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

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01-01-2021 , and ending 12-31-2021

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 $ 1,842,695,288

F Name and address of principal officer:
MICHAEL WEINSTEIN
6255 SUNSET BLVD 21ST FLOOR
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**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	**5**	2,942
6	Total number of volunteers (estimate if necessary)	**6**	15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	38,257,295	42,668,894
	9	Program service revenue (Part VIII, line 2g)	1,580,100,495	1,768,911,018
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,337,272	1,919,716
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,500,687	5,596,700
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,619,194,375	1,819,096,328
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,927,637	13,042,395
	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)	221,185,663	242,911,608
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	468,687	971,113
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,825,563		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,236,333,676	1,361,339,749
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,472,915,663	1,618,264,865
	19	Revenue less expenses. Subtract line 18 from line 12	146,278,712	200,831,463

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	832,185,327	1,027,685,816
	21	Total liabilities (Part X, line 26)	207,604,195	194,598,614
	22	Net assets or fund balances. Subtract line 21 from line 20	624,581,132	833,087,202

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 2022-11-10

▶ 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 $ 1,234,735,669 including grants of $) (Revenue $ 1,684,029,002)

AHF PHARMACY SERVICES. AT AHF PHARMACY, YOUR PRESCRIPTION SAVES LIVES. EACH PRESCRIPTION FILLED AT THE FOUNDATION'S FACILITIES PROVIDES SPECIALTY HIV RELATED CARE AS WELL AS THE OTHER FOUNDATION'S ADVOCACY AND SERVICES IN THE U.S. AND AROUND THE WORLD. THE FOUNDATION HAS 62 PHARMACIES LOCATED IN CALIFORNIA, FLORIDA, GEORGIA, ILLINOIS, LOUISIANA, MARYLAND, MISSISSIPPI, NEVADA, NEW YORK, PENNSYLVANIA, OHIO, SOUTH CAROLINA, TEXAS, WASHINGTON, PUERTO RICO, AND THE DISTRICT OF COLUMBIA. DURING THE TAX YEAR, THE FOUNDATION SERVED 86,925 PHARMACY PATIENTS.

4b (Code:) (Expenses $ 229,684,974 including grants of $) (Revenue $ 8,523,047)

AHF HEALTHCARE & WELLNESS CENTERS. AHF HEALTHCARE CENTERS OFFER EXPERT HIV CARE DELIVERED BY EXPERIENCED AND COMPASSIONATE STAFF. THE FOUNDATION PROVIDES ADVANCED MEDICAL SERVICES DESIGNED SPECIFICALLY FOR ITS PATIENTS, REGARDLESS OF THE PERSON'S FINANCIAL SITUATION AND OFFERS SAME-DAY HIV OR STD TESTING. THE FOUNDATION HAS A NETWORK OF 68 DOMESTIC OUTPATIENT HEALTHCARE CENTERS AND OVER 400 OUTSIDE THE U.S. SERVING OVER 1,600,000 PEOPLE IN 45 COUNTRIES.

4c (Code:) (Expenses $ 81,265,279 including grants of $) (Revenue $ 64,525,936)

AHF MANAGED CARE SERVICES. THE FOUNDATION'S MANAGED CARE SERVICES PROVIDED PEOPLE LIVING WITH HIV WHO RESIDE IN CALIFORNIA SPECIALIZED HEALTH CARE SINCE 1995. TO ACHIEVE ITS MISSION OF PROVIDING AFFORDABLE HEALTHCARE REGARDLESS OF ABILITY TO PAY, THE FOUNDATION HAS AGREEMENTS WITH PUBLICLY FUNDED PAYORS INCLUDING MEDI-CAL AND MEDICARE HEALTH CARE PLANS DESIGNED TO PROVIDE MEDICAL SERVICES TO SUBSCRIBING PARTICIPANTS LIVING WITH HIV AND AIDS. DURING THE TAX YEAR, THE FOUNDATION SERVED OVER 1,400 MEMBERS.

(Code:) (Expenses $ 40,932,842 including grants of $ 13,042,395) (Revenue $ 11,833,033)

SUSTAINABLE AFFORDABLE HOUSING FOR THE HOMELESS AND LOW-INCOME POPULATIONS. IN RESPONSE TO WIDESPREAD GENTRIFICATION AND RISING HOUSING COSTS, WHICH DISPLACES AHF PATIENTS THROUGHOUT CALIFORNIA, FLORIDA, AND ELSEWHERE, THE FOUNDATION HAS LAUNCHED THE HEALTHY HOUSING FOUNDATION (HHF) TO FULFILL ITS PUBLIC HEALTH MISSION. HHF PROVIDES DECENT HOUSING UNITS AT AN AFFORDABLE COST TO LOW-INCOME PEOPLE, INCLUDING FAMILIES WITH CHILDREN AND THOSE PREVIOUSLY UNSHELTERED OR HOMELESS. AHF BELIEVES THAT A STABLE AND AFFORDABLE HOUSING SITUATION IS CRITICAL FOR INDIVIDUALS WITH CHRONIC HEALTH CONDITIONS, INCLUDING HIV/AIDS.THE FOUNDATION ALSO CREATES AND IMPLEMENTS NEW PROGRAMS IN COMMUNITIES ACROSS THE U.S. AND ABROAD, AND EXPANDS DELIVERY OF HEALTHCARE AND INFLUENCE OVER POLICY WITH THE AIM OF SAVING MORE LIVES. DURING THE YEAR, THE FOUNDATION PROVIDED GRANTS WORTH OVER $13 MILLION WORLDWIDE TO ORGANIZATIONS THAT PROMOTE HIV TESTING, AWARENESS, PREVENTION AND TREATMENT AS WELL AS EMERGENCY GRANTS TO PROVIDE SMALL, COMMUNITY ORGANIZATIONS RELIEF TO DELIVER VITAL SERVICES IN THEIR AREAS. AHF'S GLOBAL ADVOCACY TEAM IS COMMITTED TO FIGHTING FOR WHAT IS RIGHT AND PUTS OUR CLIENTS' NEEDS FIRST EVERY TIME, FROM LEADING THE CHARGE IN DEMANDING EQUAL ACCESS TO VACCINES TO HELPING LOW-INCOME COUNTRIES ACCESS LIFESAVING CARE.

4d Other program services (Describe in Schedule O.)

(Expenses $ 40,932,842 including grants of $ 13,042,395) (Revenue $ 11,833,033)

4e **Total program service expenses** ▶ 1,586,618,764

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 Rev. Proc. 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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17	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 the 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 line 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 on 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	1,135		
b	Enter the number of Forms W-2G included on 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** 2,942			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**	Yes	
b	If "Yes," enter the name of the foreign country: ▶ MX, 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, ES, MI, DR, RM, ID, MZ, GO, IA, GG, BM, CI, WZ, RP, TH, ES, UK, GR, LH, PO See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	**15**		No
16	Is the organization subject to section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule N.	**16**		No
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . If "Yes," complete Form 6069.	**17**		

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	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
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 on 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 on 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 on 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 MOJICA 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MICHAEL WEINSTEIN PRESIDENT	40.00 9.00	X		X				529,575	0	6,000
(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 UNTIL 01/2021	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) CURLEY L BONDS MD BOARD MEMBER	4.00 2.00	X						0	0	0
(13) SCOTT GALVIN BOARD MEMBER	4.00 0.00	X						0	0	0
(14) LAWRENCE PETERS MS BOARD MEMBER UNTIL 01/2021	4.00 0.00	X						0	0	0
(15) ANITA ANN WILLIAMS BOARD MEMBER	4.00 0.00	X						0	0	0
(16) LYLE HONIG MOJICA CHIEF FINANCIAL OFFICER	40.00 1.00			X				289,039	0	6,000
(17) MICHAEL WOHLFEILER CHIEF MEDICAL OFFICER	40.00 0.00				X			369,379	0	6,000

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) PETER REIS SENIOR VICE PRESIDENT	40.00 0.00				X			287,440	0	6,000
(19) THOMAS A MYERS CHIEF COUNSEL/PUBLIC AFFAIRS	40.00 0.00				X			280,077	0	6,000
(20) MICHAEL KAHANE BUREAU CHIEF SOUTHERN REGION	40.00 0.00				X			272,588	0	6,000
(21) DONNA TEMPESTA VP NORTHERN REGION & FINANCE	40.00 0.00				X			266,030	0	6,000
(22) KENNETH SCOTT CARRUTHERS CHIEF PHARMACY OFFICER	40.00 0.00				X			271,165	0	0
(23) DONNA STIDHAM CHIEF MANAGED CARE	40.00 0.00				X			261,109	0	6,000
(24) LAURA BOUDREAU CHIEF OPERATION/RISK MGMT & QUALITY	40.00 1.00				X			262,739	0	6,000
(25) ANITA CASTILLE VP OF HUMAN RESOURCES	40.00 0.00				X			226,711	0	6,000
(26) TERRI FORD CHIEF GLOBAL ADVOCACY & POLICY	40.00 0.00				X			203,695	0	6,000
(27) ALFREDO JOSEPH ALEGRIA VP HEALTHCARE CENTER OPERATION	40.00 0.00				X			217,905	0	6,000
(28) WHITNEY ENGERAN-CORDOVA SR. DIR. OF PUBLIC HEALTH	40.00 0.00				X			210,958	0	0
(29) TRACY LINETTE JONES MW REGIONAL DIR & NAT'L DIR. OF ADVOCACY	40.00 0.00				X			175,667	0	6,000
(30) ROBERT HEGLAR DEPUTY CHIEF MEDICAL OFFICER	40.00 0.00				X			359,166	0	6,000
(31) ADAM CARL ZWEIG REGIONAL MEDICAL DIRECTOR	40.00 0.00				X			275,566	0	6,000
(32) RAUL RAMIREZ SANCHEZ PHARMACY SALES REPRESENTATIVE	40.00 0.00					X		395,812	0	6,000
(33) CARL EVANS MILLNER REGIONAL MEDICAL DIRECTOR	40.00 0.00					X		327,433	0	6,000
(34) SUZY THABIT BOULES PHYSICIAN	40.00 0.00					X		323,239	0	6,000
(35) NATALIE CHAMBLISS-CEACH PHARMACY SALES REPRESENTATIVE	40.00 0.00					X		325,410	0	6,000
(36) HENRY C OSBURN V REGIONAL MEDICAL DIRECTOR	40.00 0.00					X		319,734	0	6,000
(37) SAMANTHA A GRANBERRY VP SALES & SPECIAL PTNR UNTIL 2020	0.00 0.00						X	124,387	0	2,402
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								6,574,824	0	122,402

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 ▶ 432

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LABORATORY CORPORATION OF AMERICA HOLDIN PO BOX 2270 BURLINGTON, NC 27216	LAB SERVICES	6,373,712
CEDARS SINAI MEDICAL CENTER PO BOX 512480 LOS ANGELES, CA 90051	MEDICAL SERVICES	2,857,432
KECK MEDICAL CENTER OF USC PO BOX 749244 LOS ANGELES, CA 90074	MEDICAL SERVICES	1,934,843
VICTOR'S SERVICES LLC 2035 E 111TH STREET LOS ANGELES, CA 90059	CONSULTANT	1,835,788
KILROY REALTY LP 12200 W OLYMPIC BLVD STE 200 LOS ANGELES, CA 90064	PROPERTY MANAGEMENT	1,396,429

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 ▶ 9 0

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 OtherAmt Similar Amounts	1a Federated campaigns . . 1a				
	b Membership dues . . 1b				
	c Fundraising events . . 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e	33,038,431			
	f All other contributions, gifts, grants, and similar amounts not included above 1f	9,630,463			
	g Noncash contributions included in lines 1a - 1f:$ 1g	930,488			
	h **Total.** Add lines 1a-1f . . . . . ▶	42,668,894			
Program Service Revenue	Business Code				
2a PHARMACY REVENUE, NET	621999	1,684,029,002	1,684,029,002		
b PREMIUMS EARNED, NET	621400	64,525,936	64,525,936		
c NET PATIENT SERVICE REVENUE	621400	8,523,047	8,523,047		
d LOW-INCOME HOUSING	624220	5,332,180	5,332,180		
e PROGRAM OPERATIONS AFFILIATES,NET	621999	3,722,515	3,722,515		
f All other program service revenue.		2,778,338	2,778,338		
g **Total.** Add lines 2a–2f. . . . . ▶	1,768,911,018				
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		1,854,067			1,854,067
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					

		(i) Real	(ii) Personal				
6a Gross rents	6a	1,904,839					
b Less: rental expenses	6b	0					
c Rental income or (loss)	6c	1,904,839					
d Net rental income or (loss) . . . . . ▶				1,904,839			1,904,839

		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	11,196,951					
b Less: cost or other basis and sales expenses	7b	11,131,302					
c Gain or (loss)	7c	65,649					
d Net gain or (loss) . . . . . ▶				65,649			65,649

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	16,159,519				
b Less: cost of goods sold . .	10b	12,467,658				
c Net income or (loss) from sales of inventory . . ▶				3,691,861		3,691,861

Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶					
12 **Total revenue.** See instructions . . . . . ▶		1,819,096,328	1,768,911,018	0	7,516,416

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	9,407,285	9,407,285		
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.	3,635,110	3,635,110		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,848,809	4,589,027	217,199	42,583
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	196,784,234	186,286,785	8,778,900	1,718,549
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,065,794	5,666,633	330,222	68,939
9 Other employee benefits	21,602,450	20,598,822	831,625	172,003
10 Payroll taxes	13,610,321	12,807,937	668,743	133,641
11 Fees for services (non-employees):				
a Management				
b Legal	2,317,633	726,901	1,590,540	192
c Accounting	2,845,080	2,683,080	162,000	
d Lobbying	1,364,509	1,364,509		
e Professional fundraising services. See Part IV, line 17	971,113			971,113
f Investment management fees	221,699		221,699	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	35,561,858	34,310,490	1,063,313	188,055
12 Advertising and promotion	18,946,135	18,737,651	54,755	153,729
13 Office expenses	17,183,904	16,478,986	687,740	17,178
14 Information technology	18,316,481	16,049,516	2,204,869	62,096
15 Royalties				
16 Occupancy	26,594,865	22,655,340	3,939,500	25
17 Travel	8,144,390	7,738,338	296,150	109,902
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	634,165	623,255	10,733	177
20 Interest	2,358,444	1,650,316	708,128	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,587,862	16,552,665	2,030,912	4,285
23 Insurance	3,685,068	3,179,095	505,973	
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 COSTS	1,099,153,369	1,099,153,369		
b MEDICAL SUPPLIES	57,453,447	57,453,447		
c LABORATORY EXPENSES	15,160,183	15,159,346	837	
d AIDS WALKS/ORG. EVENTS	9,912,931	9,700,599	36,613	175,719
e All other expenses	22,897,726	19,410,262	3,480,087	7,377
25 **Total functional expenses.** Add lines 1 through 24e	1,618,264,865	1,586,618,764	27,820,538	3,825,563
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			215,744,928	2	210,152,214
	3	Pledges and grants receivable, net			20,899,549	3	16,291,433
	4	Accounts receivable, net			107,909,219	4	157,194,933
	5	Loans and other receivables from 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			85,846,365	8	68,954,812
	9	Prepaid expenses and deferred charges			22,085,582	9	27,219,164
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	479,299,013			
	b	Less: accumulated depreciation	10b	122,248,220	270,856,797	10c	357,050,793
	11	Investments—publicly traded securities			35,846,505	11	125,496,482
	12	Investments—other securities. See Part IV, line 11			25,707,284	12	20,388,226
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets			23,341,161	14	20,835,113
	15	Other assets. See Part IV, line 11			23,947,937	15	24,102,646
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)			832,185,327	16	1,027,685,816
Liabilities	17	Accounts payable and accrued expenses			111,299,791	17	113,732,272
	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			73,636,121	23	58,127,737
	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			22,668,283	25	22,738,605
	26	**Total liabilities.** Add lines 17 through 25			207,604,195	26	194,598,614
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			624,471,042	27	832,749,108
	28	Net assets with donor restrictions			110,090	28	338,094
		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			624,581,132	32	833,087,202
	33	Total liabilities and net assets/fund balances			832,185,327	33	1,027,685,816

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	1,819,096,328
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,618,264,865
3	Revenue less expenses. Subtract line 2 from line 1	3	200,831,463
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	624,581,132
5	Net unrealized gains (losses) on investments	5	8,302,617
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	-628,010
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	833,087,202

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 on 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)

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

2021

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).)

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 on 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2021.** 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—2020.** 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—2021.** 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—2020.** 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	42	31,968,979	35,558,922	38,257,295	42,666,894	148,452,132
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	1,101,702,280	1,202,827,906	1,324,319,427	1,580,100,495	1,768,911,018	6,977,861,126
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	1,101,702,322	1,234,796,885	1,359,878,349	1,618,357,790	1,811,577,912	7,126,313,258
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.)						7,126,313,258

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .	1,101,702,322	1,234,796,885	1,359,878,349	1,618,357,790	1,811,577,912	7,126,313,258
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .	1,980,679	2,567,741	6,055,150	2,191,786	3,758,906	16,554,262
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	1,980,679	2,567,741	6,055,150	2,191,786	3,758,906	16,554,262
11 Net income from unrelated business activities not included on 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.) . .	11,985,166	12,645,812	11,867,876	9,638,454	16,159,519	62,296,827
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .	1,115,668,167	1,250,010,438	1,377,801,375	1,630,188,030	1,831,496,337	7,205,164,347

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 2021 (line 8, column (f) divided by line 13, column (f))	15	98.910 %
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	84.520 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f))	17	0.230 %
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18	0.210 %

19a **33 1/3% support tests—2021.** 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—2020.** 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) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on 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 on line 2a, above 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 2021 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-2021**	**(iii) Distributable Amount for 2021**
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	GROSS SALES OF INVENTORY - 2017 AMOUNT: $ 10,420,670. 2018 AMOUNT: $ 9,994,684. 2019 AMOUNT: $ 10,266,895. 2020 AMOUNT: $ 9,638,454. 2021 AMOUNT: $ 16,159,519. GROSS FUNDRAISING INCOME - 2017 AMOUNT: $ 1,564,496. 2018 AMOUNT: $ 2,651,128. 2019 AMOUNT: $ 1,600,981.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C
(Form 990)

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

2021

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)** 2018	**(b)** 2019	**(c)** 2020	**(d)** 2021	**(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		1,364,509
j	Total. Add lines 1c through 1i			1,364,509
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 LEGISLATIVE ACTION AS PART OF ITS MISSION FOR PATIENT AND HOUSING ADVOCACY.

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

2021

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		129,473,443		129,473,443
b Buildings		172,266,054	22,270,823	149,995,231
c Leasehold improvements		29,307,864	20,092,855	9,215,009
d Equipment		114,061,516	79,884,542	34,176,974
e Other		34,190,136		34,190,136
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				357,050,793

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	22,738,605

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	1,974,894,305
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	8,302,617		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	149,320,446		
e	Add lines **2a** through **2d**			2e	157,623,063
3	Subtract line **2e** from line **1**			3	1,817,271,242
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	221,699		
b	Other (Describe in Part XIII.)	4b	1,603,387		
c	Add lines **4a** and **4b**			4c	1,825,086
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	1,819,096,328

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	1,766,388,235
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	162,613,594		
e	Add lines **2a** through **2d**			2e	162,613,594
3	Subtract line **2e** from line **1**			3	1,603,774,641
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	221,699		
b	Other (Describe in Part XIII.)	4b	14,268,525		
c	Add lines **4a** and **4b**			4c	14,490,224
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	1,618,264,865

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, 2021 AND 2020, 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 2018 THROUGH 2021 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 136,852,788. COST OF SALES 12,467,658.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	LEGAL SETTLEMENT 1,603,387.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COST OF SALES 12,467,658. PROGRAM SERVICE EXPENSES FOR AFFILIATES 151,749,324. LEGAL SETTLEMENT -1,603,388.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	INTERCOMPANY EXPENSES 11,397,838. UNREALIZED GAIN IN INTEREST SWAP 2,870,687.

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

2021

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) CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	47	123	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	6,222,324
(2) EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	29	103	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	9,791,752
(3) EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	7	12	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	2,038,119
(4) NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	3,156,932
(5) RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	23	181	PROGRAM SERVICES	HEALTH CARE FOR HIV PATIENTS	5,152,669
(6) SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	32	151	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	9,240,141
(7) SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	31	167	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	2,852,525
(8) SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	259	1,776	PROGRAM SERVICES	HEALTH CARE FOR HIV PATIENTS	44,376,022
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	428	2,513			82,830,484
b Total from continuation sheets to Part I . . .	0	0			0
c **Totals** (add lines 3a and 3b)	428	2,513			82,830,484

ICAR

Schedule of the Institute of Chartered Accountants of India Results for December

Schedule of the Institute of Chartered Accountants of India Results for December 2020 Examination

Sr. No.	Name	Address	Marks Obtained	Result
1	[illegible]	[illegible]	[illegible]	[illegible]
2	[illegible]	[illegible]	[illegible]	[illegible]
3	[illegible]	[illegible]	[illegible]	[illegible]

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)

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

2021

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	956,113	0
2	RAMESES FREDERICK (FUNDRAISING COUNSEL) 3169 KINGS BAY DRIVE DECATUR, GA 30034	FIELD COORDINATOR		No	0	15,000	0
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶						971,113	

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) 2021

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 I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AFRICAN SERVICES COMMITTEE 429 WEST 127TH ST NEW YORK,NY 10027	13-3749744	501(C)(3)	10,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(2) AID AFRICA 3916 PENNSYLVANIA AVE LA CRESCENTA,CA 91214	93-1222635	C CORP	26,667	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(3) AIDS WALK SOUTH DALLAS INC 3824 CEDAR SPRINGS RD PMB 245 DALLAS,TX 75235	46-4728842	501(C)(3)	20,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(4) ARLY LARIVIER FOUNDATION 3050 HAMBLING WAY WELLINGTON,FL 33414	47-1864636	S CORP	15,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(5) AUNT RITA'S FOUNDATION 1101 N CENTRAL AVE SUITE 212 PHOENIX,AZ 85028	41-2176501	501(C)(3)	50,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(6) BROWN COMMUNITY DEVELOPMENT CO 484 WASHINGTON AVE BROOKLYN,NY 11238	56-2629114	501(C)(3)	25,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(7) BROWN NAFF PITTS OMNIMEDIA INC PO BOX 53352 WASHINGTON,DC 20009	27-1554281	C CORP	24,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(8) CAMP LAUREL FOUNDATION INC 75 S GRAND AVENUE PASADENA,CA 91105	95-4429260	501(C)(3)	30,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(9) COALITION FOR HUMANE IMMIGRANT 2533 W 3RD ST STE 101 LOS ANGELES,CA 90057	95-4421521	501(C)(3)	10,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(10) DC VOLUNTEER LAWYERS PROJECT 5335 WISCONSIN AVENUE NW SUITE 440 WASHINGTON,DC 20015	26-1089584	501(C)(3)	25,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(11) EAST LOS ANGELES WOMEN'S CTR 1431 SOUTH ATLANTIC BLVD LOS ANGELES,CA 90022	51-0204577	501(C)(3)	20,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(12) ERNEST E JUST YOUTH AND PO BOX 10741 OAKLAND,CA 94610	20-8150887	ASSOCIATION	8,334	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(13) FRACTURED ATLAS INC 248 W 35TH ST FLOOR 10 NEW YORK,NY 10001	11-3451703	C CORP	20,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(14) GARDEN STATE EQUALITY 1408 MAIN STREET ASBURY PARK,NJ 07712	20-2588166	501(C)(3)	10,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(15) GLOBAL LIVINGSTON INSTITUTE 3001 BRIGHTON LBVD SUITE 2662 DENVER,CO 80216	45-4683531	501(C)(3)	49,984	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(16) GRANADA ON BROADWAY OUTREACH 10974 SOUTH BROADWAY LOS ANGELES,CA 90061	80-0672480	501(C)(3)	45,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(17) HEALTH THROUGH WALLS INC 12555 BISCAYNE BLVD 955 NORTH MIAMI,FL 33181	55-0909719	501(C)(3)	35,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(18) HEDGES AND HIGHWAY OUTREACH 101 OHIO AVENUE NORTH LIVE OAK,FL 32064	26-2302105	C CORP	30,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(19) HOPE AND DREAMS INITIATIVE 4816 BARNES AVE BRONX,NY 10470	45-3528679	501(C)(3)	16,334	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(20) HOPE FOR HILLTRIBES INC PO BOX 14091 COLUMBUS,OH 43214	27-0400885	C CORP	16,800	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(21) JOHN F REED 7056 MIRAMAR GRAND PRAIRIE,TX 75054	38-4038748	C CORP	10,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(22) LIGHT HEALTH AND WELLNESS 2200 NORTH MONROE ST BALTIMORE,MD 21217	52-2140604	501(C)(3)	36,200	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(23) MAVEN LEADERSHIP COLLECTIVE 1951 NW 7TH AVENUE 600 MIAMI,FL 33136	81-3828531	501(C)(3)	25,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(24) MINORITY HUMANITARIAN FOUNDATION 1618 SAN MIGUEL AVENUE SPRING VALLEY,CA 91977	47-4926931	C CORP	10,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(25) MOVEABLE FEAST INC 901 N MILTON AVE BALTIMORE,MD 21205	52-1663825	C CORP	10,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(26) ONE ARMENIA INC 3801 COLLINS AVENUE 1002 MIAMI BEACH,FL 33140	46-1085868	501(C)(3)	20,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(27) PROJECTQ PO BOX 26421 LOS ANGELES,CA 90026	81-3740319	501(C)(3)	10,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(28) SERO PROJECT INC 105 EAST HIGH STREET PO BOX 1233 MILFORD,PA 18337	46-1626584	501(C)(3)	25,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(29) SOMOS FAMILIA VALLE 12060 NEENACH ST SUN VALLEY,CA 91352	81-5321059	501(C)(3)	9,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(30) SOUTHERN ARIZONA AIDS FOUNDATION 375 SOUTH EUCLID AVENUE TUCSON,AZ 85719	86-0864100	C CORP	18,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(31) THE AMAAD INSTITUTE 10221 S COMPTON AVE SUITE 105 LOS ANGELES,CA 90002	77-0672440	C CORP	10,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(32) THE FUTURE FOUNDATION 1892 WASHINGTON ROAD EAST POINT,GA 30344	58-2636418	C CORP	18,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(33) THE I AM HUMAN FOUNDATION 5482 PEACHTREE LANDING DR ELLENWOOD,GA 30294	83-1450516	S CORP	25,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(34) THE LONG ISLAND GAYLESBIAN 125 KENNEDY DRIVE SUITE 100 HAUPPAUGE,NY 11788	20-8512786	501(C)(3)	8,333	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(35) THE OUT FOUNDATION 41 MADISON AVENUE 31ST FLOOR NEW YORK,NY 10010	82-2606139	501(C)(3)	25,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(36) THE RENEWED CHURCH OF LOS ANGELES 1979 FAIR OAKS AVE PASADENA,CA 91103	45-4105106	C CORP	12,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(37) TURNING POINT ALCOHOL AND DRUG 3756 SANTA ROSALIA DR STE 617 LOS ANGELES,CA 90008	26-4464781	501(C)(3)	18,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(38) UNIQUE WOMANS COALITION 1001 N MARTEL AVE WEST HOLLYWOOD,CA 90046	91-2018591	C CORP	10,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(39) VALLEY COMMUNITY HEALTHCARE 6801 COLDWATER CANYON AVE SUITE 1B NORTH HOLLYWOOD,CA 91605	23-7050082	501(C)(3)	20,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(40) WRITERS PLANNERS TRAINERS INC 1405 STATE STREET EAST ST LOUIS,IL 62205	33-1049325	501(C)(3)	8,334	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(41) YVS FOUNDATION OF HOPE INC 7705 CR 136 LIVE OAK,FL 32060	82-2323852	C CORP	15,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 25

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 17

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

2021

Open to Public Inspection

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee ☑ Written employment contract			
	☑ Independent compensation consultant ☑ Compensation survey or study			
	☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	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, 1099-MISC compensation, and/or 1099-NEC			(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)	396,493	133,082	0	6,000	0	535,575	0
	(ii)	0	0	0	0	0	0	0
2 RAUL RAMIREZ SANCHEZ PHARMACY SALES REPRESENTATIVE	(i)	393,812	2,000	0	6,000	0	401,812	0
	(ii)	0	0	0	0	0	0	0
3 MICHAEL WOHLFEILER CHIEF MEDICAL OFFICER	(i)	330,679	38,700	0	6,000	0	375,379	0
	(ii)	0	0	0	0	0	0	0
4 ROBERT HEGLAR DEPUTY CHIEF MEDICAL OFFICER	(i)	324,844	34,322	0	6,000	0	365,166	0
	(ii)	0	0	0	0	0	0	0
5 CARL EVANS MILLNER REGIONAL MEDICAL DIRECTOR	(i)	255,393	72,040	0	6,000	0	333,433	0
	(ii)	0	0	0	0	0	0	0
6 NATALIE CHAMBLISS-CEACH PHARMACY SALES REPRESENTATIVE	(i)	324,660	750	0	6,000	0	331,410	0
	(ii)	0	0	0	0	0	0	0
7 SUZY THABIT BOULES PHYSICIAN	(i)	234,189	89,050	0	6,000	0	329,239	0
	(ii)	0	0	0	0	0	0	0
8 HENRY C OSBURN V REGIONAL MEDICAL DIRECTOR	(i)	318,534	1,200	0	6,000	0	325,734	0
	(ii)	0	0	0	0	0	0	0
9 LYLE HONIG MOJICA CHIEF FINANCIAL OFFICER	(i)	245,039	44,000	0	6,000	0	295,039	0
	(ii)	0	0	0	0	0	0	0
10 PETER REIS SENIOR VICE PRESIDENT	(i)	243,440	44,000	0	6,000	0	293,440	0
	(ii)	0	0	0	0	0	0	0
11 THOMAS A MYERS CHIEF COUNSEL/PUBLIC AFFAIRS	(i)	240,077	40,000	0	6,000	0	286,077	0
	(ii)	0	0	0	0	0	0	0
12 ADAM CARL ZWEIG REGIONAL MEDICAL DIRECTOR	(i)	251,308	24,258	0	6,000	0	281,566	0
	(ii)	0	0	0	0	0	0	0
13 MICHAEL KAHANE BUREAU CHIEF SOUTHERN REGION	(i)	225,588	47,000	0	6,000	0	278,588	0
	(ii)	0	0	0	0	0	0	0
14 DONNA TEMPESTA VP NORTHERN REGION & FINANCE	(i)	222,030	44,000	0	6,000	0	272,030	0
	(ii)	0	0	0	0	0	0	0
15 KENNETH SCOTT CARRUTHERS CHIEF PHARMACY OFFICER	(i)	226,665	44,500	0	0	0	271,165	0
	(ii)	0	0	0	0	0	0	0
16 LAURA BOUDREAU CHIEF OPERATION/RISK MGMT & QUALITY	(i)	221,989	40,750	0	6,000	0	268,739	0
	(ii)	0	0	0	0	0	0	0
17 DONNA STIDHAM CHIEF MANAGED CARE	(i)	221,859	39,250	0	6,000	0	267,109	0
	(ii)	0	0	0	0	0	0	0
18 ANITA CASTILLE VP OF HUMAN RESOURCES	(i)	184,511	42,200	0	6,000	0	232,711	0
	(ii)	0	0	0	0	0	0	0
19 ALFREDO JOSEPH ALEGRIA VP HEALTHCARE CENTER OPERATION	(i)	178,705	39,200	0	6,000	0	223,905	0
	(ii)	0	0	0	0	0	0	0
20 WHITNEY ENGERAN-CORDOVA SR. DIR. OF PUBLIC HEALTH	(i)	170,958	40,000	0	0	0	210,958	0
	(ii)	0	0	0	0	0	0	0
21 TERRI FORD CHIEF GLOBAL ADVOCACY & POLICY	(i)	183,695	20,000	0	6,000	0	209,695	0
	(ii)	0	0	0	0	0	0	0
22 TRACY LINETTE JONES MW REGIONAL DIR & NAT'L DIR. OF ADVO	(i)	133,667	42,000	0	6,000	0	181,667	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 4A	SAMANTHA A. GRANBERRY, VICE PRESIDENT OF SALES & SPECIAL PARTNERSHIPS, ENTERED INTO A SEVERANGE AGREEMENT ON SEPTEMBER 16, 2020. DURING 2021 $126,789 WAS PAID TO MS. GRANBERRY. THE TOTAL SEVERANCE AMOUNT IS $183,695.

Additional Data

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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

2021

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	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	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	41,150,000			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	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 2020, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		5.000 %						
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		5.000 %						
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider	WELLS FARGO							
c	Term of hedge	2000.0000000000 %							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation

Additional Data

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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

2021

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	X	1	40,782	AVE. QUOTED PRICE
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	X	1	432,254	APPRAISAL REPORT
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X		395,839	COMPARABLE SALE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FURNITURE & EQUIPMENT)	X	0	20,176	REPLACEMENT COST
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
PART 1 COLUMN B	THE ORGANIZATION IS REPORTING IN PART I, COLUMN (B), THE NUMBER OF CONTRIBUTIONS RECEIVED.

Additional Data

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SCHEDULE O
(Form 990)

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

2021

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 $16,159,519 PART 10B COST OF GOODS SOLD BEGINNING INVENTORY $1,188,612 ADD PURCHASES AND OTHER COST 13,189,101 LESS ENDING INVENTORY (1,910,055) 12,467,658 PART 10C NET INCOME $ 3,691,861
FORM 990, PART IX, LINE 11G	PAYROLL SERVICES: PROGRAM SERVICE EXPENSES 509,487. MANAGEMENT AND GENERAL EXPENSES 269,768. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 779,255. MEDICAL SERVICES: PROGRAM SERVICE EXPENSES 15,090,461. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 15,090,461. CONTRACTED SERVICES: PROGRAM SERVICE EXPENSES 18,710,390. MANAGEMENT AND GENERAL EXPENSES 793,545. FUNDRAISING EXPENSES 188,055. TOTAL EXPENSES 19,691,990. BOND ADMINISTRATION: PROGRAM SERVICE EXPENSES 152. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 152.
FORM 990, PART XI, LINE 9:	CHANGE IN NET ASSETS OF AFFILIATES -3,498,697. UNREALIZED GAIN IN INTEREST SWAP 2,870,687.

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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

2021

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	-53	0	AIDS HEALTHCARE FOUNDATION

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(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	
(17)THURSDAYS CHILD 475 E MAIN ST STE 209 PATCHOGUE, NY 11772 11-3068809	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	NY	501(C)(3)	LINE 7	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		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) AIDS HEALTHCARE CENTERS	Q	50,771	BOOK
(2) AIDS HEALTHCARE CENTERS	R	10,950,000	BOOK
(3) AIDS MCO OF FLORIDA INC	Q	11,170,808	BOOK
(4) AHF MCO OF GEORGIA INC	Q	124,565	BOOK
(5) AIDS HEALTHCARE FOUNDATION TEXAS	Q	405,766	BOOK
(6) AJS BROOKLYN MEDICAL PRACTICE PC	Q	389,284	BOOK
(7) WOMEN ORGANIZED TO RESPOND TO LIFE-THREATENING DISEASES	B	253,194	BOOK
(8) AIDS TASKFORCE OF GREATER CLEVELAND	B	834,904	BOOK
(9) AIDS CENTER OF QUEENS CO INC	B	1,804,566	BOOK
(10) SOUTHSIDE HELP CENTER INC	B	918,846	BOOK
(11) AIDS ATLANTA INC	B	2,492,284	BOOK
(12) AIDS OUTREACH CENTER	B	654,311	BOOK
(13) IRIS HOUSE	B	976,240	BOOK
(14) AIDS INTERFAITH NETWORK	B	484,335	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)** Disproportionate allocations?		**(i)** Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	**(j)** General or managing partner?		**(k)** Percentage ownership
				Yes	**No**			**Yes**	**No**		**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) 2021

Additional Data

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