUTTING EDGE CAMPAIGN L	20,081,423	20,081,416	7	
c ORGANIZATION EVENT	10,406,393	9,200,136	110,649	1,095,608
d TELEPHONE	6,055,892	5,445,729	594,474	15,689
e All other expenses	40,602,490	37,809,987	2,639,991	152,512
25 Total functional expenses. Add lines 1 through 24e.	1,069,604,324	1,042,105,683	23,584,364	3,914,277
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 SheetCheck 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		63,135,801	2	32,620,381	
	3	Pledges and grants receivable, net		9,165,526	3	8,433,226	
	4	Accounts receivable, net		68,925,644	4	72,143,162	
	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		26,498,770	8	30,843,334	
	9	Prepaid expenses and deferred charges		29,063,929	9	22,967,807	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	199,797,664			
	b	Less: accumulated depreciation	10b	61,370,873	107,833,909	10c	138,426,791
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		78,775,639	12	142,652,876	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		21,692,388	15	24,086,402	
16	Total assets. Add lines 1 through 15 (must equal line 34)		405,091,606	16	472,173,979		
Liabilities	17	Accounts payable and accrued expenses		86,995,926	17	107,350,964	
	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		24,812,001	23	22,139,551	
	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		24,853,926	25	20,573,716	
	26	Total liabilities. Add lines 17 through 25		136,661,853	26	150,064,231	
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		268,021,554	27	321,806,096	
	28	Temporarily restricted net assets		408,199	28	303,652	
	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		268,429,753	33	322,109,748		
34	Total liabilities and net assets/fund balances		405,091,606	34	472,173,979		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,130,196,395
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,069,604,324
3	Revenue less expenses Subtract line 2 from line 1	3	60,592,071
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	268,429,753
5	Net unrealized gains (losses) on investments	5	1,355,041
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	-8,267,117
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	322,109,748

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

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ 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? 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		No
b Were the organization's financial statements audited by an independent accountant? 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	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	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	Yes	

Additional Data

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

Form 990 (2017)

Form 990, Part III, Line 4a:

THE FOUNDATION HAS A NETWORK OF 48 OUTPATIENT HEALTHCARE CENTERS AND 46 PHARMACIES LOCATED 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, TESTED, DIAGNOSED AND TREATED. MOREOVER, THE FOUNDATION ALSO OPERATES OVER 400 HEALTHCARE CENTERS OUTSIDE OF THE UNITED STATES. IN ADDITION, THE FOUNDATION OPERATES 21 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. IN 2017, THE FOUNDATION PURCHASED TWO PROPERTIES IN LOS ANGELES TO PROVIDE VERY LOW INCOME AND TRANSITIONAL HOUSING.

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	4 00	X		X				432,828	0	2,500
WILLIAM ARROYO MD BOARD MEMBER	4 00	X						0	0	0
KEN BENTLEY BOARD MEMBER	4 00	X						0	0	0
DIANA HOORZUK VICE CHAIR (DOMESTIC)	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
STEPHEN KARAU MD BOARD MEMBER	4 00	X						0	0	0
CONDESSA M CURLEY MD MPH FAAFP BOARD MEMBER	4 00	X						0	0	0
ANGELINA WAPAKHABULO 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
COREY LYONS BOARD MEMBER	4 00	X						0	0	0
PETER REIS VICE PRESIDENT	40 00			X				255,755	0	5,000

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			
THOMAS A MYERS CHIEF COUNSEL/PUBLIC AFFAI	40 00			X				251,046	0	2,500
DONNA STIDHAM CHIEF MANAGED CARE	40 00			X				236,875	0	2,500
LYLE HONIG CHIEF FINANCIAL OFFICER	40 00			X				237,273	0	5,000
KENNETH SCOTT CARRUTHERS CHIEF OF PHARMACY	40 00			X				238,541	0	0
JONATHAN PETRUS CHIEF/NATIONAL BUREAU & IN	40 00			X				215,310	0	0
ANITA CASTILLE VICE PRESIDENT OF HUMAN RE	40 00			X				190,737	0	5,000
SAMANTHA A GRANBERRY VICE PRESIDENT OF SALES &	40 00			X				189,188	0	3,784
WHITNEY ENGERAN SR DIR OF PUBLIC HEALTH	40 00			X				182,388	0	1,594
PENNINAH LUTUNG BUREAU CHIEF AFRICA	40 00			X				90,899	0	0
MICHAEL KAHANE BUREAU CHIEF SOUTHERN REGI	40 00			X				239,482	0	5,000

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 WOHLFEILER CHIEF MEDICAL DIRECTOR	40 00			X				352,849	0	5,000
DONNA TEMPESTA VICE PRES NORTHERN REGION & FINANCE	40 00			X				244,497	0	5,000
TERRI FORD CHIEF OF GLOBAL ADVOCACY & POLICY	40 00			X				191,114	0	5,000
ROBERT HEGLAR DEPUTY CHIEF MEDICAL OFFIC	40 00				X			325,769	0	2,000
ADAM CARL ZWEIG REGIONAL MEDICAL DIRECTOR	40 00				X			245,642	0	2,000
MATHEW HEIN PHARMACY SALES REPRESENTAT	40 00					X		273,588	0	2,000
WAREF AZMEH MEDICAL DIRECTOR	40 00					X		259,572	0	5,000
MICHELLE R POWELL PHYSICIAN	40 00					X		258,328	0	5,000
EMMANUEL N VERGIS MEDICAL DIRECTOR	40 00					X		249,692	0	1,000
CARL EVANS MILLNER MEDICAL DIRECTOR	40 00					X		248,837	0	1,000

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

2017

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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2017

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	23,478,538	18,814,883	20,660,274	21,659,826	25,101,233	109,714,754
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	64,817,326	65,932,976	78,057,264	70,715,184	1,100,141,866	1,379,664,616
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	88,295,864	84,747,859	98,717,538	92,375,010	1,125,243,099	1,489,379,370
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.)						1,489,379,370

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	88,295,864	84,747,859	98,717,538	92,375,010	1,125,243,099	1,489,379,370
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	255,518	395,992	690,477	1,018,400	1,980,679	4,341,066
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	255,518	395,992	690,477	1,018,400	1,980,679	4,341,066
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.)	121,435,157	176,371,132	218,088,495	278,949,398	2,972,617	797,816,799
13	Total support. (Add lines 9, 10c, 11, and 12.)	209,986,539	261,514,983	317,496,510	372,342,808	1,130,196,395	2,291,537,235
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 2017 (line 8, column (f) divided by line 13, column (f))	15	64 990 %
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	34 820 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0 190 %
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	0 270 %

19a 33 1/3% support tests—2017. 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—2016. 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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).		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

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

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

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

2017

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 AIDS HEALTHCARE FOUNDATION	Employer identification number 95-4112121
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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 (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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-
1				
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

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

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-

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) 2014	(b) 2015	(c) 2016	(d) 2017	(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)		(b)
		Yes	No	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		20,256,993
j	Total. Add lines 1c through 1i			20,256,993
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
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As Filed Data -

DLN: 93493076000380

SCHEDULE D

(Form 990)

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

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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.

