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

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

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 $ 1,683,272,927

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

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	2,559
6	Total number of volunteers (estimate if necessary)	**6**	16
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	35,558,922	38,257,295
	9	Program service revenue (Part VIII, line 2g)	1,319,228,732	1,580,100,495
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,487,129	2,337,272
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,272,938	-1,500,687
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,366,547,721	1,619,194,375
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,543,045	14,927,637
	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)	193,857,874	221,185,663
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	468,687
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,266,096		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,065,484,806	1,236,333,676
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,267,885,725	1,472,915,663
	19	Revenue less expenses. Subtract line 18 from line 12	98,661,996	146,278,712

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	684,192,342	832,185,327
	21	Total liabilities (Part X, line 26)	194,787,033	207,604,195
	22	Net assets or fund balances. Subtract line 21 from line 20	489,405,309	624,581,132

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 2021-11-12

▶ LYLE HONIG-MOJICA 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 P00576936
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, HEADQUARTERED IN LOS ANGELES, CALIFORNIA IS A NOT FOR PROFIT HEALTHCARE ORGANIZATION INCORPORATED IN 1987. THE FOUNDATION PROVIDES HOSPICE AND HEALTH CARE SERVICES TO AIDS, HIV, AND OTHER PATIENTS, AND ENGAGES IN RELATED EDUCATIONAL ACTIVITIES. IN ADDITION, THE FOUNDATION PARTICIPATES IN PATIENT ADVOCACY, HOUSING, AND SCIENTIFIC RESEARCH 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 $ 1,444,629,371 including grants of $ 14,927,637) (Revenue $ 1,580,100,495)

THE FOUNDATION HAS A NETWORK OF 68 OUTPATIENT HEALTHCARE CENTERS AND 63 PHARMACIES LOCATED IN CALIFORNIA, FLORIDA, GEORGIA, ILLINOIS, LOUISIANA, MARYLAND, MISSISSIPPI, NEVADA, NEW YORK, PENNSYLVANIA, OHIO, SOUTH CAROLINA, TEXAS, WASHINGTON, 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 OPERATES 22 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 2017-2020, THE FOUNDATION PURCHASED PROPERTIES IN LOS ANGELES, CALIFORNIA AND HOLLYWOOD, FLORIDA TO PROVIDE VERY LOW INCOME AND TRANSITIONAL HOUSING.

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** ▶ 1,444,629,371

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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, 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		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1,219		
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 2,559			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial		4a	Yes	
b	account)? 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,RM,TD,MZ,GO,JA,GG,BM,				
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?		15		No
16	Is the organization 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. 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.	1a	17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		
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		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) MICHAEL WEINSTEIN PRESIDENT	40.00 9.00	X		X				537,579	0	5,000
(2) WILLIAM ARROYO MD CHAIRPERSON	4.00 1.00	X		X				0	0	0
(3) CONDESSA M CURLEY MD MPH FAAFP SECRETARY	4.00 3.00	X		X				0	0	0
(4) ANGELINA WAPAKHABULO GLOBAL VICE CHAIR	4.00 1.00	X		X				0	0	0
(5) STEVE L CARLTON ESQ TREASURER	4.00 3.00	X		X				0	0	0
(6) CYNTHIA DAVIS MPH VICE CHAIR (DOMESTIC)	4.00 6.00	X		X				0	0	0
(7) COREY LYONS BOARD MEMBER	4.00 0.00	X						0	0	0
(8) DIANA HOORZUK BOARD MEMBER	4.00 2.00	X						0	0	0
(9) RODNEY L WRIGHT MD BOARD MEMBER	4.00 2.00	X						0	0	0
(10) AGAPITO DIAZ BOARD MEMBER	4.00 3.00	X						0	0	0
(11) GABRIEL P MALDONADO BOARD MEMBER	4.00 0.00	X						0	0	0
(12) KELVIN SAULS BOARD MEMBER	4.00 0.00	X						0	0	0
(13) CURLEY L BONDS MD BOARD MEMBER	4.00 2.00	X						0	0	0
(14) SCOTT GALVIN BOARD MEMBER	4.00 0.00	X						0	0	0
(15) LAWRENCE PETERS MS BOARD MEMBER	4.00 0.00	X						0	0	0
(16) ANITA ANN WILLIAMS BOARD MEMBER	4.00 0.00	X						0	0	0
(17) STEVEN KARAU RESIGNED BOARD MEMBER	4.00 0.00	X						0	0	0

