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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization
AIDS HEALTHCARE FOUNDATION

Doing business as

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

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

D Employer identification number
95-4112121

E Telephone number
(323) 860-5200

G Gross receipts $ 1,379,439,542

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ HTTP://WWW.AIDSHEALTH.ORG

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

L Year of formation: 1987

M State of legal domicile: CA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	2,446
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	568,021
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	-129,293

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	31,968,979	35,558,922
9	Program service revenue (Part VIII, line 2g)	1,201,040,134	1,319,228,732
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,245,172	5,487,129
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,590,845	6,272,938
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,236,845,130	1,366,547,721
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,828,788	8,543,045
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)	176,991,212	193,857,874
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,640,734		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	973,379,543	1,065,484,806
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,160,199,543	1,267,885,725
19	Revenue less expenses. Subtract line 18 from line 12	76,645,587	98,661,996

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	528,272,065	684,192,342
21	Total liabilities (Part X, line 26)	141,263,405	194,787,033
22	Net assets or fund balances. Subtract line 21 from line 20	387,008,660	489,405,309

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

****** 2020-11-12
Signature of officer Date

LYLE HONIG C.F.O.
Type or print name and title

Paid Preparer Use Only

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

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

Firm's address ▶ 655 N CENTRAL AVE STE 1550
GLENDALE, CA 91203 — Phone no. (213) 873-1700

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses $ 1,232,299,245 including grants of $ 8,543,045) (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** ▶ 1,232,299,245

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		No
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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1,340		
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	

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

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** 2,446			
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**	Yes	
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**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**	Yes	
b	If "Yes," enter the name of the foreign country: ▶ MX , HA , GT , AR , PE , BR , JM , NL , UP , EN , RS , CB , CH , IN , NP , VM , SF , ZA , SL , LT , PA , ZI , UG , RW , KE NI , ET , MI , DR , PM , ID , MZ , CO , LA , GG , BM , CI , WZ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **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**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.		**16**		No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ CA , FL , NY , TX , OH , GA

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

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

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

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

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								5,480,389	0	83,651

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 ▶ 352

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LABORATORY CORPORATION OF AMERICA HOLDIN PO BOX 2270 BURLINGTON, NC 27216	LAB SERVICES	6,479,177
GLAVOVIC STUDIO INC 724 NE 3RD AVENUE FORT LAUDERDALE, FL 33304	CONSULTANT	2,714,344
CEDARS SINAI MEDICAL CENTER PO BOX 512480 LOS ANGELES, CA 90051	MEDICAL SERVICES	2,105,111
CAREERSTAFF UNLIMITED LLC PO BOX 301076 DALLAS, TX 753031076	STAFFING SERVICES	2,063,383
VICTOR'S SERVICES LLC 2035 111TH STREET LOS ANGELES, CA 90059	CONSULTANT	1,401,639

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 89

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e	23,517,476			
f All other contributions, gifts, grants, and similar amounts not included above	1f	12,041,446			
g Noncash contributions included in lines 1a - 1f: $	1g	5,021,624			
h **Total.** Add lines 1a-1f		35,558,922			
Program Service Revenue	Business Code				
2a PHARMACY REVENUE	621400	1,254,183,119	1,254,183,119		
b MEDICARE REVENUE	621400	50,283,098	50,283,098		
c INCOME FROM AFFILIATES	621400	7,789,657	7,789,657		
d PATIENT SERVICE REVENUE	621400	6,972,858	6,972,858		
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f		1,319,228,732			
3 Investment income (including dividends, interest, and other similar amounts)		5,487,129			5,487,129
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents	2,572,351				
b Less: rental expenses	0				
c Rental income or (loss)	2,572,351				
d Net rental income or (loss)			2,572,351	2,004,330	568,021
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory					
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
Other Revenue 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a	1,600,981			
b Less: direct expenses	8b	2,206,959			
c Net income or (loss) from fundraising events			-605,978		-605,978
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a	10,266,895			
b Less: cost of goods sold	10b	10,684,862			
c Net income or (loss) from sales of inventory			-417,967	-417,967	
Miscellaneous Revenue	Business Code				
11a OTHER INCOME	900099	3,086,365	3,086,365		
b REALIZED GAIN ON INVESTMENT	900099	1,638,167	1,638,167		
c					
d All other revenue					
e **Total.** Add lines 11a–11d		4,724,532			
12 **Total revenue.** See instructions		1,366,547,721	1,325,539,627	568,021	4,881,151

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,051,319	1,051,319		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	7,491,726	7,491,726		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,480,389	5,480,389		
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	140,022,395	127,829,109	10,530,378	1,662,908
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,832,220	3,559,490	235,785	36,945
9 Other employee benefits	33,473,675	31,999,790	1,321,983	151,902
10 Payroll taxes	11,049,195	10,357,034	583,716	108,445
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)	106,179,363	100,405,322	5,352,572	421,469
12 Advertising and promotion	18,204,711	18,005,803	140,249	58,659
13 Office expenses	1,732,082	1,668,081	61,484	2,517
14 Information technology				
15 Royalties				
16 Occupancy	14,312,817	12,107,781	2,205,036	
17 Travel	11,347,642	10,515,118	731,551	100,973
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,036,678	1,001,645	34,384	649
20 Interest	1,877,609	1,306,520	571,089	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,594,838	13,868,463	3,709,814	16,561
23 Insurance	2,146,723	1,668,099	477,257	1,367
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	818,935,145	818,935,145		
b SOFTWARE SUBSCRIPTION	10,517,157	9,534,199	965,034	17,924
c ORGANIZATION EVENT	9,974,568	8,807,203	256,424	910,941
d PROVISION FOR BAD DEBTS	7,715,213	7,703,112	12,101	
e All other expenses	43,910,260	39,003,897	4,756,889	149,474
25 **Total functional expenses.** Add lines 1 through 24e	1,267,885,725	1,232,299,245	31,945,746	3,640,734
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		82,871,672	2	148,111,850
	3	Pledges and grants receivable, net		11,278,675	3	14,548,985
	4	Accounts receivable, net		75,325,668	4	86,390,745
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		176,434	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		34,980,430	8	42,873,613
	9	Prepaid expenses and deferred charges		22,907,753	9	21,494,034
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 357,032,446			
	b	Less: accumulated depreciation	10b 92,519,084	192,978,034	10c	264,513,362
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		81,018,299	12	80,271,636
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		26,735,100	15	25,988,117
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		528,272,065	16	684,192,342
Liabilities	17	Accounts payable and accrued expenses		75,085,145	17	93,921,406
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		40,707,584	23	76,750,155
	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		25,470,676	25	24,115,472
	26	**Total liabilities.** Add lines 17 through 25		141,263,405	26	194,787,033
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		386,651,104	27	489,036,515
	28	Net assets with donor restrictions		357,556	28	368,794
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		387,008,660	32	489,405,309
	33	Total liabilities and net assets/fund balances		528,272,065	33	684,192,342

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,366,547,721
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,267,885,725
3	Revenue less expenses. Subtract line 2 from line 1	3	98,661,996
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	387,008,660
5	Net unrealized gains (losses) on investments	5	3,948,900
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	-214,247
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	489,405,309

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 95-4112121

Name: AIDS HEALTHCARE FOUNDATION

Form 990, Part III, Line 4a:

THE FOUNDATION HAS A NETWORK OF 67 OUTPATIENT HEALTHCARE CENTERS AND 55 PHARMACIES LOCATED IN CALIFORNIA, FLORIDA, GEORGIA, ILLINOIS, INDIANA, LOUISIANA, MARYLAND, MISSISSIPPI, NEVADA, NEW YORK, PENNSYLVANIA, OHIO, SOUTH CAROLINA, TEXAS, WASHINGTON, NEW JERSEY, PUERTO RICO, 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 OPERATE 20 THRIFT STORES, THE PROCEEDS OF WHICH ASSIST THE FOUNDATION'S COMMITMENT TO PROVIDE HIV+ AND AIDS AFFECTED HEALTHCARE SERVICES WITHOUT REGARD TO THE PERSON'S FINANCIAL SITUATION. THE FOUNDATION ALSO OPERATES IN 45 COUNTRIES INCLUDING 13 IN AFRICA, 13 IN THE AMERICAS, 10 IN ASIA AND 9 IN EUROPE.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.DURING 2017-2019, THE FOUNDATION PURCHASED PROPERTIES IN LOS ANGELES, CALIFORNIA AND HOLLYWOOD, FLORIDA 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	40.00	X		X				474,438	0	5,000
WILLIAM ARROYO MD BOARD MEMBER	4.00	X						0	0	0
COREY LYONS BOARD MEMBER	4.00	X						0	0	0
DIANA HOORZUK VICE CHAIR (INTERNATIONAL)	4.00	X		X				0	0	0
RODNEY L WRIGHT MD SECRETARY	4.00	X		X				0	0	0
AGAPITO DIAZ BOARD MEMBER	4.00	X						0	0	0
GABRIEL P MALDONADO BOARD MEMBER	4.00	X						0	0	0
CONDESSA M CURLEY MD MPH FAAFP CHAIR	4.00	X		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			
KELVIN SAULS BOARD MEMBER	4.00	X						0	0	0
CURLEY L BONDS MD BOARD MEMBER	4.00	X						0	0	0
CYNTHIA DAVIS MPH VICE CHAIR (DOMESTIC)	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
PETER REIS SENIOR VICE PRESIDENT	40.00			X				260,558	0	5,000
THOMAS A MYERS CHIEF COUNSEL/PUBLIC AFFAI	40.00			X				253,735	0	5,000
DONNA STIDHAM CHIEF MANAGED CARE	40.00			X				242,036	0	5,000
LYLE HONIG CHIEF FINANCIAL OFFICER	40.00			X				246,712	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 OFFICER	40.00			X				356,001	0	5,000
KENNETH SCOTT CARRUTHERS CHIEF PHARMACY OFFICER	40.00			X				246,526	0	0
ANITA CASTILLE VICE PRESIDENT OF HUMAN RE	40.00			X				199,124	0	5,000
SAMANTHA A GRANBERRY VICE PRESIDENT OF SALES &	40.00			X				197,188	0	4,023
WHITNEY ENGERAN SR. DIR. OF PUBLIC HEALTH	40.00			X				188,944	0	0
DONNA TEMPESTA VICE PRES. NORTHERN REGION & FINANCE	40.00			X				240,182	0	5,000
MICHAEL KAHANE BUREAU CHIEF SOUTHERN REGI	40.00			X				245,945	0	5,000
TERRI FORD CHIEF OF GLOBAL ADVOCACY &	40.00			X				199,978	0	2,628
ADAM CARL ZWEIG REGIONAL MEDICAL DIRECTOR	40.00				X			240,653	0	5,000
ROBERT HEGLAR DEPUTY CHIEF MEDICAL OFFIC	40.00				X			350,032	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			
RAUL RAMIREZ SANCHEZ PHARMACY SALES REPRESENTAT	40.00					X		323,708	0	5,000
PETER POVOLI PHARMACY SALES REPRESENTAT	40.00					X		295,716	0	5,000
HENRY OSBURN PHARMACY SALES REPRESENTAT	40.00					X		290,315	0	5,000
JOSHUA MICHAEL KESSLER PHARMACY SALES REPRESENTAT	40.00					X		263,027	0	2,000
MICHELLE POWELL PHYSICIAN	40.00					X		262,453	0	5,000
JONATHAN PETRUS FORMER CHIEF/NATIONAL BUREAU & IN	40.00						X	103,118	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2019

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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

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

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	20,660,274	21,659,826	25,101,233	31,968,979	35,558,922	134,949,234
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	78,057,264	70,715,184	1,100,141,866	1,201,040,134	1,319,228,732	3,769,183,180
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	98,717,538	92,375,010	1,125,243,099	1,233,009,113	1,354,787,654	3,904,132,414
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.)						3,904,132,414

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .	98,717,538	92,375,010	1,125,243,099	1,233,009,113	1,354,787,654	3,904,132,414
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .	690,477	1,018,400	1,980,679	2,245,172	5,487,129	11,421,857
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	690,477	1,018,400	1,980,679	2,245,172	5,487,129	11,421,857
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.) . .	218,088,495	278,949,398	2,972,617	1,590,845	6,272,938	507,874,293
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .	317,496,510	372,342,808	1,130,196,395	1,236,845,130	1,366,547,721	4,423,428,564

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 2019 (line 8, column (f) divided by line 13, column (f))	15	88.260 %
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	79.380 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	0.260 %
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	0.190 %

19a **33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	3b		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317090050

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

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		4,744,822
j	Total. Add lines 1c through 1i			4,744,822
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317090050

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

4 Number of states where property subject to conservation easement is located ▶ _____

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

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

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

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Temporarily restricted endowment ▶ .....

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		106,755,405		106,755,405
b Buildings		118,104,566	16,816,258	101,288,308
c Leasehold improvements		29,274,210	17,669,446	11,604,764
d Equipment		94,432,889	58,033,380	36,399,509
e Other		8,465,376		8,465,376
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				264,513,362

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) VENTURE CAPITAL	2,508,103	C
(C) PUBLIC & PRIVATE EQUITY	17,864,043	C
(D) FIXED INCOME	54,099,709	C
(E) HEDGE FUND	3,271,670	C
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	80,271,636	

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

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	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	24,115,472

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	1,517,391,497
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	3,948,900		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	166,167,121		
e	Add lines **2a** through **2d**			2e	170,116,021
3	Subtract line **2e** from line **1**			3	1,347,275,476
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	19,272,245		
c	Add lines **4a** and **4b**			4c	19,272,245
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	1,366,547,721

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	1,414,994,848
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	147,109,123		
e	Add lines **2a** through **2d**			2e	147,109,123
3	Subtract line **2e** from line **1**			3	1,267,885,725
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	1,267,885,725

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE FOUNDATION QUALIFIES AS A TAX EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE 23701D. THE FOUNDATION HAS EVALUATED IT S TAX POSITIONS AND THE CERTAINTY AS TO WHETHER THOSE POSITIONS WILL BE SUSTAINED IN THE E VENT OF AN AUDIT BY TAXING AUTHORITIES AT THE FEDERAL AND STATE LEVELS. THE PRIMARY TAX PO SITIONS EVALUATED RELATE TO THE FOUNDATIONS CONTINUED QUALIFICATION AS A TAX-EXEMPT ORGANI ZATION AND WHETHER THERE ARE UNRELATED BUSINESS INCOME ACTIVITIES THAT WOULD BE TAXABLE. M ANAGEMENT HAS DETERMINED THAT ALL INCOME TAX POSITIONS WILL MORE LIKELY THAN NOT (>50%) BE SUSTAINED UPON POTENTIAL AUDIT OR EXAMINATION; THEREFORE, NO DISCLOSURE OF UNCERTAIN INCO ME TAX POSITIONS ARE REQUIRED. THE FOUNDATION FILES INFORMATION RETURNS IN THE US FEDERAL JURISDICTION AND THE STATE OF CALIFORNIA. WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2015.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	PROGRAM SERVICE REVENUE FOR AHF AFFILIATES 143,999,671. COST OF SALES 10,684,862. INTERCOMPANY EXPENSES 11,482,588.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	INTERCOMPANY REVENUE 19,272,245.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COST OF SALES 10,684,862. PROGRAM SERVICE EXPENSES FOR AFFILIATES 136,424,261.

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	363	2,358			81,844,210
b Total from continuation sheets to Part I . . .	0	0			0
c Totals (add lines 3a and 3b)	363	2,358			81,844,210

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data								

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" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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; don't 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; don't 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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

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 - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	20	108	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	8,443,783
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	25	195	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	3,621,341

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 - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	68	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	4,063,965
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	11	52	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	5,601,749

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 - ARMENIA, AZERBIJAN, BELARUS,	59	212	PROGRAM SERVICES	HEALTH CARE FOR HIV PATIENTS	5,594,500
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	224	1,643	PROGRAM SERVICES	HEALTH CARE FOR HIV PATIENTS	44,339,916

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) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	2	9	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	1,828,313
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	22	71	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	8,350,643

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	1-TO GUARANTEE THE PARTICIPATION OF THE ORGANIZATIONS OF THE FIELD OF THE DEFENSE OF RIGHT, COMMON GOODS AND DEMOCRACY IN THE NATIONAL COUNCIL OF HEALTH.2-ARTICULATE PARLIAMENTARIANS, CIVIL SOCIETY ORGANIZATIONS AND PARTNERS TO DIRECTLY INDICATE PUBLIC POLICIES FOR HEALTH, ESPECIALLY THOSE RELATED TO HIV/AIDS.3-USE THESE ARTICULATIONS BETWEEN CIVIL SOCIETY AND PUBLIC POWER TO CARRY OUT ADVOCACY ON OTHER TOPICS THAT ARE OF INTEREST IN THE FIELD OF DEFENSE OF RIGHTS, COMMON GOODS AND DEMOCRACY.	8,333	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	1. REFURBISHMENT OF ADLAM HOUSE AT PARIRENYATWA,2. TRAINING OF 10 PEER EDUCATORS, 3. HIV COUNSELLING AND TESTING, TREATMENT OF STIS, PROVISION OF EMERGENCY CONTRACEPTION, ADMINISTERING OF PEP.	25,000	WIRE TRANSFER			BOOK

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		SOUTH AMERICA	REDUCE THE SOCIAL AND HEALTH IMPACT CAUSED BY THE VENEZUELAN CRISIS, EMPHASIZING SUPPORT TO VENEZUELAN CITIZENS LIVING WITH HIV AND PROVIDING HUMANITARIAN ASSISTANCE TO MIGRANTS WITH HIV THROUGH INFORMATION, ACCESS TO ANTIRETROVIRAL TREATMENT AND MEDICAL CARE.	16,427	WIRE TRANSFER			BOOK
		EUROPE (INCLUDING ICELAND & GREENLAND)	OBJECTIVE 1: COUNTRY WIDE COMMUNITY TESTING FOR HARD-TO-REACH POPULATIONS.OBJECTIVE 2: REDUCE LATE DIAGNOSIS. OBJECTIVE 3: PROVIDE ACCESS TO QUALITY HIV CARE.	13,343	WIRE TRANSFER			BOOK

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		SUB-SAHARAN AFRICA	PROVIDE ACCESS TO QUALITY HIV CARE: THIS WILL BE ACHIEVED THROUGH THE CREATION OF COMMUNITY ACCESSION GROUPS WHICH WILL ENSURE THAT PATIENTS SUPPORT EACH OTHER AND DO NOT INTERRUPT OR WITHDRAW FROM ART, HAVE ACCESS TO QUALITY CARE AND TREATMENT AT THE HEALTH UNIT, HAVE PSYCHOSOCIAL SUPPORT AND SOCIO-ECONOMIC SOLUTIONS TO MITIGATE THE EFFECTS OF ART.	8,314	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	TO DISTRIBUTE TWO (2) MILLION CONDOMS WITHIN MANZINI MUNICIPALITY POPULACE BY DECEMBER 2019.THE PROGRAM WILL SCALE UP CONDOM DISTRIBUTION BY 2 MILLION THROUGH ITS YOUTH OFFICE. ACTIVITIES THAT WILL ACCOMPANY CONDOM DISTRIBUTION ARE HEALTH CLUBS, DIALOGUES, CAMPAIGNS AND WEEKLY INFORMATION DESKS. THREE (3) MAIN CAMPAIGNS WILL BE HELD TO RAISE AWARENESS; 1) CONDOM COLOUR RUN A 5KM WALK/RUN THAT WILL INCLUDE THE DISABLED ON A DESIGNATED STREET. POWDERED PAINT WILL BE SPLASHED ON PARTICIPANTS AT STRATEGIC POINTS. 2) WORLD AIDS DAY COMMEMORATION.3) A SCHOOLS DEBATE WILL BE HOSTED. FOUR SCHOOLS WILL DEBATE ON AN HIV-RELATED TOPIC.	24,948	WIRE TRANSFER			BOOK