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

(a) Donor advised funds

(b) Funds and other accounts

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

2a

2b

2c

2d

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

1b

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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		48,881,045		48,881,045
b Buildings		49,785,579	8,106,159	41,679,420
c Leasehold improvements		23,108,933	14,103,844	9,005,089
d Equipment		72,199,563	39,160,870	33,038,693
e Other		5,822,544		5,822,544
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				138,426,791

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	135,824,765	C
(C) CASH DEPOSITS FOR FL HMO CONTRACT	300,000	C
(D) RESTRICTED DEPOSIT - GEORGIA	4,000,000	C
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	142,652,876	

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	24,086,402
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	24,086,402

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	17,618,697
DEFERRED RENT	2,790,833
INTEREST SWAP	164,186
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	20,573,716

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	1,296,909,110
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	1,355,041
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	198,397,824
e	Add lines 2a through 2d	2e	199,752,865
3	Subtract line 2e from line 1	3	1,097,156,245
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	33,040,150
c	Add lines 4a and 4b	4c	33,040,150
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,130,196,395

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	1,243,229,115
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	174,274,531
e	Add lines 2a through 2d	2e	174,274,531
3	Subtract line 2e from line 1	3	1,068,954,584
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	649,740
c	Add lines 4a and 4b	4c	649,740
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,069,604,324

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 ITS TAX POSITIONS AND THE CERTAINTY AS TO WHETHER THOSE POSITIONS WILL BE SUSTAINED IN THE EVENT OF AN AUDIT BY TAXING AUTHORITIES AT THE FEDERAL AND STATE LEVELS THE PRIMARY TAX POSITIONS EVALUATED RELATE TO THE FOUNDATIONS CONTINUED QUALIFICATION AS A TAX-EXEMPT ORGANIZATION AND WHETHER THERE ARE UNRELATED BUSINESS INCOME ACTIVITIES THAT WOULD BE TAXABLE MANAGEMENT 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 INCOME 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 2013

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	PROGRAM SERVICE REVENUE FOR AHF AFFILIATES 175,139,804 COST OF SALES 9,833,891 INTERCOMPANY EXPENSES 13,424,129

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	INTERCOMPANY REVENUE 32,370,269 INTERCOMPANY ADJUSTMENT 669,881

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF SALES 9,833,891 PROGRAM SERVICE EXPENSES FOR AFFILIATES 164,440,640

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	INTERCOMPANY ADJUSTMENT 649,740

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
AIDS HEALTHCARE FOUNDATION

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.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

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 Activities 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
See Add'l Data					
3a Sub-total	204	1,635			67,523,319
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	204	1,635			67,523,319

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.

[illegible]

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.

[illegible]

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, do not file with Form 990)* ☐ 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, do not file with Form 990)* ☐ Yes ☒ No

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).

ReturnReference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 95-4112121

Name: AIDS HEALTHCARE FOUNDATION

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	21	133	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENT	6,103,186
SOUTH ASIA	11	77	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENT	2,505,293

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
NORTH AMERICA	10	56	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENT	3,015,703
CENTRAL AMERICA AND THE CARIBBEAN	1	4	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENT	3,550,937

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
RUSSIA AND NEIGHBORING STATES	4	17	PROGRAM SERVICES	HEALTH CARE FOR HIV PATIENTS	4,715,850
SUB-SAHARAN AFRICA	151	1,284	PROGRAM SERVICES	HEALTH CARE FOR HIV PATIENTS	40,242,827

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 (INCLUDING ICELAND & GREENLAND)	3	18	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	2,012,210
SOUTH AMERICA	3	46	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	5,377,313