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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) MICHAEL WOHLFEILER CHIEF MEDICAL OFFICER	40.00 0.00				X			376,927	0	6,000
(19) LYLE HONIG-MOJICA CHIEF FINANCIAL OFFICER	40.00 1.00			X				282,714	0	6,000
(20) PETER REIS SENIOR VICE PRESIDENT	40.00 0.00				X			281,400	0	6,000
(21) THOMAS A MYERS CHIEF COUNSEL/PUBLIC AFFAIRS	40.00 0.00				X			272,224	0	5,000
(22) MICHAEL KAHANE BUREAU CHIEF SOUTHERN REGION	40.00 0.00				X			264,639	0	6,000
(23) DONNA TEMPESTA VP NORTHERN REGION & FINANCE	40.00 0.00				X			259,568	0	6,000
(24) KENNETH SCOTT CARRUTHERS CHIEF PHARMACY OFFICER	40.00 0.00				X			265,015	0	0
(25) DONNA STIDHAM CHIEF MANAGED CARE	40.00 0.00				X			258,639	0	5,000
(26) LAURA BOUDREAU CHIEF OPERATION/RISK MGMT & QUALITY	40.00 1.00				X			255,915	0	5,000
(27) ANITA CASTILLE VP OF HUMAN RESOURCES	40.00 0.00				X			216,373	0	6,000
(28) TERRI FORD CHIEF GLOBAL ADVOCACY & POLICY	40.00 0.00				X			217,993	0	2,229
(29) ALFREDO JOSEPH ALEGRIA VP HEALTHCARE CENTER OPERATION	40.00 0.00				X			211,212	0	6,000
(30) SAMANTHA A GRANBERRY VP SALES & SPECIAL PARTNERSHIPS	40.00 0.00				X			207,353	0	4,227
(31) WHITNEY ENGERAN-CORDOVA SR. DIR. OF PUBLIC HEALTH	40.00 0.00				X			204,721	0	0
(32) TRACY LINETTE JONES MW REGIONAL DIR & NAT'L DIR OF ADVOCACY	40.00 0.00				X			158,844	0	6,000
(33) ROBERT HEGLAR DEPUTY CHIEF MEDICAL OFFICER	40.00 0.00				X			375,540	0	5,000
(34) ADAM CARL ZWEIG REGIONAL MEDICAL DIRECTOR	40.00 0.00				X			282,909	0	5,000
(35) RAUL RAMIREZ SANCHEZ PHARMACY SALES REPRESENTATIVE	40.00 0.00					X		422,450	0	6,000
(36) CARL EVANS MILLNER REGIONAL MEDICAL DIRECTOR	40.00 0.00					X		333,208	0	3,000
(37) ASMEH WAREF MEDICAL DIRECTOR	40.00 0.00					X		300,241	0	5,000
(38) LUIS ARIEL PEREZ PHYSICIAN	40.00 0.00					X		300,740	0	2,000
(39) GAUDIO BRYAN PATRICK SEBASTIAN REGIONAL MEDICAL DIRECTOR	40.00 0.00					X		299,256	0	3,000
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								6,585,460	0	103,456

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 ▶ 405

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LABORATORY CORPORATION OF AMERICA HOLDIN PO BOX 2270 BURLINGTON, NC 27216	LAB SERVICES	5,054,169
CEDARS SINAI MEDICAL CENTER PO BOX 512480 LOS ANGELES, CA 90051	MEDICAL SERVICES	3,664,051
TARGA PARENT HOLDINGS LLC PO BOX 638203 CINCINNATI, OH 45263	PHARMACEUTICALS	1,714,882
VICTOR'S SERVICES LLC 2035 E 111TH STREET LOS ANGELES, CA 90059	CONSULTANT	1,293,602
KILROY REALTY LP 12200 W OLYMPIC BLVD STE 200 LOS ANGELES, CA 90064	PROPERTY MANAGEMENT	1,237,103

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 ▶ 90

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	28,486,363				
f All other contributions, gifts, grants, and similar amounts not included above	1f	9,770,932				
g Noncash contributions included in lines 1a - 1f:$	1g	218,643				
h **Total.** Add lines 1a-1f ▶			38,257,295			
Program Service Revenue	Business Code					
2a PHARMACY REVENUE, NET	621999		1,500,246,949	1,500,246,949		
b PREMIUMS EARNED, NET	621400		61,626,260	61,626,260		
c NET PATIENT SERVICE REVENUE	621400		6,848,501	6,848,501		
d PROGRAM OPERATIONS AFFILIATES,NET	621999		3,781,041	3,781,041		
e LOW-INCOME HOUSING	624220		3,413,364	3,413,364		
f All other program service revenue.			4,184,380	4,184,380		
g **Total.** Add lines 2a–2f ▶	1,580,100,495					
3 Investment income (including dividends, interest, and other similar amounts) ▶			1,592,795			1,592,795
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
	(i) Real	(ii) Personal				
6a Gross rents	6a 598,991					
b Less: rental expenses	6b 0					
c Rental income or (loss)	6c 598,991					
d Net rental income or (loss) ▶			598,991			598,991
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a 53,084,897					
b Less: cost or other basis and sales expenses	7b 52,340,420					
c Gain or (loss)	7c 744,477					
d Net gain or (loss) ▶			744,477			744,477
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events ▶						
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	9,638,454				
b Less: cost of goods sold	10b	11,738,132				
c Net income or (loss) from sales of inventory ▶			-2,099,678			-2,099,678
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e **Total.** Add lines 11a–11d ▶						
12 **Total revenue.** See instructions ▶			1,619,194,375	1,580,100,495	0	836,585

