

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: AIDS HEALTHCARE FOUNDATION. Number and street: 6255 W SUNSET BLVD 21ST FLOOR. City or town: LOS ANGELES, CA 90028

D Employer identification number: 95-4112121. E Telephone number: (323) 860-5200. F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: http://www.aidshealth.org

J Organization type: 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 137,095,965

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, Net assets or fund balances at end of year.

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
<b>22a</b>	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>				
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>				
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b>				
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25a</b>	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	<b>25a</b>	944,287	754,675	184,609	5,003
<b>b</b>	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	<b>25b</b>				
<b>c</b>	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b and c	<b>26</b>	28,024,882	26,315,364	1,541,368	168,150
<b>27</b>	Pension plan contributions not included on lines 25a, b and c	<b>27</b>	500,835	470,284	27,546	3,005
<b>28</b>	Employee benefits not included on lines 25a - 27	<b>28</b>	4,698,068	4,411,486	258,394	28,188
<b>29</b>	Payroll taxes	<b>29</b>				
<b>30</b>	Professional fundraising fees	<b>30</b>	295,201	277,194	16,236	1,771
<b>31</b>	Accounting fees	<b>31</b>	470,863	442,140	25,897	2,826
<b>32</b>	Legal fees	<b>32</b>	737,997	692,979	40,590	4,428
<b>33</b>	Supplies	<b>33</b>	604,589	567,709	33,252	3,628
<b>34</b>	Telephone	<b>34</b>	1,104,920	1,037,520	60,771	6,629
<b>35</b>	Postage and shipping	<b>35</b>	417,361	391,902	22,955	2,504
<b>36</b>	Occupancy	<b>36</b>	4,334,880	4,070,462	237,589	26,829
<b>37</b>	Equipment rental and maintenance	<b>37</b>	1,016,272	954,279	55,895	6,098
<b>38</b>	Printing and publications	<b>38</b>	306,154	287,479	16,838	1,837
<b>39</b>	Travel	<b>39</b>	1,218,733	1,144,390	67,030	7,313
<b>40</b>	Conferences, conventions, and meetings	<b>40</b>	237,094	222,631	13,040	1,423
<b>41</b>	Interest	<b>41</b>	737,498	569,883	165,709	1,906
<b>42</b>	Depreciation, depletion, etc (attach schedule)	<b>42</b>	962,648	930,863	26,351	5,434
<b>43</b>	Other expenses not covered above (itemize)					
<b>a</b>	other expenses	<b>43a</b>	4,900,654	4,601,714	269,536	29,404
<b>b</b>	provision for bad debts	<b>43b</b>	863,928	863,928		
<b>c</b>	insurance	<b>43c</b>	717,589	690,885	26,216	488
<b>d</b>	MEDICAL SUPPLIES	<b>43d</b>	7,746,406	7,746,406		
<b>e</b>	Professional services--other	<b>43e</b>	3,528,151	3,329,743	193,509	4,899
<b>f</b>		<b>43f</b>				
<b>g</b>		<b>43g</b>				
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	64,369,010	60,773,916	3,283,331	311,763

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **▶ 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 HUMAN IMMUNO-DEFICIENCY VIRUS (HIV) OR LIVING WITH THE ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS). IN ADDITION, THE FOUNDATION PARTICIPATES IN SCIENTIFIC RESEARCH AND PATIENT ADVOCACY FOR THOSE IN NEED. THE FOUNDATION HAS A NETWORK OF 14 OUTPATIENT HEALTHCARE CENTERS, 10 PHARMACIES, AND A RESIDENTIAL SKILLED NURSING FACILITY THAT ARE LOCATED MAINLY IN LOS ANGELES COUNTY, SAN BERNARDINO COUNTY, OAKLAND, SAN FRANCISCO, AND FLORIDA. THE FOUNDATION HAS 2 CAPITATED CONTRACTS WITH MEDICAL IN CALIFORNIA AND MEDICAID IN FLORIDA. THE FOUNDATION ALSO OPERATES HEALTHCARE FACILITIES IN RESOURCE-POOR AREAS OF AFRICA, ASIA, EUROPE, AND SOUTH AMERICA.**





**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

<p><b>a</b> THE FOUNDATION HAS A NETWORK OF 14 HIV/AIDS OUTPATIENT HEALTHCARE CENTERS AND 10 PHARMACIES THAT ARE LOCATED IN THE GREATER LOS ANGELES AREA, OAKLAND AND SAN FRANCISCO, CALIFORNIA, AND FLORIDA, IN WHICH PATIENTS ARE EXAMINED, TESTS CONDUCTED, DIAGNOSIS AND TREATMENT PRESCRIBED. MOREOVER THE FOUNDATION ALSO OPERATES 25 HEALTHCARE CENTERS IN AFRICA, 8 HEALTHCARE CENTERS IN ASIA AND 6 HEALTHCARE CENTERS IN LATIN/CENTRAL AMERICA. IN ADDITION, THE FOUNDATION OPERATES 20 THRIFT STORES, THE PROCEEDS OF WHICH ASSIST THE FOUNDATION'S COMMITMENT TO PROVIDE HIV- AND AIDS-RELATED HEALTHCARE SERVICES WITHOUT REGARD TO A PERSON'S FINANCIAL SITUATION. 25-BED RESIDENTIAL FACILITY IN LOS ANGELES FOR PEOPLE WITH AIDS/HIV. MULTI-STATE PHARMACY PROGRAM IN CALIFORNIA AND FLORIDA, PROVIDING HIV/AIDS AND RELATED MEDICATIONS TO LOW-INCOME, UNINSURED AND UNDER-INSURED INDIVIDUALS. PREVENTION &amp; OUTREACH PROGRAMS IN THE GREATER LOS ANGELES AREA, OAKLAND AND SAN FRANCISCO, CALIFORNIA, AND IN CENTRAL AMERICA, WHICH AIMS TO INCREASE AWARENESS OF THE IMPORTANCE OF HIV TESTING, PREVENTION AND RISK REDUCTION. HIV/AIDS DISEASE MANAGEMENT PROGRAM FOR MEDICAID RECIPIENTS IN FLORIDA. HIV/AIDS OUTPATIENT MEDICAL FACILITIES PROGRAM IN RESOURCE-POOR COUNTRIES IN AFRICA, EUROPE, ASIA AND SOUTH AMERICA, IN WHICH PATIENTS ARE EXAMINED, TESTS CONDUCTED AND DIAGNOSIS AND TREATMENT PRESCRIBED.</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>60,773,916</p>
<p><b>b</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>c</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>d</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule)</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) <b>▶</b></p>	<p>60,773,916</p>

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
Assets	<b>45</b> Cash—non-interest-bearing . . . . .	127,506	<b>45</b>	
	<b>46</b> Savings and temporary cash investments . . . . .	617,537	<b>46</b>	1,501,954
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 25,830,942		
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>	16,746,307	<b>47c</b> 25,830,942
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b> 908,543		
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>	522,431	<b>48c</b> 908,543
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use . . . . .	4,012,831	<b>52</b>	3,886,943
	<b>53</b> Prepaid expenses and deferred charges . . . . .	2,262,418	<b>53</b>	1,007,183
	<b>54a</b> Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54a</b>	
	<b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>	
<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>			
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		<b>55c</b>	
<b>56</b> Investments—other (attach schedule) . . . . .	3,628,186	<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis	<b>57a</b> 26,328,546			
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 13,010,466	8,004,427	<b>57c</b>  13,318,080	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ )		1,965,787	<b>58</b>  2,218,262	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	37,887,430	<b>59</b>	48,671,907	
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .	13,886,594	<b>60</b>	15,509,631
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .	6,950,000	<b>64a</b>	6,515,000
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	3,171,349	<b>64b</b> 	6,671,860
<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )	2,092,138	<b>65</b> 	2,359,442	
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .	26,100,081	<b>66</b>	31,055,933	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted . . . . .	10,671,472	<b>67</b>	16,176,245
	<b>68</b> Temporarily restricted . . . . .	1,115,877	<b>68</b>	1,439,729
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73 Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .	11,787,349	<b>73</b>	17,615,974
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .	37,887,430	<b>74</b>	48,671,907



**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

Table with 3 columns: Question (75a-75d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? 75d: Does the organization have a written conflict of interest policy?

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (If not paid enter -0-), (D) Contributions to employee benefit plans and deferred compensation plans, (E) Expense account and other allowances.

**Part VI Other Information (See the instructions.)**

Table with 3 columns: Question (76-81b), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? 77: Were any changes made in the organizing or governing documents but not reported to the IRS? 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? 80a: Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80b: If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. 81a: Enter direct or indirect political expenditures. 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

Form 990 (2007) Part VI Other Information (continued). Includes sections 82a-82b, 83a-83b, 84a-84b, 85a-85f, 85g-85h, 86a-86b, 87a-87b, 88a-88b, 89a-89g, 90a-90b, 91a-91b. Questions cover donated services, public inspection requirements, dues, lobbying, and foreign accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country NL

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Rows include 93A REVENUE FROM MEDICAL SERVICES TO HIV/AIDS PATIENTS PROVIDED AT, 93b OUTPATIENT HEALTHCARE CENTERS, INPATIENT PHARMACIES, AND SKILLED, 93c NURSING FACILITIES THE FOUNDATION RECEIVES PAYMENTS FOR THE CARRIERS, HEALTH MAINTENANCE ORGANIZATIONS AND PREFERRED PROVIDER ORGANIZATIONS THE FOUNDATION ALSO RECEIVES PAYMENT FOR MEDICAL SERVICES THROUGH MEDICARE, MEDI-CAL AND MEDICAID PROGRAMS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity, (B) Percentage of ownership interest, (C) Nature of activities, (D) Total income, (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI Information Regarding Transfers To and From Controlled Entities** Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
<b>Totals</b>					

				Yes	No
<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
<b>Totals</b>					

		Yes	No
<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

<b>Please Sign Here</b>	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.	
	***** Signature of officer	2008-11-04 Date
	LAURA NELSON C F O Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 VASQUEZ & COMPANY LLP 801 S GRAND AVE SUITE 400 LOS ANGELES, CA 90017			EIN <input type="checkbox"/> Phone no <input type="checkbox"/> (213) 629-9094

**SCHEDULE A  
(Form 990 or  
990EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)**

OMB No 1545-0047

**2007**

Department of the  
Treasury  
Internal Revenue  
Service

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization  
AIDS HEALTHCARE FOUNDATION

**Employer identification number**

95-4112121

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ROBERT J CATALLA 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	PHYSICIAN 40 00	166,338	5,036	0
SCOTT HOWELL 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	PHYSICIAN 40 00	165,550	5,463	0
MARTIN D FINN 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	PHYSICIAN 28 00	163,729	0	0
JUAN CARLOS RICAURTE 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	PHYSICIAN 40 00	190,685	3,926	0
SUSAN GSANCHEZ 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	PHYSICIAN 40 00	187,808	3,794	0
Total number of other employees paid over \$50,000	164			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
LABCORP 5601 OBERLIN DRIVE SAN DIEGO, CA 92121	LABORATORY SERVICES	2,022,843
CHA HOLLYWOOD MEDICAL CENTER 1300 N VERMONT AVE LOS ANGELES, CA 90027	MEDICAL SERVICES	821,803
CEDARS SINAI MEDICAL CENTER PO BOX 512480 LOS ANGELES, CA 900512006	MEDICAL SERVICES	765,235
GLENDALE MEMORIAL HOSPITAL FILE 56899 LOS ANGELES, CA 90074	MEDICAL SERVICES	322,828
CALIFORNIA MEDICAL CENTER FILE 56898 LOS ANGELES, CA 90074	MEDICAL SERVICES	265,607
Total number of others receiving over \$50,000 for professional services		


**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services		

**Part III Statements About Activities** (See page 2 of the instructions.)

**Yes No**

<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ <u>\$ 429,571</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	<b>1</b>	Yes	
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) </p> <p><b>a</b> Sale, exchange, or leasing property?</p>	<b>2a</b>		No
<p><b>b</b> Lending of money or other extension of credit?</p>	<b>2b</b>		No
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	<b>2c</b>		No
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	<b>2d</b>	Yes	
<p><b>e</b> Transfer of any part of its income or assets?</p>	<b>2e</b>		No
<p><b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )</p>	<b>3a</b>		No
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	<b>3b</b>	Yes	
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	<b>3c</b>		No
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<b>3d</b>		No
<p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	<b>4a</b>		No
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	<b>4b</b>		
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	<b>4c</b>		
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>			
<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8**  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state**  \_\_\_\_\_
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12**  An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- Type I     Type II     Type III - Functionally Integrated     Type III - Other

**Provide the following information about the supported organizations. (see page 7 of the instructions.)**

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
<b>Total</b>					<input type="checkbox"/>

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	19,778,380	18,020,529	17,953,893	16,015,380	71,768,182
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	36,132,995	82,913,067	64,787,328	51,670,300	235,503,690
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		117,099	98,275	155,068	370,442
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	16,628,488	1,360,268	1,640,372	641,994	20,271,122
<b>23</b> Total of lines 15 through 22	72,539,863	102,410,963	84,479,868	68,482,742	327,913,436
<b>24</b> Line 23 minus line 17	36,406,868	19,497,896	19,692,540	16,812,442	92,409,746
<b>25</b> Enter 1% of line 23	725,399	1,024,110	844,799	684,827	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 1,848,195
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 0
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b> 92,409,746
<b>d</b> Add Amounts from column (e) for lines	18 370,442	19 0			
	22	26b			
					<b>26d</b> 20,641,564
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 71,768,182
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 7766 30 %
<b>27 Organizations described on line 12:</b>					
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals ) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>c</b> Add Amounts from column (e) for lines	15 _____	16 _____			
	17 _____	20 _____	21 _____		
<b>d</b> Add Line 27a total _____ and line 27b total _____					<b>27c</b> _____
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27d</b> _____
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27e</b> _____
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27f</b> _____
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27g</b> _____
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					<b>27h</b> _____

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )   	<b>31</b>	
<b>32</b> Does the organization maintain the following	<b>32a</b>	
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32b</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	<b>32c</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32d</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )  		
<b>33</b> Does the organization discriminate by race in any way with respect to	<b>33a</b>	
<b>a</b> Students' rights or privileges?	<b>33b</b>	
<b>b</b> Admissions policies?	<b>33c</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33d</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33e</b>	
<b>e</b> Educational policies?	<b>33f</b>	
<b>f</b> Use of facilities?	<b>33g</b>	
<b>g</b> Athletic programs?	<b>33h</b>	
<b>h</b> Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )  		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>	
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)		85,914
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)		343,657
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)		429,571
<b>39</b>	Other exempt purpose expenditures		144,037,143
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)		144,466,714
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— <b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b> Not over \$500,000                                      20% of the amount on line 40 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		1,000,000
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)		250,000
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		0
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		0

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**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 instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					6,000,000
<b>47</b> Total lobbying expenditures	429,571	426,698	400,590	410,406	1,667,265
<b>48</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					1,500,000
<b>50</b> Grassroots lobbying expenditures	85,914	85,340	80,118	82,081	333,453

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities





Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2007

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for listed property details, including description, cost, elected cost, and tentative deduction.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 3 rows for special depreciation allowance and other depreciation details.

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 rows for MACRS deductions for assets placed in service in tax years beginning before 2007.

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, Depreciation deduction.

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 3 rows for alternative depreciation system details, including class life and recovery period.

Part IV Summary (see instructions)

Table with 3 rows for summary of listed property, total depreciation, and section 263A costs.

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special allowances and business use percentages.

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36 cover total miles driven and personal use availability.

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table with 2 columns: Yes, No. Rows 37-41 cover policy statements and requirements for employer-provided vehicles.

**Part VI Amortization**

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization calculations.

**Additional Data**

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

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
MICHAEL WEINSTEIN 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	CHIEF EXECUTIVE OFFICER 40 00	297,589	6,828	0
PETER REIS 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	VICE PRESIDENT 40 00	160,729	0	0
THOMAS A MYERS 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	CHIEF COUNSEL 40 00	154,929	13,067	0
DONNA STIDHAM 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	CHIEF MANAGED CARE 40 00	155,849	2,128	0
LAURA NELSON 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	CHIEF FINANCIAL OFFICER 40 00	146,782	1,724	0
LAURENT FISCHER MD 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	CHAIR 4 00	0	803	0
JUDITH BRIGGS MARSH 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	VICE CHAIR - DOMESTIC 4 00	0	2,404	0
DIANA HOORZUK 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	VICE CHAIR - GLOBAL 4 00	0	0	0
GREGG H ALTON 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	TREASURER 4 00	0	0	0
AGAPITO DIAZ 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	SECRETARY 4 00	0	389	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
VINCENT SSEMPIJJA 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	AMBASSADOREMIRITUS STATUS 4 00	0	0	0
ART TORREST 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	AMBASSADOREMIRITUS STATUS 4 00	0	0	0
WALLACE ALBERTSON 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	BOARD MEMBER 4 00	0	0	0
WILLIAM ARROYO MD 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	BOARD MEMBER 4 00	0	0	0
MARY ASHLEY 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	BOARD MEMBER 4 00	0	0	0
CURLEY BONDS MD 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	BOARD MEMBER 4 00	0	0	0
CYNTHIA DAVIS 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	BOARD MEMBER 4 00	0	0	0
SCOTT GALVIN 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	BOARD MEMBER 4 00	0	0	0
SAM MALL 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	BOARD MEMBER 4 00	0	0	0
LAWRENCE PETERS 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	BOARD MEMBER 4 00	0	1,066	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
JORGE SAADVEDRA MD 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	BOARD MEMBER 4 00	0	0	0
ANITA ANN WILLIAMS 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	BOARD MEMBER 4 00	0	0	0
RODNEY L WRIGHT MD 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	BOARD MEMBER 4 00	0	0	0

**Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:**

Name of the Organization	Exempt	Nonexempt
ahf healthcare centers	X	
ahf pharmacy network	X	

**TY 2007 Land etc. Schedule**

**Name:** AIDS HEALTHCARE FOUNDATION

**EIN:** 95-4112121

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
building & equipment	26,328,546	13,010,466	13,318,080

## TY 2007 Mortgages and Notes Payable Schedule

**Name:** AIDS HEALTHCARE FOUNDATION

**EIN:** 95-4112121

**Total Mortgage Amount:** 0

<b>Item No.</b>	1
<b>Lender's Name</b>	CITY OF LOS ANGELES
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	
<b>Balance Due</b>	1100000
<b>Date of Note</b>	
<b>Maturity Date</b>	2034-10
<b>Repayment Terms</b>	PRINCIPAL & INTEREST PAYABLE ANNUALLY UPON AVAILABLE RESIDUAL RECEIPTS
<b>Interest Rate</b>	5.0000
<b>Security Provided by Borrower</b>	SECOND TRUST DEED ON THE LAND AND BUILDING
<b>Purpose of Loan</b>	THE LOAN IS IN TECHNICAL DEFAULT DUE TO A USE COVENANT BREACH
<b>Description of Lender Consideration</b>	PRINCIPAL AND INTEREST PAYABLE ANNUALLY FROM AVAILABLE RESIDUAL RECEIPTS
<b>Consideration FMV</b>	

<b>Item No.</b>	2
<b>Lender's Name</b>	LINE OF CREDIT - BANK
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	10000000
<b>Balance Due</b>	4290025
<b>Date of Note</b>	2006-08
<b>Maturity Date</b>	2008-09
<b>Repayment Terms</b>	
<b>Interest Rate</b>	8.0000
<b>Security Provided by Borrower</b>	
<b>Purpose of Loan</b>	line of credit
<b>Description of Lender Consideration</b>	
<b>Consideration FMV</b>	



<b>Item No.</b>	3
<b>Lender's Name</b>	OTHER LONG-TERM DEBT
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	
<b>Balance Due</b>	1281835
<b>Date of Note</b>	
<b>Maturity Date</b>	
<b>Repayment Terms</b>	
<b>Interest Rate</b>	
<b>Security Provided by Borrower</b>	
<b>Purpose of Loan</b>	
<b>Description of Lender Consideration</b>	
<b>Consideration FMV</b>	

## TY 2007 Other Assets Schedule

**Name:** AIDS HEALTHCARE FOUNDATION

**EIN:** 95-4112121

Description	Beginning of Year Amount	End of Year Amount
INTANGIBLE ASSETS	534,766	497,639
ASSETS LIMITED TO USE	819,831	815,495
DEPOSITS AND OTHER ASSETS	611,190	905,128

**TY 2007 Other Changes in Net Assets Schedule**

**Name:** AIDS HEALTHCARE FOUNDATION

**EIN:** 95-4112121

Description	Amount
net assets utilized by ahf affiliated entities	1,983,651

**TY 2007 Other Expenses Included Schedule**

**Name:** AIDS HEALTHCARE FOUNDATION

**EIN:** 95-4112121

Description	Amount
Cost of sales-- medical supplies and drugs	68,881,981
centers	11,215,723

**TY 2007 Other Liabilities Schedule****Name:** AIDS HEALTHCARE FOUNDATION**EIN:** 95-4112121

<b>Description</b>	<b>Beginning of Year Amount</b>	<b>End of Year Amount</b>
INTEREST PAYABLE - BONDS	711,812	764,637
CLAIMS PAYABLE	1,380,326	1,594,805

**TY 2007 Other Revenues Included Schedule****Name:** AIDS HEALTHCARE FOUNDATION**EIN:** 95-4112121

<b>Description</b>	<b>Amount</b>
program service revenue for ahf healthcare centers	12,823,292
cost of goods sold	68,881,981
Interest income ahf mco of florida inc	52,230

## TY 2007 Other Income Schedule

**Name:** AIDS HEALTHCARE FOUNDATION

**EIN:** 95-4112121

Description	2006	2005	2004	2003	Total
OTHER INCOME	10,840,180	813,732	1,130,293	180,996	12,965,201
THRIFT STORE INCOME	5,788,308	546,536	510,079	460,998	7,305,921

**TY 2007 Self Dealing Statement****Name:** AIDS HEALTHCARE FOUNDATION**EIN:** 95-4112121

<b>Line Number</b>	<b>Explanation</b>
2d	PLEASE REFER TO PART V ON FORM 990.