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 DEVELOP AND MOBILIZE YOUTHS FROM PWID AND PLHIV IN SUSTAINED HIV PREVENTION ACTIVITIES	10,407	WIRE TRANSFER			BOOK
		RUSSIA AND NEIGHBORING STATES	TO DECREASE THE RATE OF HIV TRANSMISSION AMONG MSM IN KYIV BY SUSTAINING QUALITY SCREENING AND REFERRAL SERVICES, PROVIDING INFORMATION AND PROMOTING SAFER SEX PRACTICES AMONG YOUNG MSM	7,406	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 PROVIDE ACCESS TO TESTING AND TREATMENT OF HIV/AIDS TO A WIDE RANGE OF PEOPLE, INCLUDING RISK GROUPS (IDU, CSW, MSM, MIGRANTS, VULNERABLE YOUTH, PEOPLE WITH ALCOHOL ADDICTION) LIVING IN THE CITY OF BIYSK AND THE BIYSK MEDICAL-GEOGRAPHICAL ZONE	9,558	WIRE TRANSFER			BOOK
		CENTRAL AMERICA AND THE CARIBBEAN	TO CONTRIBUTE TO THE PREVENTION OF NEW HIV INFECTIONS, ACCOMPANIMENT OF PEOPLE LIVING WITH HIV, REDUCE GENDER-BASED BULLYING AND HATE CRIMES IN RURAL COMMUNITIES IN THE DEPARTMENT CALBANAS	18,605	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	IDENTIFY WOMEN SEX LEADERS, IN THREE REGIONS OF PERU AND DEVELOP THEIR CAPACITIES AND ABILITES TO INTEGRATE THE ORGANIZATION AND INITIATE ACTION TO DEFEND THEIR LABORAL RIGHTS FOR A COMPREHENSIVE HEALTH WITH EMPHASIS ON HIV PREVENTION	9,940	WIRE TRANSFER			BOOK
		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	6,993	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 LEAD MSM GROUP LEADERSHIP AND EMPOWERMENT TO ADVOCATE HIV REGULATION AND HUMAN RIGHT	6,667	WIRE TRANSFER			BOOK
		NORTH AMERICA	CONTRIBUTE TO THE STRENGTHEN AND PROFESSIONALIZATION OF THE ONG IN VALLADOLID AND THE EAST REGION BY MEASURING AND ATTENDING THEIR TRAINING AND ASSESSMENT NEEDS, FUND RAISING AND INTER SECTORIAL LINKING, PROMOTING A PHILANTHROPIC CULTURE THAT MAXIMIZE THE EXECUTION OF SOCIAL PROGRAMS	7,085	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 SUPPORT TESTING OF IDUS TRYING TO STAY IN REMISSION	12,241	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	7,507	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 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	16,667	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	TO HELP REDUCE HIV-RELATED STIGMA AND DISCRIMINATION THROUGH SELF-HELP GROUPS APPROACH	7,470	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 SUSTAINABLE INCOME GENERATION PROGRAM FOR PLHA AND ORGANIZATION DP HAS PLANNED TO PROVIDE AGRICULTURAL AND LIVE STOCK PROGRAM FOR SUSTAINABILITY OF ORGANIZATION AND UPLIFT THE LIVING STANDARD OF PLHA IN THE DISTRICT "	5,185	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	TO CONTRIBUTE TO REDUCTION OF HIV/AIDS AMONG COMMUNITY MEMBERS IN KAKUUTO SUB COUNTY IN RAKAI DISTRICT	5,000	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)
		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	20,000	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	TO SUPPORT INCREASED ACCESS TO SRH-HIV SERVICES TO THE UNDERSERVED POPULATIONS	28,521	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)
		NORTH AMERICA	TO TRAIN 6 TRANS PEOPLE AS HEALTH PROMOTERS, IN ORDER FOR THEM TO GUIDE AND PROVIDE INFORMATION, AS WELL AS CARRYING OUT HIV DIAGNOSTIC TESTS, TO APPLY AT LEAST 500 QUICK-HIV-TESTS TO TRANS WOMEN IN THE COUNTY OF IZTAPALAPA, AND TO PERFORM AT LEAST 500 SURVEYS REGARDING THE WORK STATUS OF TRANS WOMEN SEX WORKERS	13,000	WIRE TRANSFER			BOOK
		SOUTH ASIA	TO SUPPORT THE IMPROVEMENT OF NUTRITION AMONG PEOPLE LIVING WITH HIV/AIDS IN ACHHAM DISTRICT, NEPAL	13,469	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 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	13,667	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	TO SUPPORT HIV POSITIVE ADOLESCENTS TO ADHERE TO TREATMENT, ACHIEVE VIRAL SUPPRESSION, HAVE INCREASED ACCESS TO SERVICES, AND LEAD HEALTHY AND HAPPY LIVES	8,334	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	CONTRIBUTE TO RETENTION AND ADHERENCE TO TREATMENT OF PEOPLE LIVING WITH HIV RECEIVING COMPREHENSIVE CARE SERVICES	16,618	WIRE TRANSFER			BOOK
		EAST ASIA AND THE PACIFIC	TO IMPROVE ACCESS FOR HEALTH CARE SEVICES FOR MARPS AND PLHIV IN HOTSPOT ODS IN CAMBODIA	13,392	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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	"TO SUPPORT THE SUSTAINABILITY OF HIV PROGRAMS FOR KEY AFFECTED GROUPS IN THE SOUTHEAST EUROPE	14,529	WIRE TRANSFER			BOOK
		CENTRAL AMERICA AND THE CARIBBEAN	TO ERADICATE HIV STIGMA AND DISCRIMINATION IN THE COMMUNITY OF GRAND BAHAMA	17,000	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)
		SUB-SAHARAN AFRICA	TO REDUCE THE VULNERABILITY OF HIGH SCHOOL STUDENTS TO HIV AND STIS	6,326	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	TO CONTRIBUTE TO THE REDUCTION OF THE SPREAD OF HIV/AIDS IN COMMUNITIES THROUGH INCREASED ACCESS TO QUALITATIVE AND COMPREHENSIVE SERVICES AND IMPROVE THE QUALITY OF LIVES USING INNOVATIVE INTERVENTIONS IN A SUSTAINABLE MANNER	15,350	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	7,500	WIRE TRANSFER			BOOK
		SOUTH ASIA	TO SUPPORT PROVISION OF MEDICATIONS TO PLHIVS FOR OIS, STIS, ANEMIA, AND PROTEIN ENERGY MALNUTRITION	5,824	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 OPERATE A MULTI-PROFESSIONAL TEAM (MPT), WHERE EXPERTS WORK ON THE FORMATION AND PRESERVATION OF ADHERENCE TO ART	9,500	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	TO CREATE PROMISING YOUTH THAT COULD WORK SOMETHING FOR ALL EFFORTS TOWARDS THE COUNTRY ECONOMIC, SOCIAL AND POLITICAL DEVELOPMENT	19,209	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 SKILLS, SUPPORT AND MENTORSHIP TO VULNERABLE GIRLS AND BOYS IN MARIANNRIDGE THAT BUILDS CONFIDENCE, COMPETENCE AND KNOWLEDGE TO MAKE HEALTHY LIFE CHOICES	8,334	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	TO IMROVE QUALITY CARE THROUGH PEER EDUCATION FOR HIV PREVENTION, ADHERENCE, REFERRAL AND LINKAGES	7,494	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 ORIENT STUDENTS OF AGE GROUP 15-24 FROM SCHOOL/COLLEGES TO PREVENT HIV AT KATHMANDU AND LALITPUR DISTRICTS	4,995	WIRE TRANSFER			BOOK
		EAST ASIA AND THE PACIFIC	TO PROMOTE COMPREHENSIVE AND INTEGRATED CARE , COUNSELING AND SUPPORT PROGRAM FOR THE NEEDIEST PEOPLE INFECTED OR AFFECTED BY HIV AS WELL AS PREVENTIVE ACTIVITIES FOR THE MOST AT RISK POPULATION SUCH AS AWARENESS RAISING GATHERINGS, HEALTH EDUCATION AND PROMOTION AND PROVISION OF IEC AND CONDOMS	14,267	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 UPDATE AND ORIENT COMMUNITY BASED ORGANIZATIONS ABOUT SDG-3/ NATIONAL HEALTH STRATEGY PLANS ON HIV AND AIDS TO ALL THE COMMUNITY BASED ORGANIZATIONS	16,603	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	TO CREATE AWARENESS OF HIV AND LIFE SKIL AMONG 100 PLHIV YOUTH AGE RANGE BETWEEN 15-24 BY THE END OF THE YEAR	9,077	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 EMPOWER ADOLESCENTS LIVING WITH HIV (ALHIV) WITH ADVOCACY SKILLS TO REDUCE STIGMA, IMPROVE ACCESS TO HIV PREVENTION AND TREATMENT INTERVENTIONS, INCREASE DEMAND FOR ACCESS TO SEXUAL REPRODUCTIVE HEALTH OPTIONS AND IMPROVE THEIR QUALITY OF LIFE	8,333	WIRE TRANSFER			BOOK
		CENTRAL AMERICA AND THE CARIBBEAN	TO STRENGTHEN PREVENTION, DETECTION AND ACCESS TO QUALITY HEALTH CARE FOR HIV AND AIDS, IN THE DEPARTMENTS OF ALTA VERAPAZ AND PETEN	7,447	WIRE TRANSFER			BOOK

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(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 MITIGATION OF THE IMPACT OF HIV/AIDS IN FEDERAL CAPITAL TERRITORY ABUJA HOLISTIC ACTION AGAINST HIV/AIDS	8,076	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	TO WORK WITH VULNERABLE GROUPS (WOMEN, YOUTH AND CHILDREN) THROUGH HEALTH CARE DELIVERY AND POVERTY REDUCTION	14,000	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)
		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	17,332	WIRE TRANSFER			BOOK
		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	14,670	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 ADOLESCENTS AND YOUNG WOMEN INCREASED KNOWLEDGE BASE AND SKILLS IN RESPECT TO HIV AND FAMILY PLANNING (FP) (FOR YOUNG WOMEN)	8,334	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	TO FIGHT STIGMA, ENHANCE HIV TESTING AND EARLY DIAGNOSIS AMONG AREA RESIDENCE IN MOMBASA COUNTY AND LINK THE SERO-POSITIVE INDIVIDUALS AND ENSURE ADHERENCE TO TREATMENT THROUGH THE USE OF PEER NAVIGATORS	17,931	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 A CARING, SUPPORTIVE ENVIRONMENT FOR THE STREET CHILDREN TO FEEL SAFE, RESPECTED AND EMPOWERED TO WORK IN PARTNERSHIP WITH OUR TEAM TO DEVELOP INTO HEALTHY (HIV FREE, OR EFFECTIVELY MANAGING HIV DISEASE) ADULTS AND CONTRIBUTORS TO THEIR COMMUNITY AND TO ESTABLISH A SUPPORT MODEL FOR OTHERS TO REPLICATE	5,000	WIRE TRANSFER			BOOK
		SOUTH ASIA	TO CONTRIBUTE TO THE UPLIFTING OF DIFFERENT SKILLS GENERATING OF PLHIV AND PWID THROUGH VARIOUS ACTIVITIES TO MAKE THEM SELF RELIANT	7,469	WIRE TRANSFER			BOOK

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

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		RUSSIA AND NEIGHBORING STATES	REDUCE THE NEGATIVE EFFECTS OF HIV ON THE LIVES AND HEALTH OF HOMELESS PEOPLE IN ST PETERSBURG	8,121	WIRE TRANSFER			BOOK
		SOUTH ASIA	TO SENSITIZE THE ISSUE OF HIV/AIDS AND TRY TO END SOCIAL STIGMA AGAINST THE PEOPLE LIVING WITH HIV AND AIDS (PLHA) AND MAKE MEANINGFUL EFFORTS TO REDUCE THE HIV RELATED STIGMA AND DISCRIMINATIONS (S&D) IN THE COMMUNITIES	10,353	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	HELP RAISE AWARENESS FOR RAPE AS IT RELATES TO HIV/AIDS	9,000	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	TO INCREASE AWARENESS ON HIV/AIDS AND EMPOWER YOUNG PEOPLE AS ADVOCATES FOR COMMUNITY SOLUTIONS ON HIV	4,021	WIRE TRANSFER			BOOK

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

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		SOUTH ASIA	TO LAUNCH "SKILL BASED FARMING TRAINING CENTER WITH RESIDENTIAL CARE AND SUPPORT" IN BHAKTAPUR DISTRICT, UNDER THE "PROVIDE ACCESS TO QUALITY HIV CARE " OF AHF	21,540	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	TO STRENGTHEN FACILITY-COMMUNITY LINKAGES FOR IMPROVED ACCESS TO STANDARDIZED COMMUNITY BASED HIV/AIDS CARE, SUPPORT, TREATMENT, PMTCT AND OVC SERVICES AND INTERVENTIONS AMONG PLHIV AND OVC	7,023	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 CONDUCT WORKSHOPS-TRAININGS BY INVOLVING TARGET POPULATIONS ACROSS THE AGRO-SETTLEMENT WITH THE MOTIVE OF AGRICULTURAL BASED DEVELOPMENT AND IMPROVE LIVESTOCK HANDLING	5,000	WIRE TRANSFER			BOOK
		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	7,480	WIRE TRANSFER			BOOK

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		EUROPE (INCLUDING ICELAND & GREENLAND)	TO DEVELOP A STRONG SUSTAINABLE COOPERATION PLATFORM FOR STAKEHOLDERS IN HIV FIELD TO CONTRIBUTE TOGETHER TO CREATE AND COORDINATE IMPLEMENTATION OF THE UNAIDS 90-90-90 STRATEGY	23,930	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	TO WORK TO ENSURE AUTONOMOUS AND SELF-ASSURED LGBTI PERSONS WHO ENGAGE IN SELF-CARE AND ARE IN CONTROL OF AND TAKE RESPONSIBILITY FOR THEIR OWN EMOTIONAL AND PHYSICAL HEALTH AND WELL-BEING AND ARE ABLE TO LIVE IN AND WITH DIGNITY	15,370	WIRE TRANSFER			BOOK