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	2,029,148	2,029,148		
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.	12,898,489	12,898,489		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,688,916	6,309,362	318,737	60,817
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	174,251,174	164,748,293	7,984,225	1,518,656
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,952,310	4,650,451	245,961	55,898
9 Other employee benefits	23,013,123	21,902,186	884,032	226,905
10 Payroll taxes	12,280,140	11,564,046	593,403	122,691
11 Fees for services (non-employees):				
a Management				
b Legal	2,882,906	2,446,605	436,301	
c Accounting	2,825,398	2,397,800	427,598	
d Lobbying	33,900,019	33,900,019		
e Professional fundraising services. See Part IV, line 17	468,687			468,687
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)	101,240,883	98,195,265	3,045,618	
12 Advertising and promotion	19,559,723	19,410,891	92,953	55,879
13 Office expenses	1,856,551	1,773,583	79,359	3,609
14 Information technology				
15 Royalties				
16 Occupancy	14,472,551	12,382,183	2,090,368	
17 Travel	5,636,333	5,412,674	209,275	14,384
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	427,077	418,596	8,301	180
20 Interest	2,694,287	1,966,861	727,426	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,040,338	15,024,927	2,006,563	8,848
23 Insurance	2,581,535	2,284,844	296,691	
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	965,238,999	965,238,999		
b SOFTWARE SUBSCRIPTION	11,878,700	10,853,849	1,009,497	15,354
c PROVISION FOR BAD DEBTS	7,001,604	6,995,110	6,494	
d TELEPHONE	6,821,446	6,031,266	782,723	7,457
e All other expenses	40,275,326	35,793,924	3,774,671	706,731
25 **Total functional expenses.** Add lines 1 through 24e	1,472,915,663	1,444,629,371	25,020,196	3,266,096
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			153,639,961	2	215,744,928
	3	Pledges and grants receivable, net			14,548,985	3	20,899,549
	4	Accounts receivable, net			86,390,745	4	107,909,219
	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				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			42,873,613	8	85,846,365
	9	Prepaid expenses and deferred charges			21,494,034	9	22,085,582
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	378,232,158			
	b	Less: accumulated depreciation	10b	107,375,361	264,513,362	10c	270,856,797
	11	Investments—publicly traded securities			33,792,782	11	35,846,505
	12	Investments—other securities. See Part IV, line 11			43,950,743	12	25,707,284
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			22,988,117	15	47,289,098
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)			684,192,342	16	832,185,327
Liabilities	17	Accounts payable and accrued expenses			93,718,744	17	111,299,791
	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			76,750,155	23	73,636,121
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			24,318,134	25	22,668,283
	26	**Total liabilities.** Add lines 17 through 25			194,787,033	26	207,604,195
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			489,036,515	27	624,471,042
	28	Net assets with donor restrictions			368,794	28	110,090
		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			489,405,309	32	624,581,132
	33	Total liabilities and net assets/fund balances			684,192,342	33	832,185,327

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	1,619,194,375
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,472,915,663
3	Revenue less expenses. Subtract line 2 from line 1	3	146,278,712
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	489,405,309
5	Net unrealized gains (losses) on investments	5	-3,451,932
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	-7,650,957
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	624,581,132

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

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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

2020

Open to Public Inspection

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☑ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

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

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

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

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

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

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

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

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

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	21,659,826	25,101,233	31,968,979	35,558,922	38,257,295	152,546,255
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	70,565,582	1,101,702,280	1,202,827,906	1,324,319,427	1,580,100,495	5,279,515,690
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	92,225,408	1,126,803,513	1,234,796,885	1,359,878,349	1,618,357,790	5,432,061,945
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.)						5,432,061,945

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .	92,225,408	1,126,803,513	1,234,796,885	1,359,878,349	1,618,357,790	5,432,061,945
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .	1,018,400	1,980,679	2,567,741	6,055,150	2,191,786	13,813,756
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	1,018,400	1,980,679	2,567,741	6,055,150	2,191,786	13,813,756
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.) . .	935,305,140	11,985,166	12,645,812	11,867,876	9,638,454	981,442,448
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .	1,028,548,948	1,140,769,358	1,250,010,438	1,377,801,375	1,630,188,030	6,427,318,149

14 **First 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	84.520 %
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	88.260 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	0.210 %
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	0.260 %

19a **33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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 line 2 above, 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 lines 2a and 2b 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 line 2a 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 lines 3a and 3b 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? *If "Yes" or "No" 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 0.015 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 0.035	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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Return Reference	Explanation
PART III SECTION B LINE 12	2016 GROSS SALES OF INVENTORY = $934,600,890 2016 GROSS FUNDRAISING INCOME = $704,250 2017 GROSS SALES OF INVENTORY= $10,420,670 2017 GROSS FUNDRAISING INCOME = $1,564,496 2018 GROSS SALES OF INVENTORY = $9,994,684 2018 GROSS FUNDRAISING INCOME = $2,651,128 2019 GROSS SALES OF INVENTORY = $10,266,895 2019 GROSS FUNDRAISING INCOME = $1,600,981 2020 GROSS SALES OF INVENTORY = $9,638,454

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $ _____**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Return to Form

Software ID:

Software Version:

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

2020

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)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(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		33,900,019
j	Total. Add lines 1c through 1i			33,900,019
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
PART II-B LINE 1I	THE ORGANIZATION'S LOBBYING ACTIVITIES ARE PRIMARILY RELATED TO SUPPORT FOR CALIFORNIA PROPOSITION 21, RENT CONTROL MEASURES, AN IMPORTANT PART OF THE ORGANIZATION'S MISSION OF PATIENT AND HOUSING ADVOCACY ACTIVITIES.

Additional Data

Return to Form

Software ID:

Software Version:

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

2020

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 FASB 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 FASB 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 FASB 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** Term 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		102,668,878		102,668,878
b Buildings		119,268,655	19,507,635	99,761,020
c Leasehold improvements		31,965,274	20,283,529	11,681,745
d Equipment		107,253,440	67,584,197	39,669,243
e Other		17,075,911		17,075,911
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				270,856,797

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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX **Other Assets.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)INTANGIBLES, DEPOSITS AND OTHER ASSETS	31,648,209
(2)CASH DEPOSITS FOR FL HMO CONTRACT	300,000
(3)RESTRICTED DEPOSIT - GEORGIA	1,000,000
(4)PROPERTY HELD FOR SALE	14,340,889
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	47,289,098

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	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	22,668,283

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	1,770,321,845
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	682,712		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	154,225,799		
e	Add lines **2a** through **2d**			2e	154,908,511
3	Subtract line **2e** from line **1**			3	1,615,413,334
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	3,781,041		
c	Add lines **4a** and **4b**			4c	3,781,041
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	1,619,194,375

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	1,635,146,022
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	173,779,782		
e	Add lines **2a** through **2d**			2e	173,779,782
3	Subtract line **2e** from line **1**			3	1,461,366,240
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	11,549,423		
c	Add lines **4a** and **4b**			4c	11,549,423
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	1,472,915,663

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
PART X, LINE 2:	THE FOUNDATION IS EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE AND IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, THE FOUNDATION IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS TAKEN AS A WHOLE. GAAP PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT REQUIRES THAT AN ORGANIZATION RECOGNIZE IN THE FINANCIAL STATEMENTS THE IMPACT OF THE TAX POSITION IF THAT POSITION WILL MORE LIKELY THAN NOT BE SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019, THE FOUNDATION HAD NO MATERIAL UNRECOGNIZED TAX BENEFITS OR TAX PENALTIES OR INTEREST. THE FOUNDATION'S FEDERAL AND STATE INCOME TAX RETURNS FOR THE YEARS 2016 THROUGH 2020 ARE SUBJECT TO EXAMINATION BY REGULATORY AGENCIES. TAX RETURNS ARE SUBJECT TO EXAMINATION GENERALLY FOR THREE AND FOUR YEARS AFTER THEY WERE FILED FOR FEDERAL AND STATE, RESPECTIVELY.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	PROGRAM SERVICE REVENUE FOR AHF AFFILIATES 142,487,667. COST OF SALES 11,738,132.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	INTERCOMPANY REVENUE 3,781,041.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COST OF SALES 11,738,132. PROGRAM SERVICE EXPENSES FOR AFFILIATES 157,907,006. UNREALIZED LOSS ON INVESTMENT 4,134,644.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	INTERCOMPANY EXPENSES 11,549,423.

Additional Data

Return to Form

Software ID:

Software Version:

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

2020

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
(1) EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	23	105	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	9,220,813
(2) SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	24	181	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	2,531,505
(3) NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	3,054,630
(4) CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	29	120	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	5,855,613
(5) RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	8	157	PROGRAM SERVICES	HEALTH CARE FOR HIV PATIENTS	4,443,723
(6) SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	246	1,733	PROGRAM SERVICES	HEALTH CARE FOR HIV PATIENTS	40,347,851
(7) EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	6	11	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	1,862,891
(8) SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	26	145	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	8,253,486
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	362	2,452			75,570,512
b Total from continuation sheets to Part I . . .	0	0			0
c **Totals** (add lines 3a and 3b)	362	2,452			75,570,512

Name of the Company: **Hindustan Construction Company Limited** Corporate Identity Number (CIN) of the Company: **L70200MH1926PLC000385**

Folio No. / DP Id-Client Id	Name of the Shareholder	Address	Email Id	Dividend Amount	Nature of Security (Equity / Debentures / Bonds)	Date of Declaration of Dividend (dd-mm-yyyy)	Due Date for Transfer to IEPF (dd-mm-yyyy)
0000000000000000	ABDUL GANI	1 DEVI DAYAL ROAD 2 FLOOR CALCUTTA 700001		1.00	Equity Dividend		28-07-2011

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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☐ Yes ☑ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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.