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		CENTRAL AMERICA AND THE CARIBBEAN	GOOGLE TRANSLATE - "PROMOTE THE EMPOWERMENT OF PEOPLE AFFECTED AND INFECTED WITH HIV, SO THAT THEY DEVELOP THE CAPACITY TO PARTICIPATE IN AN ARTICULATED AND PERMANENT WAY WITHIN THE INSTITUTION AND OTHER RELATED AND SUPPORTIVE ENTITIES, TO PROMOTE AND ESTABLISH A SOCIAL AND LEGAL ENVIRONMENT THAT ALLOWS ACCESS TO A BETTER LIFE QUALITY.	13,332	WIRE TRANSFER			BOOK
		CENTRAL AMERICA AND THE CARIBBEAN	A THOUSAND (1,000) INDIGENOUS PEOPLE WERE TESTED FOR HIV, AND THE RESULTS SHOWED THAT THERE ARE 28 REACTIVE CASES, LINKED TO PUBLIC HEALTH SERVICES, ACCOMPANIED BY EDUCATION STRATEGIES, PEER SUPPORT,AND PREVENTION MESSAGES IN THEIR LANGUAGES.	16,929	WIRE TRANSFER			BOOK

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		SUB-SAHARAN AFRICA	PROGRAMS ARE DESIGNED TO PROVIDE THE FOLLOWING CORE SERVICES OF SADAT; COUNSELLING, ADVICE, INFORMATION, RESEARCH, TRAINING, MOTIVATIONAL TALKS, AND MOBILIZATION FOR AWARENESS CREATION ABOUT DRUG USE AND HIV/AIDS.	25,000	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	THE GOAL OF THE PROGRAM IS TO CONTRIBUTE TOWARDS THE ACHIEVEMENT OF THE 90-90-90 UNAIDS TARGET BY 2020.OBJECTIVES: - TO IMPROVE HIV TESTING SERVICES AND SEXUAL REPRODUCTION HEALTH AND RIGHTS AMONG YOUNG PEOPLE AND ADOLESCENTS.- TO SUPPORT FORMATION AND STRENGTHENING OF COMMUNITY SUPPORTING SYSTEMS IN AN EFFORT TO IMPROVE QUALITY OF CARE AND HIGH UPTAKE OF HIV RELATED SERVICES.- TO IMPROVE HIV TREATMENT LITERACY LEVELS AMONG HIV INFECTED AND AFFECTED PEOPLE.	16,666	WIRE TRANSFER			BOOK

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		EAST ASIA AND THE PACIFIC	1. DEVELOPING THE STANDARD SERVICE PROCEDURE MANUAL;2. PROVIDE TRAINING TO NO LESS THAN 20 CBOS WITH GOOD REPUTATION;3. EQUIP ONE STANDARD OPERATING PANEL WITH AHF LOGO FOR EACH CBO;4. ESTABLISH THE MECHANISM OF COMMUNICATION, TRAINING AND LEARNING BETWEEN THESE CBOS;5. CARRY OUT STANDARD, CONVENIENT AND EASILY REACHABLE TESTING AND COUNSELLING AND LINAGE SERVICES TO THE MSM POPULATION; 40,000 FREE HIV TESTS CONTRIBUTED BY THE ABOVE 20 CBOS ANNUALLY;6. MONITORING AND TECHNICAL SUPPORT;7. MARKETING EVENT TO SPREAD OUR TESTING SERVICE.	16,400	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	1. REACH 3,200 YOUNG PEOPLE WITH INFORMATION ON HIV, HIV PREVENTION SERVICES, HIV STIGMA AND DISCRIMINATION, AND SEXUAL AND REPRODUCTIVE HEALTH.2. ENSURE THAT 800 YOUNG PEOPLE ARE COUNSELED AND TESTED FOR HIV AND RECEIVE THEIR RESULTS AND CREATE A DEMAND FOR HIV PREVENTION SERVICES E.G. CONDOMS.3. IDENTIFY YOUNG PEOPLE LIVING WITH HIV AND LINK THEM TO CARE AND TREATMENT SUPPORTED BY BLAST'S PSYCHOSOCIAL SUPPORT NETWORK.	18,000	WIRE TRANSFER			BOOK

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		SUB-SAHARAN AFRICA	1. PROVIDE COMPREHENSIVE SERVICES TO FSWS AT THE DROP IN CENTER/ CLINIC.2. INCREASE DEMAND FOR THE UPTAKE OF HIV TESTING AND COUNSELING AMONG FSWS AND THEIR CLIENTS THROUGH IPC MODEL.3. INCREASE UPTAKE OF HIV SELF-TESTING AMONG FSWS.	16,666	WIRE TRANSFER			BOOK
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO CONTRIBUTE TO THE IMPLEMENTATION OF MONTENEGRIN NATIONAL HIV/AIDS STRATEGY 2015-2020. SPECIFIC OBJECTIVE OF THE PROPOSAL IS TO IMPROVE LEVEL OF KNOWLEDGE ABOUT HIV/AIDS AND SEXUALLY TRANSMITTED DISEASES AND HEALTHY HABITS AMONG MOST AT RISK POPULATION IN MONTENEGRO.	13,333	WIRE TRANSFER			BOOK

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		EAST ASIA AND THE PACIFIC	1. TO CONDUCT A NEED ASSESSMENT TO GATHER BASIC INFORMATION ON MSM/MSW POPULATION SIZE, HIV EPIDEMIC SITUATION IN THE POPULATION, RISK BEHAVIORS OF HIV/STI TRANSMISSION, IMPACT FACTORS, BARRIERS TO ACCESS TO HIV/STIS SERVICES OF MSM/MSW AND AVAILABLE HIV/STI SERVICES IN HA NOI.2. TO DRAFT AN EVIDENCE-BASED PLAN OF TAILORED INTERVENTIONS FOR MSM/MSW IN HA NOI.	4,318	WIRE TRANSFER			BOOK
		EAST ASIA AND THE PACIFIC	1. PROTECTING LEGAL RIGHT AND BENEFIT OF PLHIV, IDU, FSW, LGBT.2. REDUCING THE STIGMA AND DISCRIMINATION AGAINST HIV/AIDS TO PREVENT NEW HIV INFECTIONS, INCREASE AWARENESS OF HIV STATUS AND PROVIDE ACCESS TO QUALITY HIV CARE.	6,300	WIRE TRANSFER			BOOK

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		NORTH AMERICA	CONTRIBUTE TO THE STRENGTHING 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.	13,334	WIRE TRANSFER			BOOK
		CENTRAL AMERICA AND THE CARIBBEAN	ENSURE THE PROVISION OF HIGH-QUALITY HIV CARE AND TREATMENT SERVICES TO 2,191 PEOPLE WITH HIV IN THE EASTERN DOMINICAN REPUBLIC AT CLINICA DE FAMILIA DURING THE PERIOD OF OCTOBER 2019 TO MARCH 2020.	24,426	WIRE TRANSFER			BOOK

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		EUROPE (INCLUDING ICELAND & GREENLAND)	EXPANDING IMMEDIATE INTERVENTION MODEL TO IMPROVE THE PHYSICAL AND PSYCHOLOGICAL HEALTH OF HIV+ WOMEN IN THE KYIV REGION.	48,099	WIRE TRANSFER			BOOK
		EUROPE (INCLUDING ICELAND & GREENLAND)	OBJECTIVE 1: WE WILL FACILITATE HIV AND SYPHILIS TESTING AS WELL AS HEPATITIS B VACCINATIONS FOR LGBT REFUGEES BY ORGANIZING THE GAY REFUGEE WALK-IN.OBJECTIVE 2: WE WILL INCREASE KNOWLEDGE AND EMPOWER & SUPPORT LGBT REFUGEES ON (SEXUAL) HEALTH. OBJECTIVE 3: WE WILL SUPPORT AND FACILITATE SAFE SEX.	47,600	WIRE TRANSFER			BOOK

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		SUB-SAHARAN AFRICA	TO HELP REDUCE HIV-RELATED STIGMA AND DISCRIMINATION THROUGH SELF-HELP GROUPS APPROACH.	9,903	WIRE TRANSFER			BOOK
		NORTH AMERICA	1. TRAINING A GROUP OF PROMOTERS ON SEXUAL HEALTH AND APPLICATION OF THE HIV QUICK TEST FOLLOWING THE AHF MODEL.2. TO IMPROVE ACCESS TO HIV TESTS, FOR FREE, CONFIDENTIALLY, ANONYMOUSLY AND ON A VOLUNTARY BASIS FOR THE ATTENDED TO POPULATION.3. TO IMPROVE ACCESS AND USE OF PREVENTION ITEMS AMONG THE ATTENDED TO POPULATION.4. TO PRODUCE A NARRATIVE AND AUDIOVISUAL REPORT.	15,000	WIRE TRANSFER			BOOK

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		SUB-SAHARAN AFRICA	OBJECTIVES: STRENGTHEN THE EXISTING NATIONAL CSO ADVISORY COUNCIL FOR COORDINATED IMPLEMENTATION OF HIV&AIDS PROGRAMS AND MAXIMIZE THE POTENTIAL OF CSOS ENGAGEMENT IN HIV&AIDS PROGRAMS	20,000	WIRE TRANSFER			BOOK
		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.	5,930	WIRE TRANSFER			BOOK

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		SUB-SAHARAN AFRICA	TO INCREASE ACCESS TO COMPREHENSIVE HEALTH CARE SERVICES FOR ADOLESCENT GIRLS, YOUNG WOMEN, SEX WORKERS AND MEN HAVING SEX WITH MEN.	20,000	WIRE TRANSFER			BOOK
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO CREATE A DATABASE WITH COLLECTED BIOLOGICAL MATERIAL TO HAVE AN OVERVIEW ABOUT PATIENT'S CONDITION, TO SEE ALL PREVIOUS ENTRIES AND VISITS (FOR EXAMPLE: THE SAME PATIENT VISITS TO PHYSICIAN IN DIFFERENT HOSPITALS AND PRISONS) AND TO OBSERVE FORMATION REGARDING PREVIOUS CLINICAL DATA, DRUG RESISTANCE, TO ANALYSE REASONS OF TREATMENT FAILURE, AND TO MODIFY ART IF NEEDED.	8,000	WIRE TRANSFER			BOOK

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		RUSSIA AND NEIGHBORING STATES	THE GOALS OF THE FORUMS ARE: TO INCREASE THE POTENTIAL OF THE COMMUNITY OF HIV+ WOMEN AND ACTIVISTS WORKING IN THE FIELD OF HIV, TO BUILD LEADERSHIP AND COMPETENCY TO ADDRESS ACTUAL PROBLEMS, AND TO DETERMINE THE PRIORITIES, GOALS, AND TASKS IN THE WOMEN'S MOVEMENT TO COUNTER HIV.	8,086	WIRE TRANSFER			BOOK
		CENTRAL AMERICA AND THE CARIBBEAN	THE ACTIVITIES DETAILED IN THIS DOCUMENT PROPOSE A TWO-PRONGED APPROACH TO EXPAND AND IMPLEMENT AN EFFECTIVE INTERVENTION AIMED AT CHANGING ATTITUDES, BEHAVIOURS AND NORMS THAT FACILITATE THE CONTINUED VULNERABILITY OF GIRLS IN JAMAICA.	27,060	WIRE TRANSFER			BOOK

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		CENTRAL AMERICA AND THE CARIBBEAN	AFA AIMS TO REDUCE HIV TRANSMISSION RATES AND REDUCE HIV COMORBIDITIES AND MORTALITIES BY PROMOTING ADHERENCE TO TREATMENT AND RESPONSIBLE SEXUAL PRACTICES AMONG DISADVANTAGED YOUTH WITH HIV IN THE GREATER SANTO DOMINGO AREA OF THE DOMINICAN REPUBLIC.	16,032	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	STRENGTHEN 11 EXISTING COMPREHENSIVE COMMUNITY-BASED ADHERENCE SUPPORT SKILLZ+ CLUBS AND CREATE 5 NEW SKILLS CLUBS FOR ADOLESCENTS IN LUSAKA BY DECEMBER 31, 2019.	16,666	WIRE TRANSFER			BOOK

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		SUB-SAHARAN AFRICA	OBJECTIVE 1: INCREASE STAKEHOLDER ENGAGEMENT AROUND SKILLZ PLUS WITH A FOCUS ON PARENTS AND GUARDIANS TO INCREASE DISCLOSURE AND BUILD A MORE SUPPORTIVE ENVIRONMENT FOR YLHIV TO ADHERE TO TREATMENT. OBJECTIVE 2: IMPROVE HIV-RELATED KNOWLEDGE, ATTITUDES AND COMMUNICATION OF 350 YLHIV IN ADHERENCE SUPPORT GROUPS BY AN AVERAGE OF 15% FROM BASELINE BY JULY 2021. OBJECTIVE 3: IMPROVE ADHERENCE AMONG YLHIV, REACHING 100% ADHERENCE ON TREATMENT FOR YLHIV ATTENDING SUPPORT CLUBS OVER THE IMPLEMENTATION PERIOD.	25,000	WIRE TRANSFER			BOOK
		NORTH AMERICA	1) CREATE A NETWORK OF JOURNALISTS FROM DIFFERENT COUNTRIES OF LATIN AMERICA. 2) TRAIN ON HIV AND HUMAN RIGHTS ISSUES SELECTED JOURNALISTS. 3) PERFORM A JOURNALISTIC WORK TOGETHER.	10,393	WIRE TRANSFER			BOOK

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		EAST ASIA AND THE PACIFIC	PROGRAM GOAL: REDUCE SELF-STIGMA AND SOCIAL STIGMA FOR IMPROVED ACCESS TO FRIENDLY HEALTH SERVICES AND QUALITY OF LIFE.METHODOLOGY: - BUILD CAPACITY FOR POSITIVE TG/MSM LEADERS AND NETWORK TO INCREASE ACCESS TO STANDARDIZED SERVICES, SUPPORT CONTINUOUS HEALTH CARE MONITORING, ENSURE RIGHTS PROTECTION AND REDUCE DISCRIMINATION. - DEVELOP A SELF-STIGMA PROGRAM FOR POSITIVE MSM/TG AS A TOOL OF EMPOWERMENT.	16,666	WIRE TRANSFER			BOOK
		EAST ASIA AND THE PACIFIC	INSTITUTIONALIZED CAPACITY DEVELOPMENT INSTITUTION IN THE COUNTRY CHAMPIONING IN POLITICAL JUSTICE BY OFFERING COACHING, TRAINING, MENTORING AND INSTITUTIONAL RAISING AND PROPER AWARENESS RAISING AS THE RESPONSIBLE WATCH DOG IN THE SECTOR SO THAT EACH ONE WITH HIV/AIDS CAN ENJOY DIGNIFIED LIFE BY ENSURED ENGAGEMENT OF THE POPULATION IN DECISION MAKING AND POLITICAL REPRESENTATION.	5,000	WIRE TRANSFER			BOOK

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		SUB-SAHARAN AFRICA	1. TO PROVIDE PALLIATIVE NURSING CARE TO THOSE WHO ARE TERMINALLY ILL & ALLEVIATE THE PHYSICAL SUFFERING AND TO PROVIDE A COMFORTABLE ENVIRONMENT.2. PAIN MANAGEMENT AND WOUND CARE, ATTEND TO THE SPIRITUAL NEEDS OF THE CLIENTS. 3. TRAIN FAMILY MEMBERS AND FRIENDS TO ENABLE THEM TO PROVIDE CARE AND SUPPORT TO THEIR DEAR SICK RELATIVES.	8,333	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	OUR GOAL IS TO IMPROVE STANDARDS OF COUNSELLING IN RELATION TO TREATMENT LITERACY, DISCLOSURE, ADHERENCE AND TRANSITIONAL COUNSELLING, PARENTING SKILLS AND LIFE SKILLS. OUR SECOND GOAL IS TO IMPROVE STAFF COMPETENCY IN RELATION TO COUNSELING AND DEALING WITH THE CLINIC POPULATION.	4,100	WIRE TRANSFER			BOOK

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		SOUTH AMERICA	PROMOTE THE HEALTH, ADHERENCE TO TREATMENT, WELL-BEING AND INTEGRATION OF PEOPLE LIVING WITH HIV / AIDS, AS CLAIMED IN THE OBJECTIVES OF SUSTAINABLE DEVELOPMENT.	6,667	WIRE TRANSFER			BOOK
		NORTH AMERICA	ACTIVITIES AIMED AT PEOPLE WHO INJECT DRUGS ARE THE PREVENTION OF HIV/AIDS AND HEPATITIS C THROUGH THE DISTRIBUTION OF PREVENTION SUPPLIES SUCH AS STERILE SYRINGES, DRUG INJECTION EQUIPMENT, CONDOMS AND LUBRICANTS.	23,333	WIRE TRANSFER			BOOK

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		NORTH AMERICA	1) IMPROVE THE QUALITY OF LIFE OF PEOPLE LIVING WITH HIV IN VENEZUELA. 2) IMPROVE ACCESS TO ARVS FOR VENEZUELANS LIVING WITH HIV.	12,500	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	ENERGIZE FOLKS WITH HIV ON TREATMENT WHILE EMPHASIZING THE IMPORTANCE OF ADHERENCE. TO EDUCATE PEOPLE WITH HIV ON TREATMENT ABOUT THE DANGERS OF BOTH ACQUIRED AND TRANSMITTED HIV DRUG RESISTANCE. TO EMPOWER PEOPLE ON TREATMENT ABOUT THE IMPORTANCE OF A PERIODIC VIRAL LOAD TEST AND HOW BEST THEY CAN DEMAND AND ACCESS A VIRAL LOAD TEST. TO COLLECT IDEAS FROM PEOPLE ON HIV TREATMENT ABOUT HOW TO PROMOTE QUALITY TREATMENT OF ALL PEOPLE WITH HIV IN UGANDA.	10,500	WIRE TRANSFER			BOOK

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		SUB-SAHARAN AFRICA	TO REDUCE MISSED OPPORTUNITIES FOR 'TESTING AND TREATING' HIV INFECTION AMONG CHILDREN (0-14 YEARS) ATTENDING OUTPATIENT CLINICS (FOR WELL AND SICK CHILD, MCH AND OPD) IN 3 COUNTY HOSPITALS IN COAST REGION OF KENYA.	25,387	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	SPECIFIC OBJECTIVES:- TO INCREASE YOUTH AWARENESS AND SELF-EFFICACY TO PROMOTE SAFER SEX AT THE END OF PROJECT PERIOD. - TO ASSIST 1050 YOUTH IN KOLFE SUB-CITY TO ENABLE THEM ACQUIRE LIFE SKILL AND ENTREPRENEUR SKILLS AS WELL AS BECOME AMBASSADORS TO SELF-PROTECTION BY EXTENSION OF PEER PROTECTION FROM VULNERABILITIES TO ADDICTION AND HIV/AIDS IN THE PROJECT LIFE SPAN.- TO WORK TOWARDS THE FAMILY AS WELL AS SOCIAL INTEGRATION OF YOUNGS AT THE END OF THE PROJECT PERIOD.	12,210	WIRE TRANSFER			BOOK

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		CENTRAL AMERICA AND THE CARIBBEAN	THE PROGRAMME SEEKS TO RE-INTEGRATE AT LEAST 25 HOMELESS LGBT PERSONS BACK INTO SOCIETY IN A MANNER THAT ENABLES THEM TO LIVE FULFILLING AND PRODUCTIVE INDEPENDENT LIVES. THE PROGRAMME WILL PROVIDE HOUSING FOR ITS BENEFICIARIES THROUGH VARIOUS MODELS WHILE IMPROVING THEIR HEALTH OUTCOMES THROUGH ACCESS TO PSYCHO-SOCIAL SUPPORT AND HEALTH INTERVENTIONS AS WELL AS INCREASING THEIR EMPLOYABILITY THROUGH SKILLS TRAINING AND WORKSHOPS.	11,541	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	MAIN OBJECTIVE 1. TO RAISE AWARENESS ON THE LEVELS OF STIGMA AND DISCRIMINATION AGAINST PEOPLE LIVING WITH HIV AND TB.MAIN OBJECTIVE 2. TO INCREASE ACCESS TO ART AND TB TREATMENT SERVICES.MAIN OBJECTIVE 3. STRENGTHEN COMMUNITY CAPACITY IN ADVOCACY AND REDUCTION OF DISCRIMINATORY PRACTICES AGAINST HIV AND TB CLIENTS.	16,666	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	1. TO IMPROVE CAPACITY BUILDING AND UNDERTAKE TRAINING OF CHANGE AGENTS UNDER CONTEMPLATIVE EDUCATION PROCESSES TO EMPOWER NETWORKS WITHIN THE MYANMAR COMMUNITY. 2. TO INCREASE THE COMPREHENSIVENESS OF HIV CARE, TREATMENTS AND AWARENESS OF AIDS, INCREASE ACCESSIBILITY TO HIV DIAGNOSIS, DECREASE BARRIERS RELATED TO HIV TESTING, AND ENHANCE THE QUALITY OF LIFE IN MYANMAR MIGRANT WORKERS.	16,666	WIRE TRANSFER			BOOK
		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.	20,821	WIRE TRANSFER			BOOK

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

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		SUB-SAHARAN AFRICA	MOHF ENDEAVOURS, IN A PERIOD OF 12 MONTHS LGBTI HUMAN RIGHTS ARE FULLY INCORPORATED INTO NATIONAL DEVELOPMENT PROCESSES PROGRAMMES SUPPORTED BY THE GOVERNMENT, PARASTATALS AND THE PRIVATE SECTOR. THIS WILL BE ACHIEVED BY ENGAGING POLICE AND SECURITY SERVICE PERSONNEL, JUDICIARY OFFICERS, CHIEFS, VILLAGE HEADMEN, HEALTHCARE PERSONNEL AND EDUCATION PERSONNEL TO PARTICIPATE IN AN EXCHANGE OF IDEAS ON HOW TO BETTER ENGAGE WITH LGBTI INDIVIDUALS.	8,333	WIRE TRANSFER			BOOK
		EAST ASIA AND THE PACIFIC	PROJECT GOALS: INCREASE NUMBER OF YOUNG MSM AND TG TO ACCESS HIV TESTING AND ELIMINATE STIGMA AND DISCRIMINATION THROUGH ORGANIZED PROVINCIAL ENABLING ENVIRONMENT AND COMMUNITY AWARENESS RAISING CAMPAIGN.	5,666	WIRE TRANSFER			BOOK

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

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		MIDDLE EAST AND NORTH AFRICA	THE PROGRAM GOAL IS TO PROMOTE HIV TESTING WITHIN KEY POPULATIONS IN COLLABORATION WITH THE NATIONAL AIDS PROGRAM IN LEBANON.	8,328	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	IN COORDINATION WITH MISAU AND OUR PARTNERS, SEEKS TO IMPROVE HIV OUTCOMES IN PREGNANT WOMEN, ADOLESCENTS, AND CHILDREN MOST AFFECTED BY THE EPIDEMIC WITH A TARGETED SURGE OF TRAINED FRONTLINE WORKERS TO ASSIST PROVIDERS WITH DISCLOSURE SUPPORT. MENTOR MOTHERS PLAY A LEAD ROLE IN LINKING CLIENTS TO HEALTH SERVICES, BUT LACK APPROPRIATE JOB AIDS AND TRAINING THAT FOCUS ON ONGOING DISCLOSURE OF DISEASE STATUS FROM A FAMILY-FOCUSED PERSPECTIVE AND IN A LOW LITERACY CONTEXT. OUR MENTOR MOTHERS, CURRENTLY WORKING ACROSS 34 COMMUNITY AND FACILITIES, WILL RECEIVE FURTHER TRAINING TO INTEGRATE COMPONENTS OF ADULT AND PEDIATRIC DISCLOSURE SUPPORT INTO THEIR SCOPE OF WORK. THIS WILL ENABLE MOZAMBIQUE TO STAY ON PACE WITH ITS AMBITIOUS TREATMENT AND VIRAL SUPPRESSION TARGETS.	13,333	WIRE TRANSFER			BOOK

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		SUB-SAHARAN AFRICA	THE GOAL OF THE PROGRAM IS TO WORK TOWARDS THE UNAIDS TARGET OF 2020, I.E. IDENTIFY 90% OF THE PLHIVS FOUND IN GAMBELLA TOWN AND PUT 90% OF THEM ON ART TO BRING 90% VIRAL SUPPRESSION THROUGH STRENGTHENING REFERRAL LINKAGE BETWEEN KEBELE HEALTH EXTENSION, PLHIV ASSOCIATION AND HEALTH FACILITY, DECREASING DEFAULTING RATE BY ENHANCING PATIENT TRACKING SYSTEM AND INCREASING PMTCT COVERAGE BY 90%.	16,667	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	- TREATMENT OPTIMIZATION AND ELIMINATION OF USER FEE.- MOBILIZATION OF DOMESTIC RESOURCES FOR THE HIV RESPONSE.- ADOLESCENT AND YOUNG PEOPLE SEXUAL HEALTH AND RIGHT ISSUES.- SUPPORT THE PLATFORM FOR CONTINUED ENGAGEMENT OF HIV STAKEHOLDERS.	8,833	WIRE TRANSFER			BOOK

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		SUB-SAHARAN AFRICA	THE GOAL OF THE PROGRAM IS TO REDUCE NEW HIV & STI INFECTIONS AMONG YOUNG WOMEN AND TO GET HIV YOUTH ONTO TREATMENT AND ADHERENT TO ARVS. THE NTETHELELO FOUNDATION IS REACHING GIRLS AND YOUNG WOMEN THROUGH AFTER-SCHOOL PROGRAMS AND COMMUNITY STRENGTHENING ACTIVITIES.	31,334	WIRE TRANSFER			BOOK
		CENTRAL AMERICA AND THE CARIBBEAN	TO INCREASE UPTAKE OF TREATMENT, CARE AND SUPPORT SERVICES, ADHERENCE AND RETENTION AMONG PEOPLE LIVING WITH HIV AND TB AND THOSE CO-INFECTED.	5,667	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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	WILL LEAD ESTABLISHMENT OF THE REGIONAL SEE COMMUNITY NETWORK FOR HIV AND TB. AFTER THE LEGAL REGISTRATION PH WILL INVITE LEADING, EXPERIENCED CSOS FROM NINE COUNTRIES OF THE REGION TO JOIN THE ASSEMBLY OF THE REGIONAL NETWORK.	49,850	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	THE PROGRAM GOAL IS TO SUPPORT HIV POSITIVE PREVENTION THROUGH REDUCING VULNERABILITY OF PEOPLE INFECTED AND AFFECTED BY HIV RELATED, IMPROVING THEIR PRODUCTIVITY AND WIDENING THEIR OPPORTUNITIES TO BECOME SELF-EMPLOYED AND GENERAGE INCOME TO SUSTAIN THEIR LIVES.	4,960	WIRE TRANSFER			BOOK

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		SUB-SAHARAN AFRICA	HIV HAS BEEN LINKED TO A WIDE RANGE OF DEVELOPMENTAL CHALLENGES SUCH AS COGNITIVE FAILURE, NEUROLOGICAL SYMPTOMS, LEARNING DIFFICULTIES AND SPEECH AND LANGUAGE PROBLEMS. THOUGH IT IS DIFFICULT TO ISOLATE ITS SINGULAR EFFECT ON THE NEUROLOGICAL STATUS OF CHILDREN INFECTED WITH IT, RESEARCH HAS CLEARLY ESTABLISHED THAT INFANTS WHO ARE HIV-EXPOSED AND INFECTED ARE AT RISK OF BEHAVIORAL DISORDERS, COGNITIVE/DEVELOPMENTAL DELAY, AND WEIGHT AND GROWTH RETARDATION. OUR PROGRAM GOAL IS TO INTEGRATE SERVICES FOR OVC WITH SPECIAL NEEDS EITHER HIV INFECTED/AFFECTED OR NON INFECTED, AND ENHANCE THEIR CARE-GIVERS' CAPACITY TO RESPOND TO THE CARE AND PROTECTION OF THEIR CHILDREN. THE DAILY CARE ALONGSIDE WITH THE ESTABLISHMENT OF OUR PSYCHOMOTOR REHABILITATION CENTER AND THE FAMILIES HEALTH/BEHAVIORAL/LEARNING THROUGH PLAY EDUCATION/OCCUPATIONAL SESSIONS CREATES AN ADEQUATE ENVIRONMENT FOR OVC CHILDREN WITH SPECIAL NEEDS EITHER BORN FROM HIV POSITIVE MOTHERS OR CHILDREN ALREADY LIVING WITH HIV.	20,000	WIRE TRANSFER			BOOK
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO STRENGTHEN AND MAGNIFY THE IMPACT OF THE ASSOCIATION'S INTERVENTIONS IN THE PUBLIC SPHERE, UNDER A JOINT PROGRAM BETWEEN AHF AND POSITIVE VOICE WHICH WILL FOCUS ON THE REINFORCEMENT OF THE ROLE OF CIVIL SOCIETY ORGANIZATIONS IN THE PROMOTION OF HIV PREVENTION AND TESTING.	16,650	WIRE TRANSFER			BOOK

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		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.	8,183	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	RAIN WILL BE ABLE TO GREATLY INCREASE THE NUMBER OF OUTREACHES, DRAMATICALLY INCREASING THE NUMBER OF CLIENTS TESTED AND INDIVIDUALS WHO KNOW THEIR HIV STATUS.	25,001	WIRE TRANSFER			BOOK

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		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.	19,166	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	THE MAIN GOAL OF THIS PROGRAM IS TO REDUCE NEW HIV INFECTION THROUGH PROMOTION OF CONDOM USE AMONG KEY POPULATIONS AND THEIR PARTNERS. THE PROGRAM WILL PROVIDE OPPORTUNITY FOR ENGAGEMENT BETWEEN SERVICE PROVIDERS AND SERVICE CONSUMERS IN RESPECT TO THE THREAT OF UNPROTECTED SEX WITH HIGH POSSIBILITIES OF INCREASED NEW HIV INFECTION IN RWANDA.	9,887	WIRE TRANSFER			BOOK

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		SUB-SAHARAN AFRICA	OUR GOAL IS REDUCING NEW INCIDENCE OF HIV INFECTION AMONG THE ADDIS ABABA, MEGANAGNA, ARAT KILO, MEXICO, MERCATO CROSS-COUNTRY BUS STATION AND TORHAILOCH TAXI COMMUNITY (TAXI DRIVERS, THEIR ASSISTANTS AND INFORMAL INSPECTORS).	16,067	WIRE TRANSFER			BOOK
		EAST ASIA AND THE PACIFIC	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.	16,666	WIRE TRANSFER			BOOK

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

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		SUB-SAHARAN AFRICA	WE HAVE PROPOSED A ONE YEAR PROGRAM AMONG THE TAXI COMMUNITIES WITH THREE BASIC STRATEGIES, WHICH ARE AMONG THE EXPERTISE AREAS OF SYGE, THAT ARE SUITABLE TO IMPACT THE COMMUNITY AND BRING ON THE MARKED GOAL BY THE PROGRAM.	18,000	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	OUR PROPOSED PROJECT SEEKS TO BUILD ONTO EXISTING SRHR AND HIV/AIDS PREVENTION EFFORTS OF THE GOVERNMENT AND DONORS BY TARGETING THOSE OUTSIDE THE MAINSTREAM AND WITH LESS LIKELIHOOD OF RECEIVING CONVENTIONAL INFORMATION BY THE NATURE OF THEIR JOBS, SCHEDULES AND LOCATIONS. SIMILAR PREVENTION, CARE AND TREATMENT INFORMATION SHALL BE PACKAGED TO THEM IN SIMPLE TO UNDERSTAND WAYS AND PROVIDED IN PLACES TO INCREASE ACCESS (PHYSICAL AND COGNITIVE) IN LANGUAGE MOST CAN RELATE TO.	8,333	WIRE TRANSFER			BOOK

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		EAST ASIA AND THE PACIFIC	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.	24,962	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	THE PROPOSED PROGRAM WILL EMPOWER COMMUNITY SUPPORT GROUPS ON TREATMENT LITERACY, TEST AND START PROGRAM AND ESTABLISH COMMUNITY ART GROUPS WITH THE PURPOSE OF UP SCALING THE UPTAKE OF ARV'S AND ELIMINATING STIGMA WHICH HINDERS THE GOOD ADHERENCE TO ART BY DECEMBER 2019. FURTHERMORE TO IMPROVE POSITIVE PREVENTION PRACTICES AMONGST PEOPLE LIVING WITH HIV AND ENCOURAGE EARLY TREATMENT OF OPPORTUNISTIC INFECTIONS.	11,111	WIRE TRANSFER			BOOK

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		EAST ASIA AND THE PACIFIC	IS TO PROVIDE EVIDENCE PROVING THE FEASIBILITY OF SAME-DAY HIV TESTING AND ART INITIATION SERVICES FOR NEWLY DIAGNOSED PLHIV, AND ITS IMPACT ON IMPROVING RETENTION IN CARE WITH VIROLOGIC SUPPRESSION AMONG PATIENTS WITH EARLY CLINICAL HIV DISEASE.	16,628	WIRE TRANSFER			BOOK
		EAST ASIA AND THE PACIFIC	THE GOAL OF THE PROGRAM IS TO ENSURE POSITIVE MSM AND TG CONTINUE TO LIVE A HEALTHY LIFE.	7,351	WIRE TRANSFER			BOOK

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		EAST ASIA AND THE PACIFIC	PROVIDE DRUG TREATMENT, ART ENROLLMENT AND OTHER TREATMENT PACKAGES, AND LINK WITH INCOME GENERATION PROGRAM TO DRUG USERS WITH HIV POSITIVE.	5,955	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	THE ROCK OF HOPE (ROH), IN PARTNERSHIP WITH THE SOUTHERN AFRICA LITIGATION CENTRE (SALC) AND HUMAN DIGNITY TRUST (HDT), INTENDS TO ENGAGE THE LGBTI COMMUNITY AND VARIOUS STAKEHOLDERS, WITH THE AIMS TO UNDERSTAND THE EXPERIENCES OF LGBTI PERSONS IN ESWATINI AND THE LAWS USED TO TARGET AND DISCRIMINATE AGAINST THEM. WE WILL ALSO BRING THE EXPERIENCES OF LGBTI PERSONS IN ESWATINI INTO PUBLIC AWARENESS AT BOTH GOVERNMENT AND SOCIETAL LEVELS AND TO DEVELOP STRATEGIES TO ADDRESS ONGOING HUMAN RIGHTS VIOLATIONS AND DISCRIMINATION OF LGBTI PERSONS SIMPLY ON THE BASIS OF THEIR REAL OR PERCEIVED SEXUAL ORIENTATION AND GENDER IDENTITY.	25,000	WIRE TRANSFER			BOOK

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		EAST ASIA AND THE PACIFIC	STRENGTHENING THE APPROACH OF TESTING AND TREATING OF HIV/AIDS AMONG THE MSM-TG-MSW IN HO CHI MINH CITY THROUGH PROVIDING DIRECT SERVICES, IMPROVING CAPACITY, AND WIDENING THE NETWORK OF COMMUNITY-BASED ORGANIZATIONS.	5,604	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	HEALTH AND SUPPORT SERVICES PROGRAMME 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.	22,500	WIRE TRANSFER			BOOK

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		SUB-SAHARAN AFRICA	THIS PROJECT OFFERS A UNIQUE PROGRAM DESIGN THAT COMBINES THE DISSEMINATION OF LIFE SAVING INFORMATION WITH A STRONG FOCUS ON COGNITIVE DEVELOPMENT TO PROMOTE GOOD DECISION MAKING AND LEADERSHIP. AS INFORMATION ALONE IS RARELY SUFFICIENT TO BRING ABOUT SIGNIFICANT BEHAVIOUR CHANGE, THE PROJECT WILL ADDRESS THE INTERACTION OF PERSONALITY, SOCIAL AND CULTURAL VARIABLES, EDUCATION, AND MOTIVATION IN ORDER TO ENHANCE THE COPING STRATEGIES OF THE TARGET GROUP. PERSONAL AND COMMUNITY RESPONSIBILITY ARE STRESSED IN ALL ACTIVITIES AND BENEFICIARIES WILL BE PROVIDED WITH INFORMATION ON LOCAL SERVICE PROVIDERS. THIS OVERALL TECHNICAL APPROACH DESCRIBES THE USE OF EVIDENCE OF IDENTIFYING AND ADDRESSING KEY DETERMINANTS OF RISKY BEHAVIOUR AMONGST SEX WORKERS AND TRUCK DRIVERS.	24,765	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	THIS PROJECT WHOSE GOAL IS TO INCREASE ACCESS TO STI/HIV PREVENTION SERVICES FOR SELECTED KEY POPULATIONS AND LINK THOSE THAT TEST POSITIVE TO TREATMENT SO AS TO CONTRIBUTE TO THE ATTAINMENT OF THE 90, 90, 90 FOR PEOPLE LIVING WITH HIV BY 2030 IN ZAMBIA IS AIMED AT ENABLING THE COMMERCIAL SEX WORKERS, ADOLESCENTS AND THE YOUTH AND THE UNIFORMED PERSONNEL WHO IN THIS CASE WILL BE THE MOBILE POLICE MEN ACCESS STI/HIV PREVENTION AND MEDICAL SERVICES.	22,616	WIRE TRANSFER			BOOK

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		EUROPE (INCLUDING ICELAND & GREENLAND)	TO KEEP THE LIGHTS ON AT UNITE, THE PARLIAMENTARIAN'S GROUP THAT WORKS TO BRING HIV/AIDS TO THE GOVERNMENT LEVEL.	68,666	WIRE TRANSFER			BOOK
		EAST ASIA AND THE PACIFIC	THE PROPOSED TARGET COMMUNITY FOR THE PROJECT I.E. YOUNG POPULATION AND KEY AFFECTED POPULATIONS OF TERAI REGION OF NEPAL WILL HAVE DIRECT AND EASY ACCESS TO THE SERVICE BY GETTING TO KNOW THEIR HIV STATUS AT THEIR DOORSTEPS.	16,634	WIRE TRANSFER			BOOK

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		EAST ASIA AND THE PACIFIC	REDUCING MORBIDITY AND MORTALITY THROUGH HIV PREVENTION OF UNINFECTED PERSONS AND TREATMENT FOR PEOPLE WITHIN THE CRIMINAL JUSTICE SYSTEM IN DKI JAKARTA'S DETAIN CENTERS, CORRECTIONAL INSTITUTIONS, AND PAROLE INSTITUTIONS.	17,091	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	TO PROVIDE 1200 YOUNG PEOPLE IN NIGERIA (KADUNA, NASARAWA, NIGER, BAUCHI AND PLATEAU) WITH BASIC INFORMATION TOOLS THAT WILL INCREASE THEIR KNOWLEDGE AND SKILLS IN LEADING SAFER BEHAVIORS, AND HELPING THEM TAKE RESPONSIBILITY FOR THEIR OWN HEALTH THROUGH IN AND OUT OF SCHOOL REPRODUCTIVE HEALTH PROGRAM.	15,000	WIRE TRANSFER			BOOK

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		SUB-SAHARAN AFRICA	TO AVAIL INFORMATION THAT SHALL HELP THE UNINFECTED REMAIN NEGATIVE, THE INFECTED KNOW WHERE TO GET FREE TREATMENT AND HELP EVERYONE KNOW THEIR HIV STATUS.	8,312	WIRE TRANSFER			BOOK
		SUB-SAHARAN AFRICA	THE KEY PROGRAMS INCLUDES HIV PREVENTION, SEXUAL REPRODUCTIVE HEALTH INTERVENTIONS AND FAMILY PLANNING. THE ACTIVITIES INCLUDE BAHAVIOR CHANGE COMMUNICATIONS, BIOMEDICAL SERVICES SUCH AS HIV COUNSELING AND TESTING, STI DIAGNOSIS AND TREATMENT AND VOLUNTARY MEDICAL MALE CIRCUMCISION. OTHER ACTIVITIES ARE CONDOM EDUCATION AND DISTRIBUTION AS WELL AS ADVOCACY.	20,000	WIRE TRANSFER			BOOK

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		SUB-SAHARAN AFRICA	OUR PROGRAM SEEKS TO HELP YOUNG PEOPLE LIVING WITH HIV IN ZIMBABWE, STRUGGLING WITH POOR ADHERENCE TO ANTIRETROVIRAL THERAPY (ART) AND EMOTIONAL STRESS. THE PROGRAM WILL FOCUS ON HIGH RISK YOUNG PEOPLE AGED 17-24 LIVING WITH HIV WHO ARE LESS THAN OPTIMALLY ENGAGED IN HIV CARE.	16,130	WIRE TRANSFER			BOOK

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
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.

CA, FL, GA, NY, OH

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

Revenue / Direct Expenses		(a) Event #1 FLORIDA AIDS WALK (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,600,981			1,600,981
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	1,600,981			1,600,981
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,206,959			2,206,959
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				2,206,959
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-605,978

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

Revenue / Direct Expenses		(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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ ----------

Address ▶ ----------

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

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

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

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information:

Name ▶ ----------

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

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

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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**

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
A SISTER'S GIFT HIV OUTREACH SERV 1515 N TOWN EAST BLVD 138-380 MESQUITE, TX 75150	90-0111904	501 C 3	6,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
AFRICAN SERVICES COMMITTEE 429 WEST 127TH STREET NEW YORK, NY 10027	13-3749744	501 C 3	33,332		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
AIDSPAN PO BOX 54 CORNWALLVILLE, NY 12418	32-0060251	501 C 3	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
AL SURA INC 5025 AMES STREET NE WASHINGTON, DC 20019	26-3048656	501 C 3	15,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
APPIA INC CALLE ALPES 1020 PUERTO NUEVO SAN JUAN, PR 00920	66-0729736	501 C 3	30,067		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 DR LEEDS, MA 01053	20-4026044	501 C 3	6,666		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
BEACON 360 MANAGEMENT INC 3409 EAST BROAD STREET COLUMBUS, OH 43213	02-0634747	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
BRIDGE BUILDERS FOUNDATION INC PO BOX 431358 LOS ANGELES, CA 90043	33-0846590	501 C 3	16,667		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
BROWN NAFF PITTS OMNIMEDIA INC PO BOX 53352 WASHINGTON, DC 20009	27-1554281	501 C 3	26,666		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
CAMP LAUREL FOUNDATION INC 75 S GRAND AVE PASADENA, CA 91105	95-4429260	501 C 3	28,333		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
CAMP REHOBOTH INC 37 BALTIMORE AVE REHOBOTH, DE 19971	51-0331962	501 C 3	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
CENTERLINK INC PO BOX 24490 FORT LAUDERDALE, FL 33307	52-2292725	501 C 3	8,333		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
CHARLES DREW UNIVERSITY OF MEDICINE E 120TH STREET LOS ANGELES, CA 90059	95-6151774	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
CYNTHIA PERRY RAY FOUNDATION 13111 CASIMIR AVENUE GARDENA, CA 90249	90-0710536	501 C 3	8,333		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
EQUALITY FLORIDA INSTITUTE INC PO BOX 13184 ST PETERSBURG, FL 33733	59-3435235	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
ERNEST E JUST YOUTH AND PO BOX 10741 OAKLAND, CA 94610	20-8150887	501 C 3	8,333		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
FRACTURED ATLAS INC 248 W35TH ST FLOOR 10 NEW YORK, NY 10001	11-3451703	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
FROM THE HEART PRODUCTIONS INC 1455 MANDALAY BEACH ROAD OXNARD, CA 93035	95-4445418		24,500		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
GARDEN STATE EQUALITY 1408 MAIN ST ASBURY PARK, NJ 07712	20-2588166	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
GEORGE WASHINGTON UNIVERSITY 1900 23RD STREET NW WASHINGTON, DC 20037	23-2896725		16,254		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
GEORGETOWN UNIVERSITY 3800 RESERVOIR ROAD NW WASHINGTON, DC 20007	52-2218584	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
GLOBAL LIVINGSTON INSTITUTE 3001 BRIGHTON BLVD STE 2662 DENVER, CO 80216	45-4683531	501 C 3	50,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
GRANADA ON BROADWAY OUTREACH 10974 SOUTH BROADWAY LOS ANGELES, CA 90061	80-0672480	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
GRIOT CIRCLE 25 FLATBUSH AVE-5TH FL BROOKLYN, NY 11217	11-3364328	501 C 3	31,606		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
HAITIAN CENTERS COUNCIL INC 3807 CHURCH AVENUE BROOKLYN, NY 11203	11-2648501	501 C 3	20,450		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
HARBORPATH INC 8000 CORPORATE CENTER DRIVE SUITE 200 CHARLOTTE, NC 28226	45-5174402	501 C 3	8,333		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
HEALTHY COMMUNITY PROJECT 2121 SOUTH VICTORIA AVE LOS ANGELES, CA 90016	47-4148710	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
HOPE AND DREAMS INITIATIVE 4816 BARNES AVE BRONX, NY 10470	45-3528679		24,666		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
HOPE FOR HILLTRIBES INC PO BOX 14091 COLUMBUS, OH 43214	27-0400885	501 C 3	18,380		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
IMPACT EXCHANGE 6114 W CHARLESTON BLVD LAS VEGAS, NV 89146	82-3917829	501 C 3	15,467		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	24,000		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
JERICHO ROAD COMMUNITY HEALTH 184 BARTON STREET BUFFALO, NY 14213	42-1571876	501 C 3	8,136		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
JERSEY CITY CONNECTIONS PO BOX 8116 JERSEY CITY, NJ 07308	22-3312710	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
LA NUEVA ESPERANZA INC 213 JOHNSON AVENUE BROOKLYN, NY 11206	20-4393724	501 C 3	7,533		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
LGBT CENTER ORLANDO 946 N MILLS AVE ORLANDO, FL 32803	59-1884445	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
LIGHT HEALTH AND WELLNESS 2200 NORTH MONROE STREET BALTIMORE, MD 21217	52-2140604	501 C 3	25,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
LOS ANGELES BROTHERHOOD CRUSADE 200 E SLAUSON AVENUE LOS ANGELES, CA 90011	95-2543819	501 C 3	33,333		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
METRO COMMUNITY DEVELOPMENT CO 415 S PEARL AVE COMPTON, CA 90221	55-4578708	501 C 3	10,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
METROPOLITAN COMMUNITY CHURCH 4857 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33418	41-2035538	501 C 3	23,333		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
MINISTERIO EN JEHOVA SERAN PO BOX 141486 ARECIBO, PR 00614	66-0529242	501 C 3	8,333		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
MY COOL SOLUTIONS 23660 MILES ROAD BEDFORD HEIGHTS, OH 44128	82-4521334	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
NORTHEAST OHIO AFRICAN AMERICAN 670 LOVERS LANE AKRON, OH 44306	31-1662922	501 C 3	7,468		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
ONE ARCHIVES FOUNDATION 7655 W SUNSET BLVD LOS ANGELES, CA 90046	95-3660779	501 C 3	23,333		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
ONE HEARTLAND INC HENNEPIN AVE SOUTH SUITE 200 MINNEAPOLIS, MN 55405	39-1763115	501 C 3	10,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
ONE TENT HEALTH 1440 G ST NW WASHINGTON, DC 20005	81-3082227	501 C 3	26,666		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
PROJECT ANGEL FOOD 922 VINE STREET LOS ANGELES, CA 90038	95-4115863	501 C 3	16,666		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
PROJECT KINDLE INC PO BOX 800991 SANTA CLARITA, CA 91380	47-0814125	501 C 3	40,000		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
PROJECTQ PO BOX 26421 LOS ANGELES, CA 90026	81-3740319	501 C 3	15,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
ROTARIANS FOR FAMILY HEALTH AND AIDS PREVENTION INC 2575 PEACHTREE ROAD NE 20 E ATLANTA, GA 30305	20-0372797	501 C 3	20,000		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 A GIRL SAVE A WORLD 18665 WILDEMERE DETROIT, MI 48221	46-3680673	501 C 3	11,677		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
SHANTI PROJECT 730 POLK STREET 3RD FLOOR SAN FRANCISCO, CA 94109	94-2297147	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
ST TITUS ONE MISSIONARY BAPTIST 12257 S EMERALD AVE CHICAGO, IL 60628	36-3874536	501 C 3	8,333		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
STEPPING STONE OF SAN DIEGO INC 3767 CENTRAL AVENUE SAN DIEGO, CA 92105	95-3080619	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
THE AMAAD INSTITUTE 10221 S COMPTON AVE SUITE 105 LOS ANGELES, CA 90002	77-0672440	501 C 3	6,667		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
THE FUTURE FOUNDATION 1892 WASHINGTON RD EAST POINT, GA 30344	58-2636418	501 C 3	16,660		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 GAY & LESBIAN COMMUNITY CENTER 2530 N CHARLES ST 3RD FL BALTIMORE, MD 21218	52-1112541	501 C 3	8,333		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
THE MONTROSE CENTER 401 BRANARD STREET HOUSTON, TX 77006	74-2050245	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
THURSDAY'S CHILD INC 475 EAST MAIN STREET PATCHOGUE, NY 11772	11-3068809	501 C 3	10,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
VALLEY COMMUNITY HEALTHCARE 6801 COLDWATER CANYON AVE NORTH HOLLYWOOD, CA 91605	23-7050082	501 C 3	28,466		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
VISITORS' SERVICES CENTER 1422 MASSACHUSETTS AVE SE WASHINGTON, DC 20003	52-0906685	501 C 3	8,333		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
WORLD AIDS MUSEUM INC 1201 NE 26TH ST SUITE 111 WILTON MANORS, FL 33305	45-3419591	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
WRITERS PLANNERS TRAINERS INC 1405 STATE STREET EAST ST LOUIS, IL 62205	33-1049325	501 C 3	8,333		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(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				
1MICHAEL WEINSTEIN PRESIDENT	(i)	354,167	120,271	0	5,000	0	479,438	0
	(ii)	0	0	0	0	0	0	0
1PETER REIS SENIOR VICE PRESIDENT	(i)	234,558	26,000	0	5,000	0	265,558	0
	(ii)	0	0	0	0	0	0	0
2THOMAS A MYERS CHIEF COUNSEL/PUBLIC AFFAI	(i)	228,735	25,000	0	5,000	0	258,735	0
	(ii)	0	0	0	0	0	0	0
3DONNA STIDHAM CHIEF MANAGED CARE	(i)	215,036	24,000	3,000	5,000	0	247,036	0
	(ii)	0	0	0	0	0	0	0
4LYLE HONIG CHIEF FINANCIAL OFFICER	(i)	219,712	27,000	0	5,000	0	251,712	0
	(ii)	0	0	0	0	0	0	0
5MICHAEL WOHLFEILER CHIEF MEDICAL OFFICER	(i)	310,834	35,000	10,167	5,000	0	361,001	0
	(ii)	0	0	0	0	0	0	0
6 KENNETH SCOTT CARRUTHERS CHIEF PHARMACY OFFICER	(i)	218,526	28,000	0	0	0	246,526	0
	(ii)	0	0	0	0	0	0	0
7ANITA CASTILLE VICE PRESIDENT OF HUMAN RE	(i)	174,124	25,000	0	5,000	0	204,124	0
	(ii)	0	0	0	0	0	0	0
8SAMANTHA A GRANBERRY VICE PRESIDENT OF SALES &	(i)	175,188	22,000	0	4,023	0	201,211	0
	(ii)	0	0	0	0	0	0	0
9WHITNEY ENGERAN SR. DIR. OF PUBLIC HEALTH	(i)	164,944	24,000	0	0	0	188,944	0
	(ii)	0	0	0	0	0	0	0
10DONNA TEMPESTA VICE PRES. NORTHERN REGION & FINANCE	(i)	215,182	25,000	0	5,000	0	245,182	0
	(ii)	0	0	0	0	0	0	0
11MICHAEL KAHANE BUREAU CHIEF SOUTHERN REGI	(i)	216,945	29,000	0	5,000	0	250,945	0
	(ii)	0	0	0	0	0	0	0
12TERRI FORD CHIEF OF GLOBAL ADVOCACY &	(i)	175,978	24,000	0	2,628	0	202,606	0
	(ii)	0	0	0	0	0	0	0
13ADAM CARL ZWEIG REGIONAL MEDICAL DIRECTOR	(i)	218,426	6,250	15,977	5,000	0	245,653	0
	(ii)	0	0	0	0	0	0	0
14ROBERT HEGLAR DEPUTY CHIEF MEDICAL OFFIC	(i)	290,867	37,165	22,000	5,000	0	355,032	0
	(ii)	0	0	0	0	0	0	0
15RAUL RAMIREZ SANCHEZ PHARMACY SALES REPRESENTAT	(i)	323,708	0	0	5,000	0	328,708	0
	(ii)	0	0	0	0	0	0	0
16PETER POVOLI PHARMACY SALES REPRESENTAT	(i)	295,716	0	0	5,000	0	300,716	0
	(ii)	0	0	0	0	0	0	0
17HENRY OSBURN PHARMACY SALES REPRESENTAT	(i)	290,315	0	0	5,000	0	295,315	0
	(ii)	0	0	0	0	0	0	0
18 JOSHUA MICHAEL KESSLER PHARMACY SALES REPRESENTAT	(i)	258,027	5,000	0	2,000	0	265,027	0
	(ii)	0	0	0	0	0	0	0
19MICHELLE POWELL PHYSICIAN	(i)	204,259	7,500	50,694	5,000	0	267,453	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				
21JONATHAN PETRUS FORMER CHIEF/NATIONAL BUREAU & IN	(i)	103,118	0	0	0	0	103,118	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
AIDS HEALTHCARE FOUNDATION

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	REFINANCE EXISTING DEBT OF OWNED PROPERTIES.		X	X			X
B	CALIFORNIA ENTERPRISE DEVELOPMENT AUTHORITY	35-2273601		12-30-2019	61,222,000	LOW INCOME HOUSING REFINANCE & PROPERTY FINANCING.		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	61,222,000		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows		19,478,588		
7	Issuance costs from proceeds		593,412		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	18,746,162	41,150,000		
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2015	2019		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X					
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X			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		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		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 %		0.800 %				
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 %		0.800 %				
7	Does the bond issue meet the private security or payment test?		X		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		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		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		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?		X		X				
c	No rebate due?		X		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		X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X					
b	Name of provider	WELLS FARGO		WELLS FARGO					
c	Term of hedge	700.0000000000 %		1000.0000000000 %					
d	Was the hedge superintegrated?		X		X				
e	Was the hedge terminated?		X		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		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		X				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		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		X					

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

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

OMB No. 1545-0047

2019

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 section 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 the organization managers or disqualified persons during the year under section 4958. . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
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) CYNTHIA DAVIS BOARD MEMBER OF HEALTHY COMMUNITY PROJECT	BOARD MEMBER	10,000	GRANT	IMPROVE HEALTH OF THOSE AFFECTED BY DRUG ABUSE
(2) CYNTHIA DAVIS PROFESSOR OF DREW UNIVERSITY	BOARD MEMBER	25,000	GRANTS & SPONSORSHIP	UNIVERSITY SPONSORSHIP
(3) DONNA STIDHAM BOARD MEMBER OF MEDICAID HEALTH PLANS AMERICA	OFFICER	17,500	SPONSORSHIP & MEMBERSHIP	IMPROVE ACCESS TO HEALTH CARE FOR MEDICAID PATIENTS
(4) ADAM CARL ZWEIG BOARD MEMBER OF MAMA'S KITCHEN	KEY EMPLOYEES	2,500	SPONSORSHIP	PROVIDES FOOD TO THOSE AFFECTED BY AIDS OR CANCER

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.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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				
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	X		127,005	FMV
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (NEW AFFILIATES INHERENT CONTRIBUTION)	X	2	4,894,619	FMV
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

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

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AHF'S OUTSIDE AUDITORS AND FINANCE STAFF PREPARE THE FORM 990. THE FORM IS THEN REVIEWED A ND APPROVED BY THE ORGANIZATION'S CONTROLLER AND CHIEF FINACIAL 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 2018. THE BOARD REVIEWED DATA OF COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED NONPROFIT EXECUTIV ES. 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 $ 10,266,895 PART 10B COST OF GOODS SOLD BEGINNING INVENT ORY $ 1,239,838 ADD PURCHASES AND OTHER COST 10,845,039 LESS ENDING INVENTORY - 1,400,015 10,684,862 PART 10C NET INCOME $ 417,967

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN NET ASSETS OF AFFILIATES -214,247.

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 C(2017) COLUMN D (2018) COLUMN E (2019) COLUMN F (TOTAL) LINE 1 25,101,233 31,968,979 35,558,922 134,949,234 LINE 2 1,100,141,866 1,201,040,134 1,3 19,228,732 3,769,183,180 LINE 6 1,125,243,099 1,233,009,113 1,354,787,654 3,904,132,414 LI NE 8 3,904,132,414 SECTION B. TOTAL SUPPORT LINE 9 1,125,243,099 1,233,009,113 1,354,787,6 54 3,904,132,414 LINE 10A 1,980,679 2,245,172 5,487,129 11,421,857 LINE 10C 1,980,679 2,24 5,172 5,487,129 11,421,857 LINE 12 2,972,617 1,590,845 6,272,938 507,874,293 LINE 13 1,130 ,196,395 1,236,845,130 1,366,547,721 4,423,428,564 PUBLIC SUPPORT PERCENTAGE FOR 2019 88.2 6%

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

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	(g) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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

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

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

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

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

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

See Additional Data Table

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
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
2348 ADAM CLAYTON POWELL JR BLVD NEW YORK, NY 10030 13-3699201	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	NY	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION		No
2600 N STEMMONS FREEWAY DALLAS, TX 75207 75-2241382	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	11,199,734	BOOK
WOMEN ORGANIZED TO RESPOND TO LIFE-THREATENING DISEASES	Q	97,073	BOOK
AIDS TASKFORCE OF GREATER CLEVELAND	B	750,687	BOOK
HIV IMMUNOTHERAPEUTIC INC	Q	275,000	BOOK
SOUTHSIDE HELP CENTER INC	B	734,197	BOOK
AIDS HEALTHCARE CENTERS	Q	2,824,316	BOOK
AIDS ATLANTA INC	B	3,239,753	BOOK
AJS BROOKLYN MED PRACTICE	Q	195,000	BOOK
AIDS HEALTHCARE OF TEXAS INC	B	250	BOOK
WOMEN ORGANIZED TO RESPOND TO LIFE-THREATENING DISEASES	B	362,008	BOOK
AIDS CENTER OF QUEENS CO INC	B	634,129	BOOK
AHF MCO OF GEORGIA INC	Q	96,576	BOOK
AIDS OUTREACH CENTER	Q	57,584	BOOK
AIDS OUTREACH CENTER	B	1,014,781	BOOK
IRIS HOUSE	B	154,891	BOOK
AIDS INTERFAITH NETWORK	B	64,930	BOOK