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

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		SOUTH ASIA	TO RUN COMMUNITY CARE CENTER, HOME VISIT THROUGH COMMUNITY HOME BASE CARE AND CASH SUPPORT PROGRAM FOR CHILDREN LIVING WITH HIV IN NUWAKOT DISTRICT	18,119	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	TO IMPLEMENT BEAUTY PAGEANTS IN FOUR DISTRICTS TO ADDRESS STIGMA AND DISCRIMINATION AMONG YPLHIV	9,992	WIRE TRANSFER			BOOK

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

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		EUROPE (INCLUDING ICELAND & GREENLAND)	TO ACTIVELY CONTRIBUTE TOWARDS A UNIFIED GLOBAL RESPONSE AGAINST HIV/AIDS, VIRAL HEPATITIS AND TUBERCULOSIS AS A PRIORITY THAT CAN NO LONGER BE DELAYED	8,300	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 MENDOZA 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)
		EAST ASIA AND THE PACIFIC	SUPPORT THE TEENGEN REGIONAL TRAINING OF A TRAINER AS WELL AS YOUTH LEAD FOLLOW-UP ACTIVITIES IN NEPAL AND INDONESIA	16,627	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	TO ENSURE THAT OVCS MAXIMIZE THEIR FULL POTENTIAL AND LEAD FULFILLING LIVES	12,355	WIRE TRANSFER			BOOK

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		SOUTH AMERICA	TO ENSURE THAT OVCS MAXIMIZE THEIR FULL POTENTIAL AND LEAD FULFILLING LIVES	15,056	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	IS TO CREATE AN ANNUAL FORUM THROUGH WHICH CIVIL SOCIETY ORGANISATIONS IN NIGERIA CAN INTERACT WITH FUNDERS, PROGRAMMERS AND DONORS ENGAGED WITH THE HIV RESPONSE IN NIGERIA ON ACHIEVEMENTS ON THE MILESTONES FOR THE HIV RESPONSE IN NIGERIA	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)
		SUB-SAHARAN AFRICA	TO BE ABLE TO PROVIDE ADEQUATE SHELTER AND FAVOURABLE LIVING CONDITIONS FOR THE CHILDREN OF THE VILLAGE OF HOPE AND SURROUNDING AREAS	20,000	WIRE TRANSFER			BOOK
		NORTH AMERICA	LOWER THE INCIDENCE FOR NEW HIV INFECTIONS IN INTRAVENOUS DRUG USERS IN MEXICALI, BAJA CALIFORNIA	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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO STRENGTHEN AND MAGNIFY THE IMPACT OF "POSITIVE VOICE'S" INTERVENTIONS IN THE PUBLIC SPHERE ON HIV/AIDS, MAINLY IN THE FIELDS OF ACCESS TO QUALITY TREATMENT, THE PROMOTION OF PREVENTION AND TESTING, THE BATTLE AGAINST STIGMA THAT PLHIV EXPERIENCE, AND AS WELL AS ADDRESSING THE NEEDS FOR ACCESS TO TAILORED PREVENTION INTERVENTIONS OF KEY AFFECTED POPULATIONS	15,554	WIRE TRANSFER			BOOK

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
		2017
		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

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 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?		(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
		Yes	No			
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.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		FLORIDA AIDS WALK (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,564,496			1,564,496
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	1,564,496			1,564,496
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,765,513			1,765,513
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				1,765,513
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-201,017

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
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	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

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 provide any additional information (see instructions).

Return Reference

Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493076000380

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
AIDS HEALTHCARE FOUNDATION

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

2017

Open to Public Inspection

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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
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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	5,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
BIRTHING PROJECT USA WYOMING BLVD NE 331 ALBUQUERQUE, NM 87112	80-0228391	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
VICTORY FOR THE WORLD CHURCH 1170 N HAIRSTON ROAD STONE MOUNTAIN, GA 30083	58-1757499	501 C 3	7,750		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
ADVANCE ABILITIES INC 1060 N SIERRA BONITA AVE HOLLYWOOD, CA 90046	82-2061830	501 C 3	8,334		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	5,570		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
AFRICAN SERVICES COMMITTEE 429 WEST 127TH STREET NEW YORK, NY 10027	13-3749744	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
MATERNAL AND CHILD HEALTH ACCESS 1111 W 6TH ST 4TH FLOOR LOS ANGELES, CA 90017	95-4555879	501 C 3	16,666		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
TRUEEVOLUTION 5100 QUAIL RUN RD 536 RIVERSIDE, CA 92507	26-2350778	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
AL SURA INCORPORATED 2112 8TH STREET NW STE 716 WASHINGTON, DC 20001	26-3048656	501 C 3	15,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
ANTICS 4356 WEST LAWN AVENUE LOS ANGELES, CA 90006	45-2945420	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	14,869		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
YOUTH JUSTICE COALITION 1137 E REDONDO BLVD INGLEWOOD, CA 90302	83-0466818	501 C 3	8,334		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 INTERVENTION PROJECT INC - HIP ATLANTA 477 WINDSOR ST SW SUITE 206 ATLANTA, GA 30312	80-0778138	501 C 3	8,077		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
LINKS HALL INCORPORATED 3111 N WESTERN AVENUE CHICAGO, IL 60618	36-3135652	501 C 3	6,667		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	17,535		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	8,333		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	8,283		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
METRO COMMUNITY DEVELOPMENT COPORATION 415 S PEARL AVE COMPTON, CA 90221	55-4578708	501 C 3	8,333		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	10,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
AIDS ALABAMA 3529 7TH AVE SOUTH BIRMINGHAM, AL 35222	58-1727755	501 C 3	16,666		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
AUNT RITA'S FOUNDATION 2700 N 3RD STREET STE 2012 PHOENIX, AZ 85004	41-2176501	501 C 3	13,333		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
GRIOT CIRCLE 25 FLATBUSH AVE 5TH FLOOR BROOKLYN, NY 11217	11-3364328	501 C 3	23,020		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	5,000		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
BAWN INCORPORATED 1185 COLLIER RD NW STE 1116 ATLANTA, GA 30318	41-2176501	501 C 3	7,500		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 INC 7901 NE 10TH ST SUITE A-111 MIDWEST CITY, OK 73110	73-1572221	501 C 3	16,666		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
THE RED PUMP PROJECT PO BOX 618386 CHICAGO, IL 60661	27-1537684	501 C 3	8,333		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
BLACK WOMEN FOR WELLNESS PO BOX 292516 LOS ANGELES, CA 90029	95-4624707	501 C 3	25,000		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	13,333		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
THRIVE SS INC 2577 SEMMES ST ATLANTA, GA 30344	81-1080246	501 C 3	5,000		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
BLU EDUCATIONAL FOUNDATION PO BOX 7042 SAN BERNARDINO, CA 92411	59-3823989	501 C 3	10,078		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	16,666		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
CAL-PEP INC PO BOX 71629 OAKLAND, CA 94612	94-2971732	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
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	13,333		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
CAMP LAUREL FOUNDATION INC 75 S GRAND AVE PASADENA, CA 91105	95-4429260	501 C 3	25,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
CAMP REHOBOTH INC 37 BALTIMORE AVE REHOBOTH BEACH, DE 19971	51-0331962	501 C 3	8,000		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
CAYENNE WELLNESS CENTER AND CHILDRENS FOUNDATION INC PO BOX 3856 GLENDALE GLENDALE, CA 91221	81-0621107	501 C 3	16,667		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
CHARLES R DREW UNIVERSITY 1731 E 120TH STREET LOS ANGELES, CA 90059	95-6151774		50,000		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
CITY OF CANTON OHIO 218 CLEVELAND AVE SW CANTON, OH 44702	34-6000504		24,746		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
COALITION FOR JUSTICE & RESPECT 3510 SOUTH RHODES STE 1702 CHICAGO, IL 60653	20-8856676	501 C 3	7,500		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
COALITION OF MENTAL HEALTH PROFESSIONALS 9219 S BROADWAY AVE LOS ANGELES, CA 90003	95-4395737	501 C 3	25,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
COMMUNITY COUNSELING CENTER 714 E SAHARA AVE LAS VEGAS, NV 89104	94-3119458	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
ELEVATE REVOLUTIONARY ART 3508 REYNARD WAY 46 SAN DIEGO, CA 92103	46-2538084	501 C 3	3,500		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
FRACTURED ATLAS INC 248 W 35TH ST FLOOR 10 NEW YORK, NY 10001	11-3451703		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
FROM THE HEART PRODUCTIONS INC 1455 MANDALAY BEACH ROAD OXNARD, CA 93035	95-4445418	501 C 3	10,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
GEORGETOWN UNIVERSITY 3800 RESERVOIR ROAD NW WASHINGTON, DC 20007	52-2218584		16,667		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
GLOBAL LIVINGSTON INSTITUTE 3001 BRIGHTON BLVD STE 2662 DENVER, CO 80216	45-4683531	501 C 3	33,750		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
GLOBAL REPORTERS FOR THE CARIBBEAN 5904 MANCHESTER WAY TAMARAC, FL 33321	46-1261278		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
HEALTHCARE INTEGRATED SERVICES 2220 OTAY LAKE ROAD 502-121 CHULA VISTA, CA 91915	77-0505602	501 C 3	20,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
IN THE MEANTIME MEN'S GROUP INC 2146 W ADAMS BLVD LOS ANGELES, CA 90018	74-3023604	501 C 3	16,668		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
JWCH INSTITUTE INC LOS ANGELES WOMEN'S HIV/AIDS TASK FORCE 1910 W SUNSET BLVD LOS ANGELES, CA 90012	95-2289916	501 C 3	14,200		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
LADIES OF VIRTUE 1014 E 47TH STREET CHICAGO, IL 60563	80-0530610	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
LOS ANGELES BROTHERHOOD CRUSADE 200 E SLAUSON AVE LOS ANGELES, CA 90011	95-2543819	501 C 3	20,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
MARYLAND CITIZENS' HEALTH INITIATIVE EDUCATION FUND 2600 ST PAUL STREET BALTIMORE, MD 21218	52-2173223	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
MILLENIA SCOPE ENTERTAINMENT PO BOX 6218 NORTH HOLLYWOOD, CA 91603	27-0723034		9,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
NORTHEAST OHIO AFRICAN AMERICA HEALTH NETWORK 670 LOVERS LANE AKRON, OH 44306	31-1662922	501 C 3	7,500		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
ONE HEARTLAND INC 2101 HENNEPIN AVE SOUTH STE 200 MINNEAPOLIS, MN 55405	39-1763115	501 C 3	15,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
OUT MY CLOSET INC 8128 248TH STREET BELLEROSE, NY 11426	47-3121843	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
PACIFIC PRIDE FOUNDATION 126 E HALEY ST STE A-11 SANTA BARBARA, CA 93101	95-3133613	501 C 3	20,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
PARKSIDE ECONOMIC DEVELOPMENT 4323 LEIMART BLVD LOS ANGELES, CA 90008	95-4812754	501 C 3	7,300		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
PROJECT ANGEL FOOD 922 VINE STREET LOS ANGELES, CA 90038	95-4115863	501 C 3	15,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
PUBLIC HEALTH FOUNDATION- LOS ANGELES COMMUNITY HEALTH PROJECT 626 N ALVARADO STREET LOS ANGELES, CA 90026	95-2557063	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
SAVE ADAP INC 98 HOSACK STREET COLUMBUS, OH 43207	20-5769134	501 C 3	10,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
ST JAMES SOCIAL SERVICE CORPORATION 588 MARTIN LUTHER KING JR BLVD NEWARK, NJ 07102	22-2462242	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
STEPPING STONE OF SAN DIEGO INC 3767 CENTRAL AVENUE SAN DIEGO, CA 92105	95-3080619	501 C 3	20,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
THE FUTURE FOUNDATION 1892 WASHINGTON ROAD EAST POINT, GA 30344	47-3741716	501 C 3	16,666		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
THE INCONVENIENCE 3041 N HONORE CHICAGO, IL 60657	24-4624567	501 C 3	6,667		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
TRUE STAR FOUNDATION 1130 SOUTH WABASH STE 302 CHICAGO, IL 60605	20-5289962	501 C 3	6,666		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
VOX FEMINA LOS ANGELES 3341 CAROLINE AVE CULVER CITY, CA 90232	95-4670487	501 C 3	5,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
WILLIAM G HILL CENTER FOR THE ARTS 6436 S DORCHESTER AVE CHICAGO, IL 60637	47-4502023	501 C 3	5,000		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
WORLD AIDS MUSEUM INC 1201 NE 26TH ST STE 111 WILTON MANORS, FL 33305	45-3419591	501 C 3	30,500		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
WRITERS PLANNERS TRAINERS INC 1405 STATE STREET EAST ST LOUIS, IL 62205	33-1049325	501 C 3	8,334		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
YG 4HUNDRED WAZE 15260 VENTURA BLVD STE 2100 SHERMAN OAKS, CA 91403	46-4827029	501 C 3	10,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
YOUTH ACROSS BORDERS INC 5630 CLARK STATE ROAD GAHANNA, OH 43230	82-1094344	501 C 3	13,334		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
ONE STOP CAREER CENTER OF PR INC PLAZA UNIVERSIDAD 2000 CALLE ANASCO 839 SAN JUAN, PR 00918	66-0593598	501 C 3	16,667		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization AIDS HEALTHCARE FOUNDATION	Employer identification number 95-4112121
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Part I Questions Regarding Compensation

	Yes	No									
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"> <tr> <td>☐ First-class or charter travel</td> <td>☐ Housing allowance or residence for personal use</td> </tr> <tr> <td>☐ Travel for companions</td> <td>☐ Payments for business use of personal residence</td> </tr> <tr> <td>☐ Tax indemnification and gross-up payments</td> <td>☐ Health or social club dues or initiation fees</td> </tr> <tr> <td>☐ Discretionary spending account</td> <td>☐ Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	☐ First-class or charter travel	☐ Housing allowance or residence for personal use	☐ Travel for companions	☐ Payments for business use of personal residence	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use										
☐ Travel for companions	☐ Payments for business use of personal residence										
☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees										
☐ Discretionary spending account	☐ Personal services (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. <table border="0"> <tr> <td>☒ Compensation committee</td> <td>☒ Written employment contract</td> </tr> <tr> <td>☒ Independent compensation consultant</td> <td>☒ Compensation survey or study</td> </tr> <tr> <td>☐ Form 990 of other organizations</td> <td>☒ Approval by the board or compensation committee</td> </tr> </table>	☒ Compensation committee	☒ Written employment contract	☒ Independent compensation consultant	☒ Compensation survey or study	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee					
☒ 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: <table border="0"> <tr> <td>a Receive a severance payment or change-of-control payment?</td> <td>4a</td> <td>No</td> </tr> <tr> <td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> <td>4b</td> <td>No</td> </tr> <tr> <td>c Participate in, or receive payment from, an equity-based compensation arrangement?</td> <td>4c</td> <td>No</td> </tr> </table> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	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		
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									
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: <table border="0"> <tr> <td>a The organization?</td> <td>5a</td> <td>No</td> </tr> <tr> <td>b Any related organization?</td> <td>5b</td> <td>No</td> </tr> </table> If "Yes," on line 5a or 5b, describe in Part III.	a The organization?	5a	No	b Any related organization?	5b	No					
a The organization?	5a	No									
b Any related organization?	5b	No									
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: <table border="0"> <tr> <td>a The organization?</td> <td>6a</td> <td>No</td> </tr> <tr> <td>b Any related organization?</td> <td>6b</td> <td>No</td> </tr> </table> If "Yes," on line 6a or 6b, describe in Part III.	a The organization?	6a	No	b Any related organization?	6b	No					
a The organization?	6a	No									
b Any related organization?	6b	No									
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	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										

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.

See Additional Data Table

Schedule J (Form 990) 2017

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.

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			(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				
MICHAEL WEINSTEIN PRESIDENT	(i)	323,738	109,090	0	2,500	0	435,328	0
	(ii)	0	0	0	0	0	0	0
PETER REIS VICE PRESIDENT	(i)	230,755	25,000	0	5,000	0	260,755	0
	(ii)	0	0	0	0	0	0	0
THOMAS A MYERS CHIEF COUNSEL/PUBLIC AFFAI	(i)	228,046	23,000	0	2,500	0	253,546	0
	(ii)	0	0	0	0	0	0	0
DONNA STIDHAM CHIEF MANAGED CARE	(i)	211,625	25,250	0	2,500	0	239,375	0
	(ii)	0	0	0	0	0	0	0
LYLE HONIG CHIEF FINANCIAL OFFICER	(i)	211,273	26,000	0	5,000	0	242,273	0
	(ii)	0	0	0	0	0	0	0
KENNETH SCOTT CARRUTHERS CHIEF OF PHARMACY	(i)	210,041	28,500	0	0	0	238,541	0
	(ii)	0	0	0	0	0	0	0
JONATHAN PETRUS CHIEF/NATIONAL BUREAU & IN	(i)	190,310	25,000	0	0	0	215,310	0
	(ii)	0	0	0	0	0	0	0
ANITA CASTILLE VICE PRESIDENT OF HUMAN RE	(i)	165,737	25,000	0	5,000	0	195,737	0
	(ii)	0	0	0	0	0	0	0
SAMANTHA A GRANBERRY VICE PRESIDENT OF SALES &	(i)	164,188	25,000	0	3,784	0	192,972	0
	(ii)	0	0	0	0	0	0	0
WHITNEY ENGERAN SR DIR OF PUBLIC HEALTH	(i)	158,388	24,000	0	1,594	0	183,982	0
	(ii)	0	0	0	0	0	0	0
MICHAEL KAHANE BUREAU CHIEF SOUTHERN REGI	(i)	210,482	29,000	0	5,000	0	244,482	0
	(ii)	0	0	0	0	0	0	0
MICHAEL WOHLFEILER CHIEF MEDICAL DIRECTOR	(i)	294,120	33,000	25,729	5,000	0	357,849	0
	(ii)	0	0	0	0	0	0	0
DONNA TEMPESTA VICE PRES NORTHERN REGION & FINANCE	(i)	217,497	27,000	0	5,000	0	249,497	0
	(ii)	0	0	0	0	0	0	0
TERRI FORD CHIEF OF GLOBAL ADVOCACY & POLICY	(i)	168,114	23,000	0	5,000	0	196,114	0
	(ii)	0	0	0	0	0	0	0
ROBERT HEGLAR DEPUTY CHIEF MEDICAL OFFIC	(i)	269,309	29,750	26,710	2,000	0	327,769	0
	(ii)	0	0	0	0	0	0	0
ADAM CARL ZWEIG REGIONAL MEDICAL DIRECTOR	(i)	202,551	16,500	26,591	2,000	0	247,642	0
	(ii)	0	0	0	0	0	0	0
MATHEW HEIN PHARMACY SALES REPRESENTAT	(i)	25,588	0	248,000	2,000	0	275,588	0
	(ii)	0	0	0	0	0	0	0
WAREF AZMEH MEDICAL DIRECTOR	(i)	198,676	6,875	54,021	5,000	0	264,572	0
	(ii)	0	0	0	0	0	0	0
MICHELLE R POWELL PHYSICIAN	(i)	196,328	10,000	52,000	5,000	0	263,328	0
	(ii)	0	0	0	0	0	0	0
EMMANUEL N VERGIS MEDICAL DIRECTOR	(i)	190,269	34,500	24,923	1,000	0	250,692	0
	(ii)	0	0	0	0	0	0	0

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			(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				
CARL EVANS MILLNER MEDICAL DIRECTOR	(i)	190,500	34,875	23,462	1,000	0	249,837	0
		- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
AIDS HEALTHCARE FOUNDATION

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
95-4112121

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A PUBLIC FINANCING AUTHORITY	27-3866124		03-18-2015	18,746,162	REFINANCING EXISTING DEBT OF OWNED PROPERTIES		X	X			X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	18,746,162							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	18,746,162							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2015							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X							

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 600 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	0 600 %							
7 Does the bond issue meet the private security or payment test? . . .		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	WELLS FARGO							
c Term of hedge	700 0000000000 %							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) GABRIEL MALDONADO CEO OF TRUEVOLUTI	BOARD MEMBER	78,500	GRANT & SPONSORSHIP	PROVIDE IN-HOUSE TESTING, TREATMENT, ADHERENCE, MENTAL HEALTH SVC, & EDUC
(2) CYNTHIA DAVIS PROFESSOR OF DREW UNIVERSITY	BOARD MEMBER	74,300	GRANT & SPONSORSHIP	HIV EDUC AND SCREENING TARGET AFRICAN AMER FEMALES & OTHER SPONSORSHIPS

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X		61,940	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► See Additional Data				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes

No

30a

No

b If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

Yes

No

31

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

Yes

No

32a

No

b If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

Part II**Supplemental Information.**

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

Return Reference

Explanation

Additional Data

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

Part I, Lines 25-28

Other ▶ (AOC ACQUISITION)
Other ▶ (MEDICINE)
Other ▶ (MEDICAL EQUIPMENT)
Other ▶ (MEDIA SUPPORT)
Other ▶ (GENERATOR)
Other ▶ (FURNITURE & CATERING)
Other ▶ (FITNESS & FOOD SERVICES)

(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
X	0	414,953	FMV
X	0	252,881	FMV
X	0	203,029	FMV
X	0	46,000	FMV
X	1	16,560	FMV
X	1	15,000	FMV
X	0	6,136	FMV

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
AIDS HEALTHCARE FOUNDATION

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

2017

Open to Public Inspection

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

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, COM PENSATION FROM, OR OWNERSHIP OF EVERY OUTSIDE ENTITY THAT (A) SOLD, SUPPLIED OR PROVIDED M EDICAL 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 POTENTIAL CONFL ICTS 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 RESOLV E 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 2017 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 \$ 10,420,670 PART 10B COST OF GOODS SOLD BEGINNING INVENTORY \$ 1,252,136 ADD PURCHASES AND OTHER COST 10,907,429 LESS ENDING INVENTORY - 2,325,674 9,833,891 PART 10C NET INCOME \$ 586,779

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN NET ASSETS OF AFFILIATES -8,246,977 INTERCOMPANY ADJUSTMENT -20,140

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCH A PART III SUPPORT SCH FOR ORGANIZATIONS DESCRIBED IN SECTION 509(A) (2	SECTION A PUBLIC SUPPORT COLUMN E (2017) COLUMN F (TOTAL) LINE 1 25,101,233 109,714,754 L INE 2 1,100,141,866 1,379,664,616 LINE 6 1,125,243,099 1,489,379,370 LINE 8 1,489,379,370 SECTION B TOTAL SUPPORT LINE 9 1,125,243,099 1,489,379,370 LINE 10A 1,980,679 4,341,066 L INE 10C 1,980,679 4,341,066 LINE 12 2,972,617 797,816,799 LINE 13 1,130,196,395 2,291,537, 235 PUBLIC SUPPORT PERCENTAGE FOR 2017 64 99%

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED RETURN	AMEND TO INCLUDE SCHEDULE K AND SCHEDULE L WHICH WERE INADVERTENTLY OMITTED IN THE ORIGINALLY FILED RETURN

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

2017

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			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	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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	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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
1l		No
1m		No
1n		No
1o		No
1p		No
1q	Yes	
1r		No
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

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.

[illegible]

Part VII **Supplemental Information**

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

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
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
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
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
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
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
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
348 13TH STREET STE 201 BROOKLYN, NY 11215 46-2690306	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	NY	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION		No
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
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
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
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
735 PIEDMONT AVE NE ATLANTA, GA 30308 81-4191272	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	GA	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION		No
6255 W SUNSET BLVD 21ST FLR LOS ANGELES, CA 90028 82-3448859	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	CA	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION		No
400 NORTH BEACH STREET FORTH WORTH, TX 76111 75-2139336	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	TX	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
AHF MCO OF FLORIDA INC	Q	13,517,355	BOOK
WOMEN ORGANIZED TO RESPOND TO LIFE-THREATENING DISEASES	B	443,226	BOOK
AIDS TASKFORCE OF GREATER CLEVELAND	B	575,000	BOOK
HIV IMMUNOTHERAPEUTIC INC	Q	275,000	BOOK
SOUTHSIDE HELP CENTER INC	B	437,304	BOOK
AIDS HEALTHCARE CENTERS	Q	9,564,259	BOOK
AIDS ATLANTA INC	B	2,552,056	BOOK
AIDS ATLANTA INC	Q	40	BOOK
WOMEN ORGANIZED TO RESPOND TO LIFE-THREATENING DISEASES	Q	97,073	BOOK
AIDS CENTER OF QUEENS COUNTY	B	500,000	BOOK