ReturnReference	Explanation
PART I, LINE 2:	THE PROCEDURES USED FOR MONITORING THE USE OF GRANTS AND OTHER ASSISTANCE OUTSIDE THE U.S. INCLUDE OBTAINING A PROGRESS REPORT AND A FINAL REPORT, INCLUDING PICTURES. THE MONITORING PROCESS INCLUDES MEETINGS, TESTING EVENTS, AND EDUCATIONAL SEMINARS TO ENSURE THE GRANTS ARE SPENT ACCORDING TO THE GRANT AGREEMENT.
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

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

2020

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
1	EVENT 360 (FUNDRAISING COUNSEL) 55 E JACKSON BLVD STE 1030 CHICAGO, IL 60604	PROFESSIONAL ORGANIZER		No	0	450,687	0
2	RAMESES FREDERICK (FUNDRAISING COUNSEL) 3169 KINGS BAY DRIVE DECATUR, GA 30034	FIELD COORDINATOR		No	0	18,000	0
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶						468,687	

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.

		(a) Event #1 (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				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
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

Schedule G (Form 990 or 990-EZ) 2020

Additional Data

Return to Form

Software ID:

Software Version:

Note To complete the full content of the documents please select Windows Internet Explorer 7.0 or 8.0 when printing.

Form **990-PF**

Department of the Treasury
Internal Revenue Service

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

Complete this supplement only if the grantee's or assistance's name and address exceeds 1,000 characters, or if the organization's name, city, state, or zip code, that is, line 1 of the grantee's or assistance's address, exceeds 35 characters.

▶ Go to www.irs.gov/Form990PF for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the foundation
THE HOME DEPOT FOUNDATION

Employer identification number
[redacted]

Part I General Information on Grants and Assistance

1 Does the foundation maintain records to substantiate the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria for awarding the grants or assistance? ☑ Yes ☐ No

2 Describe the foundation's procedures for monitoring the use of grants or assistance by grantees and other recipients, to insure that they are used for the intended purpose. Attach additional sheets if more space is needed.

Grants and other assistance to domestic organizations and domestic governments. Complete if the organization answered "Yes" on Form 990-PF, Part XIV, line 15, for any recipient that received more than $5,000. Enter aggregate information for grants and assistance of $5,000 or less.

(a) Name and address (city, state, and zip or foreign postal code) of recipient organization, government, or agency	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Manner of cash disbursement (for grants, enter "Check" or "Electronic Funds Transfer")	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
2 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
3 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
4 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
5 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
6 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
7 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
8 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
9 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
10 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
11 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
12 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
13 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
14 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
15 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
16 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
17 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
18 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
19 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
20 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
21 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
22 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
23 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
24 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
25 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
26 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
27 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
28 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
29 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
30 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
31 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
32 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
33 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
34 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
35 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
36 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
37 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
38 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
39 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
40 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
41 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
42 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
43 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
44 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
45 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
46 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
47 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
48 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
49 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
50 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
51 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
52 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
53 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
54 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
55 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
56 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
57 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
58 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
59 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
60 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
61 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
62 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
63 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
64 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
65 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
66 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
67 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
68 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
69 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
70 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
71 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
72 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
73 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
74 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
75 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
76 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
77 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
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79 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
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82 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
83 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
84 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
85 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
86 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
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89 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
90 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
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123 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
124 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
125 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
126 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
127 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
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130 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
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133 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
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139 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
140 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
141 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
142 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
143 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
144 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
145 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
146 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
147 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
148 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
149 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION/ TAX EXEMPT
150 [redacted]	[redacted]	501(C)(3)	25,000		WIRE		SCHOLARSHIPS/ SCHOLARSHIPS/ EDUCATION/ TAX EXEMPT ORGANIZATION

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
PART I, LINE 2:	THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U. S. INCLUDE OBTAINING REPORTS THAT SUPPORT THE BUDGETED AMOUNTS SUBMITTED WITH THE GRANT REQUEST ARE SPENT ACCORDINGLY. FINANCIAL REPORTS ARE PERIODICALLY OBTAINED TO SUPPORT THE GRANT EXPENDITURES ARE CONSISTENT WITH THE WRITTEN AGREEMENT.

Additional Data

Return to Form

Software ID:

Software Version:

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

2020

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			
	☐ Travel for companions			
	☐ Tax idemnification and gross-up payments			
	☐ Discretionary spending account			
	☐ Housing allowance or residence for personal use			
	☐ Payments for business use of personal residence			
	☐ Health or social club dues or initiation fees			
	☐ 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**	Yes	
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			
	☑ Independent compensation consultant			
	☐ Form 990 of other organizations			
	☑ Written employment contract			
	☑ Compensation survey or study			
	☑ 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**	Yes	
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				
1 MICHAEL WEINSTEIN PRESIDENT	(i)	404,497	133,082	0	5,000	0	542,579	0
	(ii)	0	0	0	0	0	0	0
2 MICHAEL WOHLFEILER CHIEF MEDICAL OFFICER	(i)	340,052	36,875	0	6,000	0	382,927	0
	(ii)	0	0	0	0	0	0	0
3 LYLE HONIG-MOJICA CHIEF FINANCIAL OFFICER	(i)	250,714	32,000	0	6,000	0	288,714	0
	(ii)	0	0	0	0	0	0	0
4 PETER REIS SENIOR VICE PRESIDENT	(i)	249,400	32,000	0	6,000	0	287,400	0
	(ii)	0	0	0	0	0	0	0
5 THOMAS A MYERS CHIEF COUNSEL/PUBLIC AFFAIRS	(i)	244,224	28,000	0	5,000	0	277,224	0
	(ii)	0	0	0	0	0	0	0
6 MICHAEL KAHANE BUREAU CHIEF SOUTHERN REGION	(i)	230,639	34,000	0	6,000	0	270,639	0
	(ii)	0	0	0	0	0	0	0
7 DONNA TEMPESTA VP NORTHERN REGION & FINANCE	(i)	228,568	31,000	0	6,000	0	265,568	0
	(ii)	0	0	0	0	0	0	0
8 KENNETH SCOTT CARRUTHERS CHIEF PHARMACY OFFICER	(i)	231,515	33,500	0	0	0	265,015	0
	(ii)	0	0	0	0	0	0	0
9 DONNA STIDHAM CHIEF MANAGED CARE	(i)	226,889	31,750	0	5,000	0	263,639	0
	(ii)	0	0	0	0	0	0	0
10 LAURA BOUDREAU CHIEF OPERATION/RISK MGMT & QUALITY	(i)	225,915	30,000	0	5,000	0	260,915	0
	(ii)	0	0	0	0	0	0	0
11 ANITA CASTILLE VP OF HUMAN RESOURCES	(i)	185,373	31,000	0	6,000	0	222,373	0
	(ii)	0	0	0	0	0	0	0
12 TERRI FORD CHIEF GLOBAL ADVOCACY & POLICY	(i)	187,993	30,000	0	2,229	0	220,222	0
	(ii)	0	0	0	0	0	0	0
13 ALFREDO JOSEPH ALEGRIA VP HEALTHCARE CENTER OPERATION	(i)	181,212	30,000	0	6,000	0	217,212	0
	(ii)	0	0	0	0	0	0	0
14 SAMANTHA A GRANBERRY VP SALES & SPECIAL PARTNERSHIPS	(i)	150,832	0	56,521	4,227	0	211,580	0
	(ii)	0	0	0	0	0	0	0
15 WHITNEY ENGERAN-CORDOVA SR. DIR. OF PUBLIC HEALTH	(i)	174,721	30,000	0	0	0	204,721	0
	(ii)	0	0	0	0	0	0	0
16 TRACY LINETTE JONES MW REGIONAL DIR & NAT'L DIR OF ADVOC	(i)	129,344	29,500	0	6,000	0	164,844	0
	(ii)	0	0	0	0	0	0	0
17 ROBERT HEGLAR DEPUTY CHIEF MEDICAL OFFICER	(i)	327,030	37,853	10,657	5,000	0	380,540	0
	(ii)	0	0	0	0	0	0	0
18 ADAM CARL ZWEIG REGIONAL MEDICAL DIRECTOR	(i)	268,935	11,125	2,849	5,000	0	287,909	0
	(ii)	0	0	0	0	0	0	0
19 RAUL RAMIREZ SANCHEZ PHARMACY SALES REPRESENTATIVE	(i)	422,450	0	0	6,000	0	428,450	0
	(ii)	0	0	0	0	0	0	0
20 CARL EVANS MILLNER REGIONAL MEDICAL DIRECTOR	(i)	317,008	16,200	0	3,000	0	336,208	0
	(ii)	0	0	0	0	0	0	0
21 ASMEH WAREF MEDICAL DIRECTOR	(i)	285,254	11,675	3,312	5,000	0	305,241	0
	(ii)	0	0	0	0	0	0	0
22 LUIS ARIEL PEREZ PHYSICIAN	(i)	278,128	18,575	4,037	2,000	0	302,740	0
	(ii)	0	0	0	0	0	0	0
23 GAUDIO BRYAN PATRICK SEBASTIAN REGIONAL MEDICAL DIRECTOR	(i)	262,024	30,300	6,932	3,000	0	302,256	0
	(ii)	0	0	0	0	0	0	0

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
PART I, LINE 1A	FOR INTERNATIONAL TRAVEL SEAT UPGRADES TO BUSINESS OR FIRST CLASS ARE PERMITTED FOR ALL BOARD MEMBERS. DURING 2020 ONLY ONE BOARD MEMBER, ANGELA WAPAKHABULO, THE GLOBAL VICE CHAIR, TRAVELED FIRST CLASS ON AN INTERNATIONAL FLIGHT. THIS IS PROPERLY NOT INCLUDED ON A FORM W-2 OR A FORM 1099 AS TAXABLE COMPENSATION.
PART I, LINE 4A	SAMANTHA A. GRANBERRY, VICE PRESIDENT OF SALES & SPECIAL PARTNERSHIPS, ENTERED INTO A SEVERANGE AGREEMENT ON SEPTEMBER 16, 2020. DURING 2020 $56,521 WAS PAID TO MS. GRANBERRY. THE TOTAL SEVERANCE AMOUNT IS $183,695.

Additional Data

Return to Form

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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

2020

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					
		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 2019, 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 2019, 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 %		4.960 %					
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 %		4.960 %					
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 %		2000.0000000000 %					
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).

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME: PUBLIC FINANCING AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 06/22/2020
PART IV LINE 2C	THE REBATE COMPUTATION DATE SHOWING THAT NO REBATE WAS DUE FOR THE APPLICABLE COMPUTATION DATE WAS MARCH 18, 2020. THE REPORT MEMORANDUM ITSELF WAS DATED JUNE 22, 2020

Additional Data

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Software ID:

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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

2020

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	1	218,642	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
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 | 0

		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?	30a		No
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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

Additional Data

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Software ID:

Software Version:

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

2020

Open to Public Inspection

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AHF'S OUTSIDE CPA'S AND FINANCE STAFF PREPARE THE FORM 990. THE FORM IS THEN REVIEWED AND APPROVED BY THE ORGANIZATION'S CONTROLLER AND CHIEF FINACIAL OFFICER. A COMPLETE COPY, INCLUDING ALL SCHEDULES, IS PROVIDED TO THE BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	AHF REQUIRES ALL EMPLOYEES TO DISCLOSE, AT LEAST ANNUALLY, ALL SOURCES OF INCOME FROM, COMPENSATION FROM, OR OWNERSHIP OF EVERY OUTSIDE ENTITY THAT (A) SOLD, SUPPLIED OR PROVIDED MEDICAL SERVICES, (B) OPERATED A COMPETING ENTERPRISE, OR (C) PROVIDED GOODS OR SERVICES TO AHF IN THE LAST SIX MONTHS. AHF'S GENERAL COUNSEL EVALUATES THE FORMS FOR POTENTIAL CONFLICTS OF INTEREST. AHF ALSO REQUIRES ALL DIRECTORS TO ANNUALLY SIGN A STATEMENT AFFIRMING (A) RECEIPT OF AHF'S CONFLICT OF INTEREST POLICY, (B) UNDERSTANDING OF THE POLICY, AND (C) AGREEMENT WITH THE POLICY. AHF'S CONFLICTS OF INTEREST POLICY DESCRIBES HOW AHF WILL RESOLVE POSSIBLE CONFLICTS OF INTEREST BY, FOR EXAMPLE, HAVING THE INTERESTED BOARD MEMBER LEAVE DURING DISCUSSION AND VOTING ON MATTERS THAT INVOLVE THE INTERESTED PERSON.
FORM 990, PART VI, SECTION B, LINE 15	AHF'S BOARD OF DIRECTORS HAS A PROCESS FOR REVIEWING AND APPROVING THE COMPENSATION OF OFFICERS AND KEY EMPLOYEES ON A REGULAR BASIS TO DETERMINE IT IS FAIR AND REASONABLE WITH THE GOAL OF RETAINING EMPLOYEES AT COMPENSATION LEVELS WITHIN APPROPRIATE MARKET RANGE. THE PROCESS FOR DETERMINING THE COMPENSATION PAID TO THE CEO, OFFICERS, AND KEY EMPLOYEES INCLUDES THE APPROVAL OF THE COMPENSATION ARRANGEMENT IN ADVANCE, BY THE BOARD OF DIRECTORS, WITH ALL PERSONS WITH A CONFLICT OF INTEREST ABSTAINING FROM THE BOARD'S DELIBERATION AND DISCUSSION. THE BOARD REVIEWS DATA OF COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED NONPROFIT EXECUTIVES AT SIMILARLY SITUATED ENTITIES. THE DOCUMENTATION OF THE BOARD INCLUDES THE TERMS OF THE TRANSACTION AND THE DATE OF APPROVAL, THE MEMBERS WHO WERE PRESENT DURING THE DEBATE AND VOTE ON THE TRANSACTION, A DESCRIPTION OF THE COMPARABLE DATA AND HOW IT WAS OBTAINED, AND DOCUMENTATION OF THE BASIS FOR THE DETERMINATION.
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.
FORM 990 PART VIII LINE 10A, 10B & 10C	PART VIII: PART 10A GROSS INCOME $ 9,638,454 PART 10B COST OF GOODS SOLD BEGINNING INVENTORY $ 1,400,015 ADD PURCHASES AND OTHER COST 11,526,729 LESS ENDING INVENTORY -1,188,612 11,738,132 PART 10C NET LOSS $ -2,099,678
FORM 990, PART XI, LINE 9:	CHANGE IN NET ASSETS OF AFFILIATES -7,650,957.
SCH A PART III SUPPORT SCH FOR ORGANIZATIONS DESCRIBED IN SECTION 509(A)(2	SECTION A. PUBLIC SUPPORT (A)2016 (B)2017 (C)2018 (D)2019 (E)2020 (F)TOTAL LINE 1 21,659,826 25,101,233 31,968,979 35,558,922 38,257,295 152,546,255 LINE 2 70,565,582 1,101,702,280 1,202,827,906 1,324,319,427 1,580,100,495 5,279,515,690 LINE 6 92,225,408 1,126,803,513 1,234,796,885 1,359,878,349 1,618,357,790 5,432,061,945 LINE 8 5,432,061,945 SECTION B. TOTAL SUPPORT LINE 9 92,225,408 1,126,803,513 1,234,796,885 1,359,878,349 1,618,357,790 5,432,062,945 LINE 10A 1,018,400 1,980,679 2,567,741 6,055,150 2,191,786 13,813,756 LINE 10C 1,018,400 1,980,679 2,567,741 6,055,150 2,191,786 13,813,756 LINE 12 935,305,140 11,985,166 12,645,812 11,867,876 9,638,454 981,442,448 LINE 13 1,028,548,948 1,140,769,358 1,250,010,438 1,377,801,375 1,630,188,030 6,427,318,149 PUBLIC SUPPORT PERCENTAGE FOR 2020 84.52%

Additional Data

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Software ID:

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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

2020

Open to Public Inspection

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) AHF CHINA LLC 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028 47-5544483	HEALTH CARE	CA	0	53	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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1)AHF MCO OF FLORIDA INC 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	Yes	
(2)AIDS HEALTHCARE FOUNDATION DISEASE MANAGEMENT OF FLORIDA INC 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	Yes	
(3)AHF HEALTHCARE CENTERS 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	Yes	
(4)HIV IMMUNOTHERAPEUTIC INC 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	Yes	
(5)AIDS HEALTHCARE FOUNDATION TEXAS 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	Yes	
(6)AIDS TASKFORCE OF GREATER CLEVELAND INC 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	Yes	
(7)AJS BROOKLYN MED PRACTICE 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	Yes	
(8)WOMEN ORGANIZED TO RESPOND TO LIFE-THREATENING DISEASES (WORLD) 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 7	AIDS HEALTHCARE FOUNDATION	Yes	
(9)AID CENTER OF QUEENS COUNTY INC 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 7	AIDS HEALTHCARE FOUNDATION	Yes	
(10)SOUTH SIDE HELP CENTER INC 10420 S HALSTED CHICAGO, IL 60628 36-3532259	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	IL	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	Yes	
(11)AID ATLANTA INC 1605 PEACHTREE ST NE ATLANTA, GA 30309 58-1537967	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	GA	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	Yes	

(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
(12)AHF MCO OF GEORGIA INC 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	Yes	
(13)COALITION TO PRESERVE LA INC 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	Yes	
(14)AID OUTREACH CENTER 400 NORTH BEACH STREET FORTH WORTH, TX 76111 75-2139336	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	TX	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	Yes	
(15)IRIS HOUSE-A CENTER FOR WOMEN LIVING WITH HIV 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 7	AIDS HEALTHCARE FOUNDATION	Yes	
(16)AIDS INTERFAITH NETWORK INC 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	Yes	

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

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

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

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	Yes	
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	Yes	

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.

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) AHF MCO OF FLORIDA INC	Q	9,809,107	BOOK
(2) WOMEN ORGANIZED TO RESPOND TO LIFE-THREATENING DISEASES	Q	94,472	BOOK
(3) AIDS TASKFORCE OF GREATER CLEVELAND	B	565,942	BOOK
(4) AIDS TASKFORCE OF GREATER CLEVELAND	Q	111,507	BOOK
(5) SOUTHSIDE HELP CENTER INC	B	673,604	BOOK
(6) AHF HEALTHCARE CENTERS	Q	337,650	BOOK
(7) AIDS ATLANTA INC	B	3,743,035	BOOK
(8) AHF MCO OF GEORGIA INC	Q	128,062	BOOK
(9) AIDS HEALTHCARE OF TEXAS INC	B	151	BOOK
(10) WOMEN ORGANIZED TO RESPOND TO LIFE-THREATENING DISEASES	B	283,053	BOOK
(11) AIDS CENTER OF QUEENS CO INC	B	400,708	BOOK
(12) AIDS OUTREACH CENTER	B	1,124,476	BOOK
(13) AIDS OUTREACH CENTER	Q	181,258	BOOK
(14) IRIS HOUSE	B	545,216	BOOK
(15) AIDS INTERFAITH NETWORK	B	431,573	BOOK
(16) AHF MCO OF FLORIDA INC	H	2,200,000	BOOK
(17) AHF HEALTHCARE CENTERS	S	10,950,000	BOOK
(18) AHF MCO OF FLORIDA INC	B	7,987,645	BOOK
(19) AHF MCO OF GEORGIA INC	B	1,400,000	BOOK
(20) HIV IMMUNOTHERAPEUTIC INSTITUTE	S	8,124	BOOK

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

Schedule R (Form 990) 2020

Additional Data

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Software ID:

Software Version: