

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2024

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Form

Department of the Treasury

Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

- 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 \$ 2,502,865,129

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? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

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

K Form of organization: Corporation

L Year of formation: 1987. M State of legal domicile: CA

Part I Summary

Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances

Table with 3 columns: Description, Prior Year, Current Year. Rows include mission statement, governance metrics, revenue (8-12), expenses (13-19), and net assets (20-22).

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.

Sign Here: Signature of officer LYLE HONIG MOJICA CFO, Date 2025-11-14. Paid Preparer Use Only: Preparer's name, signature, date, firm name VASQUEZ COMPANY LLP, EIN 33-0700332, address 655 N CENTRAL AVE STE 1550, GLENDALE, CA 91203.

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 \$ 1,196,597,474 including grants of \$) (Revenue \$ 1,490,092,434)

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 51 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 104,223 PHARMACY PATIENTS.

4b (Code:) (Expenses \$ 652,696,199 including grants of \$) (Revenue \$ 61,722,005)

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 1,561 MEMBERS.

4c (Code:) (Expenses \$ 159,701,810 including grants of \$) (Revenue \$ 15,102,150)

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 72 DOMESTIC OUTPATIENT HEALTHCARE CENTERS AND OVER 932 CLINICS OUTSIDE THE U.S. SERVING OVER 2,200,000 PEOPLE IN 47 COUNTRIES.

(Code:) (Expenses \$ 21,571,911 including grants of \$ 17,704,619) (Revenue \$ 547,809,049)

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 \$17 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 \$ 21,571,911 including grants of \$ 17,704,619) (Revenue \$ 547,809,049)

4e Total program service expenses 2,030,567,394

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 21, with sub-questions 11a-e and 12a-b. Each row has a corresponding 'Yes' and 'No' column for the answer.

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5 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?		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
35b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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.	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		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

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

Table with 17 main rows (2a-17) and sub-rows (a-e). Columns include question text, input fields (e.g., 2a: 3,239), and Yes/No response columns. Includes instructions for various tax forms like 990-T, 8886-T, 720, 4720, and 6069.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee, or key employee listed in Part VII...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe on Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 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, box 6 of 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)						(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
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL WEINSTEIN PRESIDENT	40.00 19.00	X		X			862,273	0	6,000	
(2) WILLIAM ARROYO MD CHAIRPERSON	4.00 12.00	X		X			0	0	0	
(3) CONDESSA M CURLEY MD MPH FAAFP VICE CHAIR (UNTIL 1/22/24)	4.00 14.00	X		X			0	0	0	
(4) ANGELINA WAPAKHABULO GLOBAL VICE CHAIR	4.00 12.00	X		X			0	0	0	
(5) STEVE L CARLTON ESQ TREASURER	4.00 14.00	X		X			0	0	0	
(6) CYNTHIA DAVIS MPH SECRETARY (UNTIL 1/22/24)	4.00 17.00	X		X			0	0	0	
(7) DIANA HOORZUK BOARD MEMBER	4.00 2.00	X					0	0	0	
(8) RODNEY L WRIGHT MD BOARD MEMBER	4.00 2.00	X					0	0	0	
(9) AGAPITO DIAZ BOARD MEMBER	4.00 3.00	X					0	0	0	
(10) JONATHAN GIOIA BOARD MEMBER (AS OF 10/26/24)	4.00 0.00	X					0	0	0	
(11) CURLEY L BONDS MD BOARD MEMBER	4.00 2.00	X					0	0	0	
(12) SCOTT GALVIN BOARD MEMBER	4.00 0.00	X					0	0	0	
(13) ANITA ANN WILLIAMS BOARD MEMBER	4.00 0.00	X					0	0	0	
(14) ALBERT KELLEY RUIZ BOARD MEMBER	4.00 0.00	X					0	0	0	
(15) JAMMIE HOPKINS BOARD MEMBER	4.00 0.00	X					0	0	0	
(16) MICHAEL KAHANE BOARD MEMBER (AS OF 10/26/24)	4.00 0.00	X					0	0	0	
(17) LYLE HONIG MOJICA CHIEF FINANCIAL OFFICER	40.00 8.00			X			407,048	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)					(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
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(18) PETER REIS SENIOR VICE PRESIDENT	40.00 0.00				X		357,236	0	6,000
(19) THOMAS A MYERS GENERAL COUNSEL	40.00 0.00				X		353,920	0	6,000
(20) DONNA TEMPESTA NORTHERN BUREAU CHIEF / VP FINANCE	40.00 0.00				X		361,011	0	6,000
(21) KENNETH SCOTT CARRUTHERS CHIEF PHARMACY OFFICER	40.00 0.00				X		343,886	0	0
(22) DONNA STIDHAM CHIEF MANAGED CARE	40.00 0.00				X		339,519	0	6,000
(23) LAURA BOUDREAU CHIEF OF OPERATIONS / RISK MGMT & QUALITY	40.00 0.00				X		343,401	0	6,000
(24) ANITA CASTILLE VP OF HUMAN RESOURCES	40.00 0.00				X		292,150	0	6,000
(25) TERRI FORD CHIEF OF GLOBAL ADVOCACY	40.00 0.00				X		249,058	0	6,000
(26) ALFREDO JOSEPH ALEGRIA VP HEALTHCARE CENTER OPERATIONS	40.00 0.00				X		297,729	0	6,000
(27) WHITNEY ENGERAN-CORDOVA VP OF PUBLIC HEALTH PROGRAM	40.00 0.00				X		265,199	0	5,287
(28) EDWIN MILLAN DIRECTOR OF SALES OUTREACH & COMM INTERGRATION	40.00 0.00				X		486,145	0	6,000
(29) JEREMY ZELLERS DEPUTY CHIEF PHARMACY OFFICER	40.00 0.00				X		302,342	0	6,000
(30) ELIZABETH BALET NATIONAL DIRECTOR OF NURSING	40.00 0.00				X		299,628	0	6,000
(31) CARL EVANS MILLNER CHIEF MEDICAL DIRECTOR	40.00 0.00				X		471,177	0	6,000
(32) BRYAN PATRICK SEBASTIAN GAUDIO DEPUTY CHIEF MEDICAL OFFICER	40.00 0.00				X		417,505	0	6,000
(33) JOSE RAMOS NATIONAL SALES DIRECTOR	40.00 0.00				X		375,909	0	6,000
(34) MOHANDOSS TYCHICUS CHIEF INFORMATION OFFICER	40.00 0.00				X		316,704	0	6,000
(35) JONATHAN MICHAEL EISEBENRG DEPUTY GENERAL COUNSEL	40.00 0.00				X		310,127	0	6,000
(36) ASHOKE TALUKDAR DEPUTY GENERAL COUNSEL - CORP AFFAIRS	40.00 0.00				X		299,903	0	6,000
(37) MICHAEL PHILIP DUBE NATIONAL MEDICAL DIRECTOR OF PHD	40.00 0.00				X		297,070	0	1,500
(38) SUZY THABIT BOULES PHYSICIAN	40.00 0.00					X	480,122	0	6,000
(39) MONA-GEKANJU TOEQUE REG MEDICAL DIRECTOR	40.00 0.00					X	453,224	0	3,000
(40) ZACHARY RICHARD HENRY MEDICAL DIRECTOR	40.00 0.00					X	430,496	0	6,000
(41) JOHN PHILLIP OUDERKIRK HIV QUALITY CARE DIRECTOR	40.00 0.00					X	427,503	0	6,000
(42) WARREN WILLIAM MAGNUS MEDICAL DIRECTOR	40.00 0.00					X	436,985	0	6,000
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						10,277,270	0		147,787

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 **611**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
PARATA SYSTEMS LLC PO BOX 638203 CINCINNATI, OH 45263	PHARMACY MANAGEMENT SERVICES	4,802,826
THE CAMPAIGN TEAM LLC PO BOX 125 LEWIS CENTER, OH 43035	ADVERTISING SERVICES	2,927,022
MAREN CONSTRUCTION LLC 1776 PEACHTREE RD NW ATLANTA, GA 30309	CONSTRUCTION SERVICES	2,470,636
VICTOR'S SERVICES LLC 2035 E 111TH STREET LOS ANGELES, CA 90059	CONSTRUCTION SERVICES	1,767,398
ARENTFOX SCHIFF LLP PO BOX 644672 PITTSBURGH, PA 15264	LEGAL SERVICES	1,498,255

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 **48**

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants, and Other Amt Similar Amounts, Federated campaigns, Membership dues, Fundraising events, Related organizations, Government grants, All other contributions, gifts, grants, and similar amounts not included above, Noncash contributions included in lines 1a - 1f, and Total.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include PHARMACY REVENUE, NET; PROGRAM OPERATIONS AFFILIATES, NET; PREMIUMS EARNED - POSITIVE HC; NET PATIENT SERVICE REVENUE; LOW-INCOME HOUSING; All other program service revenue; and Total.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Gross rents (Real/Personal), Net rental income, Gross amount from sales of assets other than inventory, Net gain or (loss), Gross income from fundraising events, Net income or (loss) from fundraising events, Gross income from gaming activities, Net income or (loss) from gaming activities, Gross sales of inventory, Less: cost of goods sold, Net income or (loss) from sales of inventory.

Table for Other Revenue Misc Amt with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include All other revenue and Total.

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	16,205,722	16,205,722		
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.	1,498,897	1,498,897		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,905,162	7,372,097	451,488	81,577
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	250,055,609	233,193,494	14,288,966	2,573,149
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,345,309	6,850,462	404,636	90,211
9 Other employee benefits	36,382,934	34,110,794	1,895,096	377,044
10 Payroll taxes	17,992,102	16,707,477	1,086,183	198,442
11 Fees for services (non-employees):				
a Management				
b Legal	5,981,187	733,338	5,247,849	
c Accounting	3,169,756	2,943,705	226,051	
d Lobbying	55,766,847	55,766,847		
e Professional fundraising services. See Part IV, line 17	1,248,303			1,248,303
f Investment management fees	467,503		467,503	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	44,289,448	41,955,205	1,453,008	881,235
12 Advertising and promotion	17,526,112	17,268,938	16,037	241,137
13 Office expenses	17,270,578	16,063,307	1,175,688	31,583
14 Information technology	23,496,082	20,778,354	2,642,214	75,514
15 Royalties				
16 Occupancy	47,280,302	33,453,156	13,721,456	105,690
17 Travel	10,249,590	9,313,961	790,857	144,772
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	978,593	955,226	23,367	
20 Interest	2,815,215	2,059,331	755,884	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,125,108	17,436,193	3,682,774	6,141
23 Insurance	6,670,964	5,141,979	1,520,602	8,383
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	1,374,692,130	1,374,692,130		
b MEDICAL SUPPLIES	59,516,711	59,516,711		
c LABORATORY EXPENSES	20,830,705	20,830,705		
d AIDS WALKS/ORG. EVENTS	11,248,301	11,033,442	214,859	0
e All other expenses	27,329,483	24,685,923	2,634,482	9,078
25 Total functional expenses. Add lines 1 through 24e	2,089,338,653	2,030,567,394	52,699,000	6,072,259
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 <input type="checkbox"/> 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	65,024,117	2	55,594,781
	3 Pledges and grants receivable, net	24,772,899	3	26,346,664
	4 Accounts receivable, net	150,631,664	4	185,493,943
	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	205,000,000
	8 Inventories for sale or use	102,846,054	8	105,450,231
	9 Prepaid expenses and deferred charges	23,824,025	9	16,771,211
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 632,737,375		
	b Less: accumulated depreciation	10b 129,603,700	614,088,876	10c 503,133,675
	11 Investments—publicly traded securities	325,627,724	11	359,154,960
	12 Investments—other securities. See Part IV, line 11	24,565,127	12	26,233,033
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	31,726,004	14	21,405,002
	15 Other assets. See Part IV, line 11	72,894,278	15	109,102,918
16 Total assets: Add lines 1 through 15 (must equal line 33)	1,436,000,768	16	1,613,686,418	
Liabilities	17 Accounts payable and accrued expenses	140,380,555	17	150,740,773
	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	53,140,694	23	50,522,752
	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	93,837,301	25	102,384,252
	26 Total liabilities. Add lines 17 through 25	287,358,550	26	303,647,777
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,148,296,257	27	1,309,641,292
	28 Net assets with donor restrictions	345,961	28	397,349
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	1,148,642,218	32	1,310,038,641
	33 Total liabilities and net assets/fund balances	1,436,000,768	33	1,613,686,418

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Columns include line number, description, and amount. Total revenue is 2,193,782,492 and total expenses are 2,089,338,653.

Part XII Financial Statements and Reporting

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

Table for financial reporting questions. Columns include question number, question text, Yes, and No. Questions cover accounting methods, compilation, and auditing of financial statements.

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

2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2023 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2024. 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—2023. 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—2024. 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—2023. 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 15 Public support percentage for 2024 (98.820%); 16 Public support percentage from 2023 Schedule A, Part III, line 15 (98.850%).

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 17 Investment income percentage for 2024 (0.430%); 18 Investment income percentage from 2023 Schedule A, Part III, line 17 (0.370%).

19a 33 1/3% support tests-2024. 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-2023. 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.		
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).		
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.		
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.		
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.		
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.		
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.		
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.		
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).		
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?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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 .		
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).		
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).		
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 .		
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 .		
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 .		
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.		
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).		

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?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer 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? <i>If "Yes" or "No", provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

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

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. 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 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

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 - 2020 AMOUNT: \$ 9,638,454. 2021 AMOUNT: \$ 16,159,519. 2022 AMOUNT: \$ 16,684,096. 2023 AMOUNT: \$ 16,737,798. 2024 AMOUNT: \$ 16,911,300.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule of Contributors

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

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

Organization type (check one):

Filers of:

Section:

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

Part I

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

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

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

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

Additional Data

Return to Form

Software ID:

Software Version:

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.**

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

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

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

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

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

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

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

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		55,766,847
j	Total. Add lines 1c through 1i			55,766,847
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 11	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)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

▶ **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.**

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 July 25, 2006, 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:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 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		166,533,973		166,533,973
b Buildings		258,803,815	36,124,663	222,679,152
c Leasehold improvements		33,298,340	24,981,000	8,317,340
d Equipment		56,088,781	38,146,244	17,942,537
e Other		118,012,466	30,351,793	87,660,673
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				503,133,675

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) DEPOSITS AND OTHER ASSETS	2,969,446
(2) CASH DEPOSITS FOR FL HMO CONTRACT	300,000
(3) OPERATING LEASE, RIGHT-OF-USE ASSET	76,784,505
(4) INTEREST RATE SWAP	5,248,967
(5) CASH DEPOSITS HELD BY WELLS FARGO	23,800,000
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	109,102,918

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
CLAIMS PAYABLE	4,637,711
UNEARNED PREMIUMS	17,493,305
OPERATING LEASE LIABILITY	80,253,236
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	102,384,252

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	2,663,453,065
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	25,307,210	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,009,218,649	
e	Add lines 2a through 2d			2e 1,034,525,859
3	Subtract line 2e from line 1			3 1,628,927,206
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	467,503	
b	Other (Describe in Part XIII.)	4b	564,387,783	
c	Add lines 4a and 4b			4c 564,855,286
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 2,193,782,492

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	2,502,056,642
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	442,867,958	
e	Add lines 2a through 2d			2e 442,867,958
3	Subtract line 2e from line 1			3 2,059,188,684
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	467,503	
b	Other (Describe in Part XIII.)	4b	29,682,466	
c	Add lines 4a and 4b			4c 30,149,969
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 2,089,338,653

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. U.S. 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, 2024 AND 2023, 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 2020 THROUGH 2024 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:	COST OF SALES 16,300,090. PROGRAM SERVICE REVENUE OF AFFILIATES 992,918,559.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	EXPENSE REIMBURSEMENT 534,705,317. LEGAL SETTLEMENT 29,682,466.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COST OF SALES 16,300,090. PROGRAM SERVICE EXPENSES OF AFFILIATES 426,567,868.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	LEGAL SETTLEMENT 29,682,466.

Additional Data

[**Return to Form**](#)

Software ID:

Software Version:

Statement of Activities Outside the United States

OMB No. 1545-0047

▶ **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.**

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 or other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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,	73	166	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	8,425,970
(2) EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	51	114	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	9,990,643
(3) EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	6	16	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	1,504,726
(4) NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	4,640,925
(5) RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	50	167	PROGRAM SERVICES	HEALTH CARE FOR HIV PATIENTS	4,578,695
(6) SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	113	188	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	11,924,172
(7) SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	173	179	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	3,584,179
(8) SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	450	2,169	PROGRAM SERVICES	HEALTH CARE FOR HIV PATIENTS	53,393,148
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	916	2,999			98,042,458
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	916	2,999			98,042,458

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	(j) Other information
(1)		ARGENTINA, SOUTH AMERICA	THE PROGRAM AIMS TO CREATE A SURVEY TOOL FOR ALL INMATES IN PENITENTIARY UNIT 15 IN BUNTON EARLY DETECTION AND TREATMENT OF HIV/AIDS (EDTAS)	20,000	WIRE TRANSFER				BOOK
(2)		BAHAMAS, LATAM/CAR	THE FUNDED PROGRAM INCLUDES YOUTH EDUCATION SESSIONS, COMMUNITY OUTREACH, AND CAMPAIGNS TARGETING VULNERABLE POPULATIONS.	15,000	WIRE TRANSFER				BOOK
(3)		CAMBODIA, ASIA	THE PROJECT WILL TEACH FAMILIES OF AIDS PATIENTS LIKE VEGETABLE GROWING, POULTRY AND FISH FARMING.	14,500	WIRE TRANSFER	0			BOOK
(4)		CAMBODIA, ASIA	TO PROVIDE A SUPPORT GROUP FOR PARENTS ADDRESSING THE HEALTH NEEDS OF THEIR FAMILIES	8,800	WIRE TRANSFER	0			BOOK
(5)		CYPRUS, EUROPE	THE PROJECT WILL EXTEND POP UP HIV TESTING FOR ANOTHER YEAR AND WILL STRENGTHEN CARE CONTINUITY FOR PEOPLE LIVING WITH HIV	25,575	WIRE TRANSFER	0			BOOK
(6)		DOMINICAN REPUBLIC, LATAM/CAR	THE PROGRAM AIMS TO IMPROVE HIV ADHERENCE AND SERVICE RETENTION TO HELP PATIENTS ACHIEVE VIRAL SUPPRESSION	35,000	WIRE TRANSFER	0			BOOK
(7)		DOMINICAN REPUBLIC, LATAM/CAR	THE PROGRAM WILL USE EDUCATIONAL SPACES TO PROMOTE HIV TESTING AND PREP REFERRALS.	18,000	WIRE TRANSFER	0			BOOK
(8)		ESWATINI, AFRICA	THE FOURTH PROGRAM TARGETS PEOPLE BETWEEN THE AGES OF 12-24 WHO ARE HIV PREVENTION ACTIVITIES.	10,000	WIRE TRANSFER	0			BOOK
(9)		ESWATINI, AFRICA	THE PROJECT WILL BUILD CAPACITY OF KEY COMMUNITY ACTORS TO USE THEIR INFLUENCE AND VOICES TO ADVANCE THE HIV PREVENTION AGENDA.	10,000	WIRE TRANSFER	0			BOOK
(10)		ETHIOPIA, AFRICA	KEYS PROJECT FOCUSES ON PREVENTING NEW HIV INFECTIONS AMONG ADOLESCENTS, YOUTH, DESTIGATED WOMEN, AND SURVIVORS OF GENDER-BASED VIOLENCE.	15,000	WIRE TRANSFER	0			BOOK
(11)		ETHIOPIA, AFRICA	CONTRIBUTE TO GOVERNMENT EFFORTS IN THE REDUCTION OF NEW HIV & STI TRANSMISSION AMONG VULNERABLE POPULATIONS.	12,000	WIRE TRANSFER	0			BOOK
(12)		ETHIOPIA, AFRICA	THE PURPOSE OF THE PROJECT IS TO ENABLE THE TARGET POPULATION TO TRANSMISSION AND PREVENTION THROUGH SERVICE AVAILABILITY, GENDER-BASED VIOLENCE AND COPING MECHANISMS.	10,800	WIRE TRANSFER	0			BOOK
(13)		ETHIOPIA, AFRICA	FOCUS ON ADDRESSING POLICY GAPS IN HIV/AIDS PREVENTION AND CARE.	10,000	WIRE TRANSFER	0			BOOK
(14)		ETHIOPIA, AFRICA	THE PROGRAM TARGETS KEY AND VULNERABLE POPULATIONS FOR TB SCREENING, TREATMENT LINKAGE, AND ADHERENCE SUPPORT USING COMMUNITY HEALTH WORKERS.	15,000	WIRE TRANSFER	0			BOOK
(15)		ETHIOPIA, AFRICA	ASK US TO PREVENT NEW HIV INFECTIONS AMONG ADOLESCENTS AND YOUTH THROUGH AWARENESS AND THEATER-BASED EDUCATION, CONDOM PROMOTION, AND SCHOOL PROGRAMS.	15,000	WIRE TRANSFER	0			BOOK
(16)		ETHIOPIA, AFRICA	ESDO WILL EXPAND AWARENESS AND DEMAND CREATION ACTIVITIES TO INCREASE HIV TESTING UPTAKE, AND PRIORITY POPULATIONS.	17,260	WIRE TRANSFER	0			BOOK
(17)		ETHIOPIA, AFRICA	RHOPEETHIOPIA WILL PARTNER WITH SCHOOLS TO DELIVER YOUTH FRIENDLY SEXUAL AND REPRODUCTIVE EDUCATION.	15,000	WIRE TRANSFER	0			BOOK
(18)		INDONESIA, ASIA	BANDUNGWANGI PLANS TO OFFER COOPERATION WITH AFT INDONESIA IN A PREVENTION PROGRAM THROUGH ASSISTANCE AND STRENGTHENING FOR COMMUNITIES OF WOMEN AND CHILDREN.	16,700	WIRE TRANSFER	0			BOOK
(19)		INDONESIA, ASIA	THE PROPOSED PROJECT PROVIDES TRAINING HEALTH AND COMMUNITY WORKERS TO MENTOR PEOPLE LIVING WITH HIV (PLHIV), CONDUCTING MEETINGS, HOME VISITS, AND PARTNER NOTIFICATIONS.	16,233	WIRE TRANSFER	0			BOOK
(20)		INDONESIA, ASIA	KCBS PROJECT WILL PREVENT NEW HIV AND STI TRANSMISSION AMONG INTERCITY BUS AND TRUCK CREWS IN JAKARTA.	17,166	WIRE TRANSFER	0			BOOK
(21)		INDONESIA, ASIA	LEKAS WILL IMPLEMENT AND COORDINATED HEALTH INTERVENTIONS INVOLVING LOCAL GOVERNMENT AND STRENGTHEN HIV PROGRAM FOR PROGRAMS TARGETING WOMEN AND HRM GROUPS.	14,738	WIRE TRANSFER	0			BOOK
(22)		KENYA, AFRICA	THE FEMES CLUB INITIATIVE, FOCUSED BY YOUTH IN HIV CARE, PROVIDES HEALTH EDUCATION, DANCE, AND ENTERTAINMENT TO COMBAT STIGMA AND DISCRIMINATION.	7,112	WIRE TRANSFER	0			BOOK
(23)		KENYA, AFRICA	RWAGS PROJECT IN HOMABAY COUNTY WILL EMPOWER ADOLESCENT GIRLS AND WOMEN LIVING WITH HIV THROUGH PREVENTION, SAHR EDUCATION, AND ECONOMIC STRENGTHENING.	8,000	WIRE TRANSFER	0			BOOK
(24)		KENYA, AFRICA	THE GOAL OF THE PROJECT IS TO REDUCE THE INCIDENCE OF HIV INFECTIONS AMONG AGYW AND MALE ADOLESCENTS AS WELL AS AT-RISK POPULATIONS.	19,475	WIRE TRANSFER	0			BOOK
(25)		KENYA, AFRICA	THE PROJECT WILL ENGAGE PEOPLE LIVING WITH HIV IN THE KIWANJO KAKILO AND KOJWACH THROUGH COMMUNITY HEALTH WORKERS.	25,013	WIRE TRANSFER	0			BOOK
(26)		KENYA, AFRICA	AYARHEPS PROGRAM FOCUSES ON HIV AND STI PREVENTION AMONG ADOLESCENTS AND YOUTH PEOPLE.	25,000	WIRE TRANSFER	0			BOOK
(27)		KENYA, AFRICA	THE PROJECT TARGETS ADOLESCENT GIRLS AND TEEN AGED 14-24 TO REDUCE THEIR VULNERABILITY TO HIV, EARLY PREGNANCY, AND GENDER-BASED VIOLENCE.	15,000	WIRE TRANSFER	0			BOOK
(28)		KENYA, AFRICA	BISS PROGRAM WILL USE SUSTAINABLE URBAN FARMING TO PROMOTE YOUTH AND TEENAGE MOTHERS.	13,655	WIRE TRANSFER	0			BOOK
(29)		KENYA, AFRICA	SCR KENYA'S PROGRAM TARGETS HIV/AIDS AWARENESS, SUSTAINABLE LIVELIHOODS, ECONOMIC EMPLOYMENT, AND HYGIENE AND SANITATION IMPROVEMENT IN RURAL AND URBAN COUNTRIES.	11,047	WIRE TRANSFER	0			BOOK
(30)		LAOS, ASIA	APL+ WILL RUN AWARENESS ON HIV/AIDS AND STIS, AND ENCOURAGE TESTING AMONG YOUTH, WOMEN, AND MS.	10,000	WIRE TRANSFER	0			BOOK
(31)		LESOTHO, AFRICA	THIS PROGRAM AIMS TO EXPAND HIV PREVENTION AND TREATMENT ACCESS FOR PEOPLE WITH DISABILITIES IN LESOTHO.	18,000	WIRE TRANSFER	0			BOOK
(32)		LESOTHO, AFRICA	IN AN EFFORT TO PROTECT THE RIGHTS OF KEY POPULATIONS, KAPSA IS FACILITATING A SERIES OF DIALOGUES AND A SAFE SPACES PLATFORM.	24,979	WIRE TRANSFER	0			BOOK
(33)		LESOTHO, AFRICA	CRORA WILL HEALTH INTERVENTIONS FOR INMATES AND EXPANDED ACCESS TO HIV/AIDS, TB, AND HEALTHCARE SERVICES.	15,000	WIRE TRANSFER	0			BOOK
(34)		MALAWI, AFRICA	TO PROMOTE DRUG ADHERENCE AMONG THOSE TESTED HIV POSITIVE AND REPEATEDLY IN TREATMENT.	10,000	WIRE TRANSFER	0			BOOK
(35)		MALAWI, AFRICA	IMPLEMENTING HIV/AIDS PROGRAMS FOCUSING ON PREVENTION OF NEW HIV, STI AND TB INFECTIONS.	8,000	WIRE TRANSFER	0			BOOK
(36)		MALAWI, AFRICA	THE PROGRAM WILL STRENGTHEN EARLY TB DETECTION THROUGH ACTIVE CASE FINDING AND IMPROVED COMMUNITY FACILITY LINKAGE.	25,000	WIRE TRANSFER	0			BOOK
(37)		MALAWI, AFRICA	THE MACRO PROGRAM WILL EXPAND HIV TESTING AND SUPPORTED FACILITIES ACROSS FIVE MALAWI DISTRICTS.	15,000	WIRE TRANSFER	0			BOOK
(38)		MEXICO, LATAM/CAR	THE PROPOSED PROJECT INCLUDES A SERIES OF PROFESSIONAL INTERVENTIONS TO EDUCATE AND RAISE AWARENESS ON THE SUBJECT.	11,999	WIRE TRANSFER	0			BOOK
(39)		MEXICO, LATAM/CAR	THE PROGRAM WILL PROVIDE ACCESS TO HEALTHCARE FOR VULNERABLE CHILDREN, ADOLESCENTS, AND PREGNANT WOMEN LIVING WITH HIV.	20,000	WIRE TRANSFER	0			BOOK
(40)		MEXICO, LATAM/CAR	THE PEER MENTORING PROGRAM WILL SEE EXPERIENCED PEERS WHO SUCCESSFULLY MANAGED THEIR HIV DIAGNOSIS BE MENTORS.	10,000	WIRE TRANSFER	0			BOOK
(41)		MEXICO, LATAM/CAR	ELUNE POR TEJUANA A.C. WILL BUILD NEW FACILITIES TO PROVIDE HOME FOR CHILDREN LIVING WITH HIV.	15,000	WIRE TRANSFER	0			BOOK
(42)		MOZAMBIQUE, AFRICA	TO RECRUIT ADOLESCENT PEER SUPPORTERS AND ACTIVISTS TO MOBILIZE AND RUN COMMUNITY CONVERSATIONS WITH PARENTS & PROVIDE EDUCATION ABOUT ISSUES THAT AFFECT THEIR CHILDREN.	14,000	WIRE TRANSFER	0			BOOK
(43)		MOZAMBIQUE, AFRICA	BISS WILL LEAD TO COMMUNITY-BASED HIV TESTING AND RETENTION EFFORTS THROUGH TARGETED OUTREACH LINKAGE TO CARE, AND SANITARY MEASURES.	28,500	WIRE TRANSFER	0			BOOK
(44)		MOZAMBIQUE, AFRICA	THE PROPOSED PROJECT IN MOZAMBIQUE WILL EXPAND TB AND HIV SCREENING FOR 700 INMATES USING ADVANCED DIAGNOSTIC TOOLS TO IMPROVE EARLY DETECTION AND REDUCE TRANSMISSION.	29,500	WIRE TRANSFER	0			BOOK
(45)		MOZAMBIQUE, AFRICA	AJOPEMS PROGRAM WILL STRENGTHEN COMMUNITY HIV EPIDEMIC CONTROL THROUGH EVIDENCE-BASED INTERVENTIONS, IMPROVED SERVICE AVAILABILITY, AND COMPREHENSIVE HIV SERVICES.	10,000	WIRE TRANSFER	0			BOOK
(46)		NEPAL, ASIA	ASTHA SAMUHAS PROGRAM AIMS TO FILL SERVICE GAPS BY STRENGTHENING AWARENESS, CARE, AND COVAGE ADVOCACY FOR PEOPLE AFFECTED BY HIV.	16,281	WIRE TRANSFER	0			BOOK
(47)		NEPAL, ASIA	NAP+S PROJECT WILL TRAIN HIV CHAMPIONS TO ADVOCATE FOR BUDGET ALLOCATIONS SUPPORTING PEOPLE LIVING WITH HIV.	39,906	WIRE TRANSFER	0			BOOK
(48)		NETHERLANDS, EUROPE	THE PROJECT GOALS INCLUDE TO DRAW BACK THE ATTENTION TO HIV AND GIVE A VOICE TO HIV POSITIVE UKRAINIAN REFUGEES IN THE NETHERLANDS.	18,000	WIRE TRANSFER	0			BOOK
(49)		NETHERLANDS, EUROPE	THE PROGRAM WILL EMPOWER MEN LIVING WITH HIV (PLHIV) THROUGH TRAINING, PEER SUPPORT, AND COMMUNITY ENGAGEMENT.	45,000	WIRE TRANSFER	0			BOOK
(50)		NIGERIA, AFRICA	THE PROPOSED PROGRAM AIMS TO INCREASE ACCESS TO AND UPTAKE OF MENTAL HEALTH SERVICES FOR OLDER ADOLESCENTS AND YOUNG PERSONS LIVING WITH HIV IN KADUNA STATE.	19,999	WIRE TRANSFER	0			BOOK
(51)		NIGERIA, AFRICA	THE PROJECT AIMS AT GETTING THE PROPOSED KOGI STATE ANTI-STIGMATIZATION LAW TO PASS, WHICH PROVIDES STRUCTURAL PROTECTION AGAINST DISCRIMINATION FOR PERSONS LIVING WITH HIV/AIDS AND OTHER RELATED ISSUES.	8,000	WIRE TRANSFER	0			BOOK
(52)		NIGERIA, AFRICA	TO PROVIDE HIV, SEXUAL AND REPRODUCTIVE HEALTH SERVICES TO 1200 STUDENT PARTICIPANTS.	9,718	WIRE TRANSFER	0			BOOK
(53)		NIGERIA, AFRICA	THE PROGRAM WILL COMBAT GENDER-BASED VIOLENCE (GBV) THROUGH COMMUNITY ENGAGEMENT, POLICY ADVOCACY, AND HEALTH WORKER TRAINING TO IMPROVE SURVIVOR CARE.	20,000	WIRE TRANSFER	0			BOOK
(54)		PANAMA, LATAM/CAR	THE PROJECT WILL BRING TOGETHER TRANS AND LGBTQ+ PEOPLES TO TRAIN LEADERS IN PEER EDUCATION METHODS.	11,095	WIRE TRANSFER	0			BOOK
(55)		PERU, SOUTH AMERICA	THE PROGRAM WILL CONTRIBUTE TO THE PROMOTION AND LEADERSHIP OF TRANS WOMEN.	15,000	WIRE TRANSFER	0			BOOK
(56)		POLAND, EUROPE	THE BUDDY POLAND PROGRAM WILL BUILD A NETWORK OF US MSM PEER EDUCATORS TO ASSIST NEWLY DIAGNOSED AND INDIVIDUALS WITH HIV.	30,000	WIRE TRANSFER	0			BOOK
(57)		PORTUGAL, EUROPE	PROVIDE TESTING, TREATMENT, SUPPORT AND WORK OPPORTUNITIES FOR THOSE AFFECTED BY THE WAR IN UKRAINE, SEEKING TEMPORARY PROTECTION IN PORTUGAL.	46,242	WIRE TRANSFER	0			BOOK
(58)		RWANDA, AFRICA	THE ECONOMIC EMPOWERMENT PROGRAM AIMS TO ADDRESS THE ECONOMIC BARRIERS FACED BY LGBTQ+ INDIVIDUALS IN RWANDA.	12,000	WIRE TRANSFER	0			BOOK
(59)		RWANDA, AFRICA	THE PROJECT AIMS TO PREVENT NEW HIV/AIDS INFECTIONS AND UNINTENDED PREGNANCIES AMONG ADOLESCENT GIRLS AND YOUNG WOMEN.	14,000	WIRE TRANSFER	0			BOOK
(60)		RWANDA, AFRICA	THE HEALTH CARE CYCLING PROJECT WILL CREATE SAFE SPACES FOR VULNERABLE YOUTH TO DISCUSS THEIR CHALLENGES WITHOUT FEAR OR STIGMA.	15,000	WIRE TRANSFER	0			BOOK
(61)		RWANDA, AFRICA	THE PROJECT AIMS TO REDUCE NEW HIV/STI INFECTIONS AND UNINTENDED PREGNANCIES AMONG ADOLESCENT GIRLS AND YOUNG WOMEN.	20,000	WIRE TRANSFER	0			BOOK
(62)		RWANDA, AFRICA	THE PROJECT WILL EXPAND TB AND HIV COMMUNITY PEER EDUCATORS WORKING AND FOSTER HEALTH FACILITIES TO TRACE AND RE-ENGAGE PEOPLE WHO HAVE DROPPED OUT OF HIV TREATMENT.	24,517	WIRE TRANSFER	0			BOOK
(63)		RWANDA, AFRICA	EMPOWER RWANDA'S PROJECT SUPPORTS HIV PREVENTION WOMEN AND TEEN MOTHERS IN KIGALI DISTRICT.	12,000	WIRE TRANSFER	0			BOOK
(64)		SIERRA LEONE, AFRICA	TO IMPLEMENT A TREATMENT AND PREVENTION PROGRAM TO COMPLEMENT OTHER CLINICAL CARE SERVICES FOR PEOPLE LIVING WITH HIV FOR BETTER HEALTH OUTCOMES.	7,999	WIRE TRANSFER	0			BOOK
(65)		SIERRA LEONE, AFRICA	THE PROPOSED PROGRAM WOULD IMPROVE EDUCATION AND ACCESS TO TESTING AND PREVENTION SERVICES FOR YOUNG PEOPLE.	7,200	WIRE TRANSFER	0			BOOK
(66)		SOUTH AFRICA, AFRICA	THE LEADERS OF TOMORROW (LOT) PROJECT TARGETS YOUTH AGED 13-17 THROUGH LEADERSHIP TRAINING, MENTORSHIP HEALTH TALKS, AND EMPLOYMENT OPPORTUNITIES.	20,000	WIRE TRANSFER	0			BOOK
(67)		SOUTH AFRICA, AFRICA	PROVIDES COMMUNITY ENGAGEMENT AND AWARENESS THROUGH HIV COUNSELING AND TESTING DRIVES, AND PREVENTION SERVICES.	8,906	WIRE TRANSFER	0			BOOK
(68)		SOUTH AFRICA, AFRICA	HIV SERVICES WITH PEER SUPPORT AND PREVENTION METHODS ARE BEING ASSISTING WITH LINKAGE TO HEALTH FACILITIES.	7,779	WIRE TRANSFER	0			BOOK
(69)		SOUTH AFRICA, AFRICA	THE YOUTH TEST TO KNOW (YTKN) PROJECT IN NDOLA WILL PROVIDE AGE-APPROPRIATE HIV PREVENTION, EDUCATION, AND MOBILE TESTING FOR ADOLESCENTS AGED 15-24.	20,000	WIRE TRANSFER	0			BOOK
(70)		SOUTH AFRICA, AFRICA	THE SUSTAINABLE APPROACH TO GBV VIOLENCE AND TB AIMS TO WORK COLLABORATIVELY WITH LOCAL CLINICS TO BUILD HEALTH SYSTEMS AND RESILIENT TREATMENTS.	9,000	WIRE TRANSFER	0			BOOK
(71)		SOUTH AFRICA, AFRICA	THE PROJECT WILL EXPAND THE DISTRIBUTION IN THE COMMUNITY OF PREVENTION AND TREATMENT SUPPLIES.	15,000	WIRE TRANSFER	0			BOOK
(72)		SURINAME, SOUTH AMERICA	THIS PROJECT WILL PROVIDE HIV AND STI SERVICES TO TRANS PERSONS LIVING IN THE CAPITAL OF SURINAME.	20,000	WIRE TRANSFER	0			BOOK
(73)		THAILAND, ASIA	YOUTH LEAD WILL DEVELOP THE ASIA STRATEGIC PLAN FOR YOUNG KEY POPULATIONS (2025-2030) TO STRENGTHEN THE REGIONAL HIV PREVENTION AND TREATMENT.	20,000	WIRE TRANSFER	0			BOOK
(74)		THAILAND, ASIA	THE PROJECT WILL CONDUCT A SITUATIONAL ANALYSIS AND LEGAL REVIEW TO IMPROVE HIV RESPONSE AMONG UNDOCUMENTED AND MISCARRIED THAILAND.	12,999	WIRE TRANSFER	0			BOOK
(75)		UGANDA, AFRICA	THE PROJECT WILL PROVIDE PEER-TO-PEER PSYCHOLOGICAL COUNSELING AND EDUCATION TO YOUTH IN UKRAINE.	24,999	WIRE TRANSFER	0			BOOK
(76)		UGANDA, AFRICA	DESIGNED TO PREVENT NEW HIV/STI INFECTIONS AND INCREASE AWARENESS AND ACCESS TO HIV PREVENTION SERVICES.	15,000	WIRE TRANSFER	0			BOOK
(77)		UKRAINE, EUROPE	THE PROJECT WILL EXPAND HIV TESTING COVERAGE AMONG YOUTH IN UKRAINE BY EXTENDING SERVICES FROM VOLSUNIA AND KYIV.	30,000	WIRE TRANSFER	0			BOOK
(78)		UKRAINE, EUROPE	THE PROGRAM BY PEER SUPPORT WILL PROVIDE PEER-TO-PEER PSYCHOLOGICAL COUNSELING AND EDUCATION TO YOUTH IN UKRAINE.	27,000	WIRE TRANSFER	0			BOOK
(79)		UNITED KINGDOM, GREAT BRITAIN	THE HARM REDUCTION SERVICES PROGRAM IS A COMPREHENSIVE, INTEGRATED, AND INITIATIVE ADDRESSING USE THROUGH HARM REDUCTION AND PUBLIC HEALTH STRATEGIES.	40,000	WIRE TRANSFER	0			BOOK
(80)		ZAMBIA, AFRICA	THE PROPOSED COMMUNITY-BASED HIV PREVENTIVE PROGRAM AIMS TO REDUCE NEW HIV, STI, AND TB INFECTIONS AMONG VULNERABLE POPULATIONS.	9,999	WIRE TRANSFER	0			BOOK
(81)		ZAMBIA, AFRICA	THE PROJECT WILL PROJECT ENTAILS YOUNG PEOPLE TO BE SMART BY ACQUIRING INFORMATION ON HIV PREVENTION AND TREATMENT AND BE SAFE BY PREVENTING HIV INFECTIONS.	10,400	WIRE TRANSFER	0			BOOK
(82)		ZAMBIA, AFRICA	ADDRESSING THE NEEDS OF ADOLESCENTS AFFECTED BY HIV/AIDS.	9,800	WIRE TRANSFER	0			BOOK
(83)		ZAMBIA, AFRICA	THIS PROJECT WILL PROMOTE THE UPTAKE OF HIV TESTING, TESTING, AND HEALTH SERVICES AMONG YOUNG PEOPLE (10-24 YEARS).	10,000	WIRE TRANSFER	0			BOOK
(84)		ZAMBIA, AFRICA	TALC INTENDS TO IMPLEMENT THREE COMMUNITY-BASED PROGRAMS AIMED AT IMPROVING RETENTION IN THE TREATMENT CASCADE.	20,000	WIRE TRANSFER	0			BOOK
(85)		ZIMBABWE, AFRICA	THE PROJECT WILL SCALE UP INDEX CASE FINDING AND LINK HIV POSITIVE CONTACTS TO TREATMENT.	9,999	WIRE TRANSFER	0			BOOK
(86)		ZIMBABWE, AFRICA	ZIMP+ WILL IMPLEMENT STIGMA AND DISCRIMINATION REDUCTION THROUGH PEOPLE LIVING WITH HIV (PLHIV) TO SEEKING BEHAVIOR AND TREATMENT.	25,000	WIRE TRANSFER	0			BOOK
(87)		ZIMBABWE, AFRICA	THE CHATS MODEL WILL IDENTIFY AND ENGAGE ADOLESCENTS, YOUTH, AND LACTATING MOTHERS LIVING WITH HIV TO PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (MCTC).	15,000	WIRE TRANSFER	0			BOOK

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

Additional Data

Software ID:

Software Version:

**Supplemental Information Regarding
 Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**Open to Public
 Inspection**

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

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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 EVENT 360 (FUNDRAISING COUNSEL) 55 E JACKSON BLVD STE 1030 CHICAGO, IL 60604	PROFESSIONAL ORGANIZER		No	0	1,248,303	0
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					1,248,303	

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	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> 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
------------------	-------------

Additional Data

Return to Form

**Schedule I
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

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 instructions and the latest information.

**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) GUIDING RIGHT INC 1420 NE 23RD STREET OKLAHOMA CITY,OK 73111	73-1572221	501(C)(3)	50,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(2) GOLDEN GATE PERFORMING ARTS INC 170 VALENCIA STREET SAN FRANCISCO,CA 94103	94-2576101	501(C)(3)	10,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(3) MINORITY AIDS PROJECT 5149 W JEFFERSON BLVD LOS ANGELES,CA 90016	95-4175650	501(C)(3)	15,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(4) SERO PROJECT INC 105 EAST HIGH STREET PO BOX 1233 MILFORD,PA 18337	46-1626584	501(C)(3)	24,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(5) METRO DC COMMUNITY CENTER INC 2000 14TH STREET NW WASHINGTON,DC 20009	20-0118307	501(C)(3)	40,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(6) POZABILITIES 3754 4TH AVE SAN DIEGO,CA 92103	47-3562551	501(C)(3)	10,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(7) NATIONAL CENTER FOR CIVIL & HUMAN RIGHTS 250 WILLIAMS STREET SUITE 2322 ATLANTA,GA 30303	26-0813637	501(C)(3)	30,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(8) FROM THE HEART PRODUCTIONS INC 1013 HARBOR BLVD 53 OXNARD,CA 93035	95-4445418	501(C)(3)	20,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(9) HEALTH GLOBAL ACCESS PROJECT INC 276 5TH AVENUE RM 704 NEW YORK,NY 10001	20-5053765	501(C)(3)	50,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(10) WIZEHIVE INC PMB 263 24 NORTH BRYN MAWR AVENUE BRYN MAWR,PA 19010	27-4126294	C - CORPORATION	7,901	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(11) COMMUNITY PARTNERS PO BOX 741265 LOS ANGELES,CA 900741265	95-4302067	501(C)(3)	30,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(12) GRANADA ON BROADWAY OUTREACH 10974 SOUTH BROADWAY LOS ANGELES,CA 90061	80-0672480	501(C)(3)	40,000	0			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(13) SILENCE THE SHAME INC	82-2004573	501(C)(3)	24,000	0			FACILITATE SUPPORTING

3000 OLD ALABAMA ROAD 119 ALPHARETTA,GA 30022							ORGANIZATION'S TAX EXEMPT PURPOSE
(14) BLACK ALPHABET NFP 4600 S INDIANA AVE 1N CHICAGO,IL 60653	46-4578118	501(C)(3)	25,000	0			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(15) WE THINK 4 A CHANGE 4800 DENISON CLEVELAND,OH 44102	83-1850861	501(C)(3)	10,000	0			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(16) FIRST CAPITAL PRIDE COALITION 14 S PAINT ST SUITE 69 CHILLICOTHE,OH 45601	84-2728829	501(C)(3)	10,000	0			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(17) TRANSGENDER HEALTH & WELLNESS 340 S FARRELL DR PALM SPRINGS,C A 92262	82-4659164	501(C)(3)	20,000	0			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(18) LIFECARE ALLIANCE 1699 WEST MOUND ST COLUMBUS,OH 43223	31-4379494	501(C)(3)	18,000	0			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(19) HOPE FOR CHILDREN THE PROMISE FOR HAITI 11017 SUNSET RIDGE CIRCLE BOYNTON BEACH,FL 33473	47-4716842	501(C)(3)	10,000	0			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(20) THE YAY FOUNDATION 379 LOMA DR STE322 LOS ANGELES,CA 90017	92-0320619	501(C)(3)	20,000	0			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(21) MEDECINS SANS FRONTIERES USA INC 40 RECTOR ST 16TH FL NEW YORK,NY 100061751	13-3433452	501(C)(3)	100,000	0			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(22) GASKOV CLERGE FOUNDATION PO BOX 4068 GARDEN CITY,NY 115314068	51-0389906	501(C)(3)	10,000	0			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(23) PUBLIC CITIZEN FOUNDATION INC 1600 20TH ST NW WASHINGTON,DC 20009	52-1263996	501(C)(3)	25,000	0			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(24) EMPOWERING TRANSGENDER SERVICES INC 446 EFFINGHAM ST STE 302 PORTSMOUTH,VA 23704	84-3276856	501(C)(3)	25,000	0			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(25) FENTANYLSOLUTIONORG 1133 CAMELBACK ST STE 11491 NEWPORT BEACH,CA 92658	97-1781235	501(C)(3)	20,000	0			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(26) FEAST INC 3655 S GRAND AVE STE 210 LOS ANGELES,CA 90007	46-4312265	501(C)(3)	50,000	0			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(27) CHRISTIAN CULTURAL DEVELOPMENT FOUNDATION 1404 E LAS OLAS BLVD STE 30061 FORT LAUDERDALE,FL 33301	13-4224704	501(C)(3)	10,000	0			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(28) VIA CARE COMMUNITY HEALTH CENTER 3601 E 1ST STREET LOS ANGELES,CA 90063	80-0699156	501(C)(3)	100,000	0			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(29) MINORITY HEALTH INSTITUTE INC 8306 WILSHIRE BLVD STE 288	95-4161253	501(C)(3)	15,000	0			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT

							PURPOSE
BEVERLY HILLS, CA 90211 (30) DRAC FOUNDATION 5356 W BLOOMFIELD LAKE RD WEST BLOOMFIELD, MI 48323	93-3219733	501(C)(3)	15,000	0			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
(31) AIDS SERVICE CENTER OF LOWER MANHATTAN 64 WEST 35TH STREET 3RD FLOOR NEW YORK, NY 100012201	13-3562071	501(C)(3)	50,000	0			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶	30
3 Enter total number of other organizations listed in the line 1 table ▶	1

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)

Compensation Information

OMB No. 1545-0047

(Rev. January 2025)

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.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number

95-4112121

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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

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?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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?
 - b** Any related organization?
- 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?
 - b** Any related organization?
- 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.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		

2	Yes	No
4a		No
4b		No
4c		No

5a		No
5b		No
6a		No
6b		No
7		No
8		No
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)	662,273	200,000	0	6,000	0	868,273	0
	(ii)	0	0	0	0	0	0	0
2 EDWIN MILLAN DIRECTOR OF SALES OUTREACH & COMM IN	(i)	275,045	211,100	0	6,000	0	492,145	0
	(ii)	0	0	0	0	0	0	0
3 SUZY THABIT BOULES PHYSICIAN	(i)	362,455	117,667	0	6,000	0	486,122	0
	(ii)	0	0	0	0	0	0	0
4 CARL EVANS MILLNER CHIEF MEDICAL DIRECTOR	(i)	414,977	56,200	0	6,000	0	477,177	0
	(ii)	0	0	0	0	0	0	0
5 MONA-GEKANJU TOEQUE REG MEDICAL DIRECTOR	(i)	368,474	84,750	0	3,000	0	456,224	0
	(ii)	0	0	0	0	0	0	0
6 WARREN WILLIAM MAGNUS MEDICAL DIRECTOR	(i)	355,235	81,750	0	6,000	0	442,985	0
	(ii)	0	0	0	0	0	0	0
7 ZACHARY RICHARD HENRY MEDICAL DIRECTOR	(i)	360,709	69,787	0	6,000	0	436,496	0
	(ii)	0	0	0	0	0	0	0
8 JOHN PHILLIP OUDERKIRK HIV QUALITY CARE DIRECTOR	(i)	357,918	69,585	0	6,000	0	433,503	0
	(ii)	0	0	0	0	0	0	0
9 BRYAN PATRICK SEBASTIAN GAUDIO DEPUTY CHIEF MEDICAL OFFICER	(i)	369,107	48,398	0	6,000	0	423,505	0
	(ii)	0	0	0	0	0	0	0
10 LYLE HONIG MOJICA CHIEF FINANCIAL OFFICER	(i)	362,048	45,000	0	6,000	0	413,048	0
	(ii)	0	0	0	0	0	0	0
11 JOSE RAMOS NATIONAL SALES DIRECTOR	(i)	276,409	99,500	0	6,000	0	381,909	0
	(ii)	0	0	0	0	0	0	0
12 DONNA TEMPESTA NORTHERN BUREAU CHIEF / VP FINANCE	(i)	316,011	45,000	0	6,000	0	367,011	0
	(ii)	0	0	0	0	0	0	0
13 PETER REIS SENIOR VICE PRESIDENT	(i)	322,236	35,000	0	6,000	0	363,236	0
	(ii)	0	0	0	0	0	0	0
14 THOMAS A MYERS GENERAL COUNSEL	(i)	318,920	35,000	0	6,000	0	359,920	0
	(ii)	0	0	0	0	0	0	0
15 LAURA BOUDREAU CHIEF OF OPERATIONS / RISK MGMT & QU	(i)	305,401	38,000	0	6,000	0	349,401	0
	(ii)	0	0	0	0	0	0	0
16 DONNA STIDHAM CHIEF MANAGED CARE	(i)	301,519	38,000	0	6,000	0	345,519	0
	(ii)	0	0	0	0	0	0	0
17 KENNETH SCOTT CARRUTHERS CHIEF PHARMACY OFFICER	(i)	302,886	41,000	0	0	0	343,886	0
	(ii)	0	0	0	0	0	0	0
18 MOHANDOSS TYCHICUS CHIEF INFORMATION OFFICER	(i)	302,704	14,000	0	6,000	0	322,704	0
	(ii)	0	0	0	0	0	0	0
19 JONATHAN MICHAEL EISEBENRG DEPUTY GENERAL COUNSEL	(i)	286,927	23,200	0	6,000	0	316,127	0
	(ii)	0	0	0	0	0	0	0
20 JEREMY ZELLERS DEPUTY CHIEF PHARMACY OFFICER	(i)	263,342	39,000	0	6,000	0	308,342	0
	(ii)	0	0	0	0	0	0	0

(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				
21 ASHOKE TALUKDAR DEPUTY GENERAL COUNSEL - CORP AFFAIR	(i)	286,203	13,700	0	6,000	0	305,903	0
	(ii)	0	0	0	0	- 0	- 0	0
22 ELIZABETH BALET NATIONAL DIRECTOR OF NURSING	(i)	234,878	64,750	0	6,000	0	305,628	0
	(ii)	0	0	0	0	- 0	- 0	0
23 ALFREDO JOSEPH ALEGRIA VP HEALTHCARE CENTER OPERATIONS	(i)	252,729	45,000	0	6,000	0	303,729	0
	(ii)	0	0	0	0	- 0	- 0	0
24 MICHAEL PHILIP DUBE NATIONAL MEDICAL DIRECTOR OF PHD	(i)	276,670	20,400	0	1,500	0	298,570	0
	(ii)	0	0	0	0	- 0	- 0	0
25 ANITA CASTILLE VP OF HUMAN RESOURCES	(i)	254,150	38,000	0	6,000	0	298,150	0
	(ii)	0	0	0	0	- 0	- 0	0
26 WHITNEY ENGERAN-CORDOVA VP OF PUBLIC HEALTH PROGRAM	(i)	235,199	30,000	0	5,287	0	270,486	0
	(ii)	0	0	0	0	- 0	- 0	0
27 TERRI FORD CHIEF OF GLOBAL ADVOCACY	(i)	234,058	15,000	0	6,000	0	255,058	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
------------------	-------------

Additional Data

Return to Form

Software ID:

Software Version:

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

Schedule K (Form 990)

(Rev. January 2025)

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

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
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	0 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6 Total of lines 4 and 5	0 %							
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

[Return to Form](#)

Software ID:

Software Version:

Noncash Contributions

2024

Open to Public Inspection

- ▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number

95-4112121

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	1	235,763	RETAIL VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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?

	Yes	No
30a		No
31	Yes	
32a		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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)

(Rev. January 2025)
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 instructions and the latest information.

OMB No. 1545-0047

**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 IX, LINE 11G	PAYROLL SERVICES: PROGRAM SERVICE EXPENSES 979,506. MANAGEMENT AND GENERAL EXPENSES 122,654. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,102,160. MEDICAL SERVICES: PROGRAM SERVICE EXPENSES 16,546,615. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 16,546,615. CONTRACTED SERVICES: PROGRAM SERVICE EXPENSES 24,429,084. MANAGEMENT AND GENERAL EXPENSES 1,330,354. FUNDRAISING EXPENSES 881,235. TOTAL EXPENSES 26,640,673.
FORM 990, PART XI, LINE 9:	CHANGE IN NET ASSETS OF AFFILIATES 31,645,374.
SCHEDULE R PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATION	EXPLANATION OF RELATIONSHIP TERMINATION: AHF HEALTHCARE FOUNDATION REPORTS HOUSING4HUMANITY ON SCHEDULE R BECAUSE THE ENTITY MET THE DEFINITION OF A RELATED ORGANIZATION AT THE BEGINNING OF THE TAX YEAR. THE RELATIONSHIP CEASED ON DECEMBER 12, 2024 WHEN AIDS HEALTHCARE FOUNDATION RESIGN AS THE SOLE MEMBER OF THE HOUESING4HUMANITY. ACCORDINGLY, HOUSING4HUMANITY IS INCLUDED ON SCHEDULE R TO REFLECT ITS STATUS AS A RELATED ORGANIZATION DURING A PORTION OF THE REPORTING YEAR.
SCHEDULE R PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATION	EXPLANATION OF RELATIONSHIP TERMINATION: AHF HEALTHCARE FOUNDATION REPORTS AHF MCO OF GEORGIA INC. ON SCHEDULE R BECAUSE THE ENTITY MET THE DEFINITION OF A RELATED ORGANIZATION AT THE BEGINNING OF THE TAX YEAR. THE RELATIONSHIP CEASED ON OCTOBER 3, 2024 WHEN THE ENTITY WAS DISSOLVED. ACCORDINGLY, AHF MCO OF GEORGIA INC. IS INCLUDED ON SCHEDULE R TO REFLECT ITS STATUS AS A RELATED ORGANIZATION DURING A PORTION OF THE REPORTING YEAR.
SCHEDULE R PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATION	EXPLANATION OF RELATIONSHIP TERMINATION: AHF HEALTHCARE FOUNDATION REPORTS COALITION TO PRESERVE LA INC. ON SCHEDULE R BECAUSE THE ENTITY MET THE DEFINITION OF A RELATED ORGANIZATION AT THE BEGINNING OF THE TAX YEAR. THE RELATIONSHIP CEASED ON JANUARY 17, 2024 WHEN THE ENTITY WAS DISSOLVED. ACCORDINGLY, COALITION TO PRESERVE LA INC. IS INCLUDED ON SCHEDULE R TO REFLECT ITS STATUS AS A RELATED ORGANIZATION DURING A PORTION OF THE REPORTING YEAR.
SCH. R PART IV - IDENTIFICATION OF RELATED ORGANIZATIOS TAXABLE AS A CORP.	EXPLANATION OF RELATIONSHIP TERMINATION: AHF HEALTHCARE FOUNDATION REPORTS CRATES MODULAR INC. ON SCHEDULE R BECAUSE THE ENTITY MET THE DEFINITION OF A RELATED ORGANIZATION AT THE BEGINNING OF THE TAX YEAR. THE RELATIONSHIP CEASED ON JULY 18, 2024 WHEN THE ENTITY WAS DISSOLVED. ACCORDINGLY, CRATES MODULAR INC. IS INCLUDED ON SCHEDULE R TO REFLECT ITS STATUS AS A RELATED ORGANIZATION DURING A PORTION OF THE REPORTING YEAR.

Additional Data

Return to Form

Software ID:

Software Version:

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) AHF CHINA LLC 6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028 47-5544483	HEALTH CARE	CA	0	0	AIDS HEALTHCARE FOUNDATION
(2) T DOUGLAS GURLEY MD LLC 659 AUBURN AVE STE 156 ATLANTA, GA 30312 20-1159935	HEALTH CARE	GA	6,286,622	19,380,645	AIDS HEALTHCARE FOUNDATION
(3) AHF LESOTHO PROPRIETARY MONOKOTOSAI STREET 12292 WHITE CIT WHITE CITY, MASERU LT	HIV/AIDS EDUCATION & HEALTHCARE ACCESS	LT	339,927	440,052	AIDS HEALTHCARE FOUNDATION
(4) AHF UGANDA CARES LIMITED PLOT 54B KIRA ROAD KAMPALA UG	HIV/AIDS EDUCATION & HEALTHCARE ACCESS	UG	379,120	8,781,769	AIDS HEALTHCARE FOUNDATION
(5) AIDS HEALTHCARE FOUNDATION LIMITED PLOT NO34559 KATIMA MULILO ROAD OLYMPIA, LUSAKA ZA	HIV/AIDS EDUCATION & HEALTHCARE ACCESS	ZA	234,351	2,395,784	AIDS HEALTHCARE FOUNDATION
(6) AHF MEDICAL AND PHARMACEUTICAL INFORMATION CONSULTING (BEIJING) CO LTD UNITS 907B 9FTOWER B BLOCK 1 CO RONGHUA MIDDLE ROAD, BEIJING CH	HIV/AIDS EDUCATION & HEALTHCARE ACCESS	CH	91,351	211,170	AIDS HEALTHCARE FOUNDATION
(7) GENERAL PRACTICE-FAMILY MEDICINE AMBULATORY TESTING AND TREATMENT 12-A METALISTIVST 03057 KYIV UP	HIV/AIDS EDUCATION & HEALTHCARE ACCESS	UP	104,066	917,375	AIDS HEALTHCARE FOUNDATION
(8) SURETY SOCIETY LLC 20860 N TATUM BLVD SUITE 260 PHOENIX, AZ 85050 33-1544399	CAPTIVE INSURANCE	AZ	345,417	845,417	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) HOUSING4HUMANITY 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028 95-4582918	LOW INCOME HOUSING (SEE SCH. O)	CA	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION	Yes
(4) PHARMACY4HUMANITY 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) MVP MED PRACTICE PC 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) AIDS 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
(12) AHF MCO OF GEORGIA INC 735 PIEDMONT AVE NE ATLANTA, GA 30308 81-4191272	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV (SEE SCH. O)	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 (SEE SCH. O)	CA	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION	Yes
(14) AIDS 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) THURSDAY'S 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
(18) BROWARD HOUSE INC 1726 SE 3RD AVENUE FT LAUDERDALE, FL 33316 59-2913416	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	FL	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	Yes
(19) SUNSHINE SOCIAL SERVICES 2312 WILTON DRIVE WILTON MANORS, FL 33304 01-0582371	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	FL	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION	Yes
(20) LONG BEACH COMMUNITY TABLE 3166 OSTROM AVENUE LONG BEACH, CA 90808 83-1361910	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	CA	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	Yes
(21) AIDS HEALTHCARE FOUNDATION GLOBAL IMMUNITY CORNER MANCISHANE SANDLANE STREET MANZINI, ESWATINI SF	HIV/AIDS EDUCATION AND HEALTH CARE ACCESS	SF	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	Yes
(22) AIDS HEALTHCARE FOUNDATION KENYA 3RD PARKLANDS AVE AHF PLAZA NAIROBI KE	HIV/AIDS EDUCATION AND HEALTH CARE ACCESS	KE	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	Yes
(23) FOUNDATION FOR AIDS CARE PREVENTION AND ADVOCACY IN NIGERIA 2 PAUL UNONGO STREET OFF UKIWE STR JABI, ABUJA NI	HIV/AIDS EDUCATION AND HEALTH CARE ACCESS	NI	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	Yes
(24) AIDS HEALTHCARE FOUNDATION THAILAND 163 RAJAPARK BLDG 2ND FLR SUKHUMV KLONGTOEY NUA WATTANA, BANGKOK 10110 TH	HIV/AIDS EDUCATION AND HEALTH CARE ACCESS	TH	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	Yes
(25) LINDA HIV SIHTASUTUS LINDA STREET 4 BUILDING 6TH FLOOR NARVA EN	HIV/AIDS EDUCATION AND HEALTH CARE ACCESS	EN	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	Yes
(26) CHARITY FUND AIDS HEALTHCARE FOUNDATION - UKRAINE 12A METALISTIV STREET 30057 KIEV UP	HIV/AIDS EDUCATION AND HEALTH CARE ACCESS	UP	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	Yes
(27) AIDS HEALTHCARE FOUNDATION UK 24 GEORGE STREET CROYDON UK	HIV/AIDS EDUCATION AND HEALTH CARE ACCESS	UK	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	Yes
(28) AIDS HEALTHCARE FOUNDATION DO BRASIL RUA PEDRO AMRICO 52 CEP 01045-010 50 PAULO, SP BR	HIV/AIDS EDUCATION AND HEALTH CARE ACCESS	BR	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	Yes
(29) AIDS HEALTHCARE FOUNDATION COLOMBIA CL 93 NO 15 40 OF 402 MUNICIPIO CO	HIV/AIDS EDUCATION AND HEALTH CARE ACCESS	CO	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	Yes
(30) AHF REPUBLICA DOMINICANA GUACANAGARIX NO 10 STREET ENSANCHE QUISQUEYA, LA ROMANA DR	HIV/AIDS EDUCATION AND HEALTH CARE ACCESS	DR	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	Yes
(31) AHF MEXICO AC ALCALDA MIGUEL HIDALGO CIUDAD DE MXICO MX	HIV/AIDS EDUCATION AND HEALTH CARE ACCESS	MX	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	Yes
(32) SILOAM MINISTRIES INC 1133 SPRING GARDEN ST PHILADELPHIA, PA 19123 23-2859179	HIV/AIDS EDUCATION AND HEALTH CARE ACCESS	PA	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	Yes
(33) AIDS HEALTHCARE FOUNDATION MLIMWA EAST PLOT NO 41 BLOCK C DODOMA CITY TZ	HIV/AIDS EDUCATION AND HEALTH CARE ACCESS	TZ	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)CRATE MODULAR INC 3025 E DOMINGUEZ STREET CARSON, CA 90810 83-1941700	HOUSING MANUFACTURER (SEE SCH. O)	CA	AIDS HEALTHCARE FOUNDATION	C	888,947	41,250	48.000 %	Yes	

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

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

Table with 3 columns: Question (1a-1s), Yes, No. Contains 19 questions regarding transactions with related organizations.

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.

Main table with 4 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Lists 29 organizations and their transaction details.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) (Rev. 1-2025)

Additional Data[Return to Form](#)

Software ID:
Software Version: