EXTENDED TO NOVEMBER 15, 2023

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **and ending**

B Check if applicable: Address change; Name change; Initial return; Final return/ termin-ated; Amended return; Applica-tion 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) 6255 SUNSET BLVD., 21ST FLOOR

Room/suite

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

F Name and address of principal officer: MICHAEL WEINSTEIN
SAME AS C ABOVE

D Employer identification number
95-4112121

E Telephone number
323-860-5200

G Gross receipts $ 2,110,201,494.

H(a) Is this a group return for subordinates? ..... Yes [X] No

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

H(c) Group exemption number

I Tax-exempt status: [X] 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527

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

K Form of organization: [X] Corporation Trust Association Other

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

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	3282
6	Total number of volunteers (estimate if necessary)	6	1300
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	42,668,894.	77,598,268.
9	Program service revenue (Part VIII, line 2g)	1768911018.	1970619920.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,919,716.	12,279,800.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,596,700.	4,486,374.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1819096328.	2064984362.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,042,395.	13,842,140.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	242,911,608.	282,116,901.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	971,113.	1,234,331.
b	Total fundraising expenses (Part IX, column (D), line 25) 4,743,055.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1361339749.	1586404744.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1618264865.	1883598116.
19	Revenue less expenses. Subtract line 18 from line 12	200,831,463.	181,386,246.
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	1027685816.	1279290657.
21	Total liabilities (Part X, line 26)	194,598,614.	286,396,193.
22	Net assets or fund balances. Subtract line 21 from line 20	833,087,202.	992,894,464.

Part II Signature Block

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

Sign Here

Signature of officer LYLE HONIG MOJICA, C.F.O. Lyle Honig Mojica Date 11/1/2023

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name REGINA L. PRINCE, CPA | Preparer's signature Regina L Prince, CPA | Date 11/01/2023 | Check if self-employed | PTIN P00576936

Firm's name VASQUEZ + COMPANY, LLP | Firm's EIN 33-0700332

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

May the IRS discuss this return with the preparer shown above? See instructions ..... [X] 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 X

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

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 X 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 X 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 $ 1,461,931,091. including grants of $) (Revenue $ 1,886,380,712.)
AHF PHARMACY SERVICES.

AT AHF PHARMACY, YOUR PRESCRIPTION SAVES LIVES. EACH PRESCRIPTION FILLED AT THE FOUNDATION'S FACILITIES PROVIDES SPECIALTY HIV RELATED CARE AS WELL AS THE OTHER FOUNDATION'S ADVOCACY AND SERVICES IN THE U.S. AND AROUND THE WORLD. THE FOUNDATION HAS 62 PHARMACIES LOCATED IN CALIFORNIA, FLORIDA, GEORGIA, ILLINOIS, LOUISIANA, MARYLAND, MISSISSIPPI, NEVADA, NEW YORK, PENNSYLVANIA, OHIO, SOUTH CAROLINA, TEXAS, WASHINGTON, PUERTO RICO, AND THE DISTRICT OF COLUMBIA. DURING THE TAX YEAR, THE FOUNDATION SERVED 91,267 PHARMACY PATIENTS.

4b (Code:) (Expenses $ 230,694,062. including grants of $) (Revenue $ 57,947,089.)
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 2,804 MEMBERS.

4c (Code:) (Expenses $ 67,017,695. including grants of $) (Revenue $ 16,833,898.)
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 69 DOMESTIC OUTPATIENT HEALTHCARE CENTERS AND OVER 823 CLINICS OUTSIDE THE U.S. SERVING OVER 1,700,000 PEOPLE IN 45 COUNTRIES.

4d Other program services (Describe on Schedule O.)
(Expenses $ 88,126,040. including grants of $ 13,842,140.) (Revenue $ 9,458,221.)

4e Total program service expenses 1,847,768,888.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	1130		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3282		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X	
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records

LYLE HONIG MOJICA - 323-860-5200
6255 SUNSET BLVD., 21ST FLOOR, LOS ANGELES, CA 90028

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, and 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 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	40.00									
PRESIDENT	19.00	X		X				583,980.	0.	6,000.
(2) SCOTT SWEEDEN	40.00									
PHARMACY SALES REPRESENTATIVE	0.00					X		477,630.	0.	6,000.
(3) MICHAEL WOHLFEILER	40.00									
CHIEF MEDICAL OFFICER	0.00				X			386,152.	0.	6,000.
(4) NICHOLAS CHAMBERLAIN	40.00									
MEDICAL DIRECTOR	0.00					X		364,250.	0.	1,500.
(5) CARL EVANS MILLNER	40.00									
INTERIM CHIEF MEDICAL DIRECTOR	0.00					X		355,791.	0.	6,000.
(6) SUZY THABIT BOULES	40.00									
PHYSICIAN	0.00					X		333,650.	0.	6,000.
(7) BRYAN GAUDIO	40.00									
DEPUTY CHIEF MEDICAL OFFICER	0.00					X		328,365.	0.	6,000.
(8) LYLE HONIG MOJICA	40.00									
CHIEF FINANCIAL OFFICER	8.00			X				301,024.	0.	6,000.
(9) PETER REIS	40.00									
SENIOR VICE PRESIDENT	0.00				X			298,075.	0.	6,000.
(10) ROBERT HEGLAR	40.00									
DEPUTY CHIEF MEDICAL OFFICER	0.00				X			294,327.	0.	6,000.
(11) THOMAS A. MYERS	40.00									
CHIEF COUNSEL/PUBLIC AFFAIRS	0.00				X			290,137.	0.	6,000.
(12) ADAM CARL ZWEIG	40.00									
REGIONAL MEDICAL DIRECTOR	0.00				X			289,569.	0.	6,000.
(13) MICHAEL KAHANE	40.00									
BUREAU CHIEF SOUTHERN REGION	0.00				X			284,570.	0.	6,000.
(14) DONNA TEMPESTA	40.00									
VP NORTHERN REGION & FINANCE	0.00				X			276,705.	0.	6,000.
(15) LAURA BOUDREAU	40.00									
CHIEF OPERATION/RISK MGMT	0.00				X			275,665.	0.	6,000.
(16) DONNA STIDHAM	40.00									
CHIEF MANAGED CARE	0.00				X			271,428.	0.	6,000.
(17) KENNETH SCOTT CARRUTHERS	40.00									
CHIEF PHARMACY OFFICER	0.00				X			275,918.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) ANITA CASTILLE	40.00									
VP OF HUMAN RESOURCES	0.00				X			235,628.	0.	6,000.
(19) ALFREDO JOSEPH ALEGRIA	40.00									
VP HEALTHCARE CENTER OPERA	0.00				X			225,133.	0.	6,000.
(20) TERRI FORD	40.00									
CHIEF GLOBAL ADVOCACY & PO	0.00				X			219,705.	0.	6,000.
(21) WHITNEY ENGERAN-CORDOVA	40.00									
SR. DIR. OF PUBLIC HEALTH	0.00				X			220,637.	0.	0.
(22) TRACY LINETTE JONES	40.00									
MW REGIONAL DIR & NAT'L DI	0.00				X			189,704.	0.	6,000.
(23) WILLIAM ARROYO, MD	4.00									
CHAIRPERSON	12.00	X		X				0.	0.	0.
(24) CONDESSA M. CURLEY, MD, MPH, FA	4.00									
SECRETARY	14.00	X		X				0.	0.	0.
(25) ANGELINA WAPAKHABULO	4.00									
GLOBAL VICE CHAIR	12.00	X		X				0.	0.	0.
(26) STEVE L. CARLTON, ESQ	4.00									
TREASURER	14.00	X		X				0.	0.	0.
1b Subtotal								6,778,043.	0.	115,500.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								6,778,043.	0.	115,500.

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 516

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LABORATORY CORPORATION OF AMERICA HOLDINGS PO BOX 2270, BURLINGTON, NC 27216	LAB SERVICES	6,901,754.
CEDARS SINAI MEDICAL CENTER PO BOX 512480, LOS ANGELES, CA 90051	MEDICAL SERVICES	3,124,902.
VICTOR'S SERVICES LLC 2035 E. 111TH STREET, LOS ANGELES, CA 90059	CONSULTANT	2,234,051.
KECK MEDICAL CENTER OF USC PO BOX 749244, LOS ANGELES, CA 90074	MEDICAL SERVICES	1,821,161.
PARATA SYSTEMS LLC P.O. BOX 638203, CINCINNATI, OH 45263	PHARMACY MANAGEMENT SERVICES	1,445,567.

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 108

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CYNTHIA DAVIS, MPH	4.00									
VICE CHAIR (DOMESTIC)	17.00	X		X				0.	0.	0.
(28) DIANA HOORZUK	4.00									
BOARD MEMBER	2.00	X						0.	0.	0.
(29) RODNEY L. WRIGHT, MD	4.00									
BOARD MEMBER	2.00	X						0.	0.	0.
(30) AGAPITO DIAZ	4.00									
BOARD MEMBER	3.00	X						0.	0.	0.
(31) GABRIEL P. MALDONADO	4.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(32) CURLEY L. BONDS, MD	4.00									
BOARD MEMBER	2.00	X						0.	0.	0.
(33) SCOTT GALVIN	4.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(34) ANITA ANN WILLIAMS	4.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(35) ALBERT KELLEY RUIZ	4.00									
BOARD MEMBER	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	39,226,279.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	38,371,989.				
	g Noncash contributions included in lines 1a-1f	1g	$ 28,025,364.				
	h **Total.** Add lines 1a-1f			77,598,268.			
Program Service Revenue		Business Code					
	2a PHARMACY REVENUE, NET	621999		1886380712.	1886380712		
	b PREMIUMS EARNED, NET	621400		57,947,089.	57947089.		
	c NET PATIENT SERVICE REVENUE	621400		16,833,898.	16833898.		
	d LOW-INCOME HOUSING	624220		7,100,700.	7,100,700.		
	e PROGRAM OPERATIONS AFFILIATES,NET	621999		1,157,436.	1,157,436.		
	f All other program service revenue	621999		1,200,085.	1,200,085.		
	g **Total.** Add lines 2a-2f			1970619920.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,210,876.			5210876.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a	2,028,541.					
	b Less: rental expenses 6b	0.					
	c Rental income or (loss) 6c	2,028,541.					
	d Net rental income or (loss)			2,028,541.			2028541.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a	23,226,409.	14833384.				
	b Less: cost or other basis and sales expenses 7b	22,490,869.	8500000.				
	c Gain or (loss) 7c	735,540.	6333384.				
	d Net gain or (loss)			7,068,924.			7068924.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a						
	b Less: direct expenses 8b						
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19 9a						
	b Less: direct expenses 9b						
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances 10a	16,684,096.					
	b Less: cost of goods sold 10b	14,226,263.					
	c Net income or (loss) from sales of inventory			2,457,833.			2457833.
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions			2064984362.	1970619920	0.	16766174.

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	12,119,887.	12,119,887.		
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	1,722,253.	1,722,253.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,856,348.	4,656,093.	159,759.	40,496.
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	222,611,714.	213,483,245.	7,279,428.	1,849,041.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,652,619.	6,294,347.	290,843.	67,429.
9 Other employee benefits	32,584,578.	31,020,041.	1,314,376.	250,161.
10 Payroll taxes	15,411,642.	14,599,101.	664,161.	148,380.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,375,861.	521,524.	2,854,337.	
c Accounting	2,753,498.	2,596,050.	157,448.	
d Lobbying	907,662.	907,662.		
e Professional fundraising services. See Part IV, line 17	1,234,331.			1,234,331.
f Investment management fees	477,551.	100.	477,451.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	41,330,931.	39,594,308.	1,379,366.	357,257.
12 Advertising and promotion	19,717,358.	19,380,321.	127,053.	209,984.
13 Office expenses	19,369,500.	18,588,101.	761,613.	19,786.
14 Information technology	19,743,704.	17,584,974.	2,078,347.	80,383.
15 Royalties				
16 Occupancy	32,514,600.	26,704,631.	5,732,912.	77,057.
17 Travel	12,750,109.	12,078,188.	553,452.	118,469.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	854,910.	824,941.	10,709.	19,260.
20 Interest	2,084,661.	1,462,472.	622,189.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,964,330.	16,391,156.	2,568,474.	4,700.
23 Insurance	3,960,696.	3,414,342.	546,059.	295.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PHARMACY COSTS	1308519842.	1308519842.		
b MEDICAL SUPPLIES	47,473,256.	47,473,256.		
c LABORATORY EXPENSES	16,875,184.	16,875,184.		
d AIDS WALKS/ORG. EVENTS	9,105,229.	8,614,574.	238,309.	252,346.
e All other expenses	25,625,862.	22,342,295.	3,269,887.	13,680.
25 **Total functional expenses.** Add lines 1 through 24e	1883598116.	1847768888.	31,086,173.	4,743,055.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	210,152,214.	2	159,699,102.
	3	Pledges and grants receivable, net	16,291,433.	3	24,548,618.
	4	Accounts receivable, net	157,194,933.	4	131,869,438.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	68,954,812.	8	62,876,170.
	9	Prepaid expenses and deferred charges	27,219,164.	9	26,815,749.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 611,662,442.			
	b	Less: accumulated depreciation — 10b: 144,162,193.	357,050,793.	10c	467,500,249.
	11	Investments - publicly traded securities	125,496,482.	11	142,556,428.
	12	Investments - other securities. See Part IV, line 11	20,388,226.	12	168,586,917.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	20,835,113.	14	26,352,018.
	15	Other assets. See Part IV, line 11	24,102,646.	15	68,485,968.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	1027685816.	16	1279290657.
Liabilities	17	Accounts payable and accrued expenses	113,732,272.	17	145,724,193.
	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	58,127,737.	23	55,927,635.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	22,738,605.	25	84,744,365.
	26	**Total liabilities.** Add lines 17 through 25	194,598,614.	26	286,396,193.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	832,749,108.	27	992,541,201.
	28	Net assets with donor restrictions	338,094.	28	353,263.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	833,087,202.	32	992,894,464.
	33	Total liabilities and net assets/fund balances	1027685816.	33	1279290657.

Form **990** (2022)

232011 12-13-22

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,064,984,362.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,883,598,116.
3	Revenue less expenses. Subtract line 2 from line 1	3	181,386,246.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	833,087,202.
5	Net unrealized gains (losses) on investments	5	-14,725,332.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-6,853,652.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	992,894,464.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

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

2022

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 **section 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 6, column (f), divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2021 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2022.** 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 - 2021.** 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 - 2022.** 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 - 2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31968979.	35558922.	38257295.	42666894.	77598268.	226050358
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1202827906.	1324319427.	1580100495.	1768911018.	1970619920.	7846778766.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	1234796885.	1359878349.	1618357790.	1811577912.	2048218188.	8072829124.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 **Public support.** (Subtract line 7c from line 6.)						8072829124.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	1234796885.	1359878349.	1618357790.	1811577912.	2048218188.	8072829124.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2567741.	6055150.	2191786.	3758906.	7239417.	21813000.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2567741.	6055150.	2191786.	3758906.	7239417.	21813000.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	12645812.	11867876.	9638454.	16159519.	16684096.	66995757.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	1250010438.	1377801375.	1630188030.	1831496337.	2072141701.	8161637881.

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	98.91 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	98.91 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f))	17	.27 %
18 Investment income percentage from **2021** Schedule A, Part III, line 17	18	.23 %

19a **33 1/3% support tests - 2022.** 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 - 2021.** 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, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

			Yes	No
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? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**3b**		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 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 2022 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-2022**	**(iii) Distributable Amount for 2022**
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2023.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

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.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

GROSS SALES OF INVENTORY

2018 AMOUNT: $ 9,994,684.

2019 AMOUNT: $ 10,266,895.

2020 AMOUNT: $ 9,638,454.

2021 AMOUNT: $ 16,159,519.

2022 AMOUNT: $ 16,684,096.

GROSS FUNDRAISING INCOME

2018 AMOUNT: $ 2,651,128.

2019 AMOUNT: $ 1,600,981.

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures ..... $
3 Volunteer hours for political campaign activities .....

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No
4a Was a correction made? ..... ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... $
4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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 (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

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

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

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		907,662.
j Total. Add lines 1c through 1i			907,662.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 campaign activity 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 expenditures 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.

PART II-B LINE 1I

THE ORGANIZATION'S LOBBYING ACTIVITIES ARE PRIMARILY RELATED TO SUPPORT FOR LEGISLATIVE ACTION AS PART OF ITS MISSION FOR PATIENT AND HOUSING ADVOCACY.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

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

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

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

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

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

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a 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 Tax 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 make 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 program
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 on Part XIII ☐

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

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

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

a Board designated or quasi-endowment _____%
b Permanent endowment _____%
c Term endowment _____%

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		141,239,603.		141,239,603.
b Buildings		234,067,528.	33,433,238.	200,634,290.
c Leasehold improvements		31,278,077.	22,142,822.	9,135,255.
d Equipment		93,896,789.	88,586,133.	5,310,656.
e Other		111,180,445.		111,180,445.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*				467,500,249.

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) VENTURE CAPITAL	5,457,917.	END-OF-YEAR MARKET VALUE
(B) PUBLIC & PRIVATE EQUITY	3,807,531.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME	155,431,557.	END-OF-YEAR MARKET VALUE
(D) HEDGE FUND	3,889,912.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	168,586,917.	

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. (Col. (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	2,533,253.
(2) CASH DEPOSITS FOR FL HMO CONTRACT	300,000.
(3) RESTRICTED DEPOSIT - GEORGIA	1,000,000.
(4) PROPERTY HELD FOR SALE	5,803,810.
(5) OPERATING LEASE, RIGHT-OF-USE ASSET	53,630,410.
(6) INTERST RATE SWAP	5,218,495.
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)*	68,485,968.

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	
(2) CLAIMS PAYABLE	12,695,837.
(3) UNEARNED PREMIUMS	16,165,202.
(4) OPERATING LEASE LIABILITY	55,883,326.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)*	84,744,365.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

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	2201287711.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-14,725,332.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	152,663,668.		
e	Add lines **2a** through **2d**			2e	137,938,336.
3	Subtract line **2e** from line **1**			3	2063349375.
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	477,551.		
b	Other (Describe in Part XIII.)	4b	1,157,436.		
c	Add lines **4a** and **4b**			4c	1,634,987.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	2064984362.

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	2041480449.
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	158,359,884.		
e	Add lines **2a** through **2d**			2e	158,359,884.
3	Subtract line **2e** from line **1**			3	1883120565.
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	477,551.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	477,551.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	1883598116.

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.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE AND IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, THE FOUNDATION IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS TAKEN AS A WHOLE.

GAAP PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE

Part XIII Supplemental Information *(continued)*

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, 2022 AND 2021, THE FOUNDATION HAD NO MATERIAL UNRECOGNIZED TAX BENEFITS OR TAX PENALTIES OR INTEREST.

THE FOUNDATION'S FEDERAL AND STATE INCOME TAX RETURNS FOR THE YEARS 2018 THROUGH 2022 ARE SUBJECT TO EXAMINATION BY REGULATORY AGENCIES. TAX RETURNS ARE SUBJECT TO EXAMINATION GENERALLY FOR THREE AND FOUR YEARS AFTER THEY WERE FILED FOR FEDERAL AND STATE, RESPECTIVELY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PROGRAM SERVICE REVENUE FOR AHF AFFILIATES	138,437,405.
COST OF SALES	14,226,263.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	152,663,668.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

EXPENSE REIMBURSEMENT	1,157,436.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES	14,226,263.
PROGRAM SERVICE EXPENSES FOR AFFILIATES	144,133,621.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	158,359,884.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

AIDS HEALTHCARE FOUNDATION

Employer identification number

95-4112121

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] **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 the 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
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	56	132	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	6,221,491.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	49	108	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	9,314,514.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	7	15	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	2,252,250.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	3,047,999.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	34	162	PROGRAM SERVICES	HEALTH CARE FOR HIV PATIENTS	4,580,691.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	55	167	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	9,919,107.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	142	176	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	3,143,878.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	368	1896	PROGRAM SERVICES	HEALTH CARE FOR HIV PATIENTS	50,057,584.
3 a Subtotal	711	2656			88,537,514.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	711	2656			88,537,514.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2022**

232071 10-17-22

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	TO PREVENT NEW HIV INFECTIONS, INCREASE AWARENESS, PROVIDE ACCESS TO QUALITY HIV	6,666.	WIRE TRANSFER	0.		BOOK
		EAST ASIA AND THE PACIFIC	TO IMPROVE QUALITY OF CARE, SUPPORT, AND PREVENTION OF NEW HIV/AIDS INFECTION	22,558.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO PREVENT NEW HIV, STI, TB INFECTIONS THROUGH ENGAGING LOCAL LEADERS IN THE	15,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO SUPPORT THE LIMITED ACCESS OF INTEGRATED HIV/AIDS INFORMATION DUE TO	11,210.	WIRE TRANSFER	0.		BOOK
		CENTRAL AMERICA AND THE CARIBBEAN	TO HARNESS SAFE SPACES FOR KEY POPULATION TO ACCESS SRH HEALTHCARE	10,000.	WIRE TRANSFER	0.		BOOK
		SOUTH AMERICA	TO TRANSFER IN A RENTED BUS, 20-30 PEOPLE TO AHF CLINIC IN CUCUTA SAFELY AND	100,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO EMPLOY PREVENTION PACKAGES THAT COMBINE VARIOUS ARRAYS OF EVIDENCE-BASED	15,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO INCREASE ACCESS TO INTEGRATE HIV AND FAMILY PLANNING ADOLESCENTS AND YOUNG	18,000.	WIRE TRANSFER	0.		BOOK

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 93

3 Enter total number of other organizations or entities ▶ 0

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO ENGAGE AN HIV INTERVENTION, TARGETING 100 LGBTQIA COMMUNITY MEMBERS, DW	15,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO INCREASE ACCESS TO STI/HIV PREVENTION SERVICES FOR KEY POPULATIONS	18,167.	WIRE TRANSFER	0.		BOOK
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO OFFER HIV/STI TESTING WITH THE SECURED SUPPORT OF THE MEDICAL HEALTH	22,752.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO IMPROVE THE QUALITY OF ACCESS TO HIV TREATMENT CARE THROUGH THE SEARCH	18,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO PREVENT HIV AND BUILD RESILIENCE OF YOUTH THROUGH MENSTRUAL MANAGEMENT,	15,000.	WIRE TRANSFER	0.		BOOK
		CENTRAL AMERICA AND THE CARIBBEAN	PROMOTE HIV TREATMENT ADHERENCE AND RESPONSIBLE PRACTICES AMONG DISADVANTAGED	15,000.	WIRE TRANSFER	0.		BOOK
		CENTRAL AMERICA AND THE CARIBBEAN	TO REDUCE HYPERTENSION, AND PROMOTE CHILD HEALTH IN HIV PROGRAM FOR	34,006.	WIRE TRANSFER	0.		BOOK
		EAST ASIA AND THE PACIFIC	TO PREVENT ADOLESCENT PREGNANCY AND HIV INFECTIONS, THE PROJECT WILL	10,000.	WIRE TRANSFER	0.		BOOK
		CENTRAL AMERICA AND THE CARIBBEAN	TO ADDRESS CHOLERA OUTBREAK IN THE NATIONAL PENITENTIARY THROUGH EMERGENCY	69,880.	WIRE TRANSFER	0.		BOOK

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TO TARGET ELIGIBLE WOMEN LACKING RECENT PAP SMEAR AND/OR HPV VACCINATION FOR	30,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO DISTRIBUTE 72K CONDOMS, PREVENTION MESSAGES TO 50K HIGH-RISK	32,918.	WIRE TRANSFER	0.		BOOK
		SOUTH AMERICA	TO SUPPORT 200 COLOMBIAN MIGRANTS AND REFUGEES WITH HIV AND OTHER HEALTH	32,521.	WIRE TRANSFER	0.		BOOK
		RUSSIA AND NEIGHBORING STATES	TO ADDRESS THE EMERGENCY AND PUBLIC CRISIS IN UKRAINE, THE PROJECT AIMS TO	10,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO SHOWCASE LIYANA TO DIVERSE RURAL AUDIENCE, PROMOTING LOCAL ISSUES AND	6,651.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	FASBEC PARTNERS WITH HOSPITALS TO ENHANCE HIV TESTING, CARE LINKAGE, AND	13,334.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO SUPPORT YOUNG WOMEN IN ABUJA, ENHANCE BUSINESSES/FARMS,	8,250.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO TRAIN ADULT WOMEN FARMERS IN NEW FARMING METHODS, PEST CONTROL TO RENEW	12,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO FIND AND TRAIN PEER EDUCATORS IN THE TARGET GROUP, INCREASE HIV/AIDS	16,667.	WIRE TRANSFER	0.		BOOK

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	TO ADDRESS STOCKOUTS, DELAYS AFFECTING PATIENTS, PARTICULARLY	29,440.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO ENHANCE HIV QUALITY OF CARE SERVICES WITH THE YUMBE DISTRICT HEALTH	10,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO AID 600 HIV-POSITIVE TEEN MOTHERS IN 12 HEALTH FACILITIES, OFFERING	15,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO COMBAT HIV/AIDS STIGMA, RAISE AWARENESS, AND PROMOTE CONTINUOUS	10,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO CREATE MORE DEMAND FOR HIV TESTING AND MENTAL HEALTH SERVICE FOR 10,000 PERSONS AT	15,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO ASSIST EXTREMELY VULNERABLE POPULATIONS, INCLUDING CHILDREN	12,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO INCREASE HIV AWARENESS THROUGH COMMUNITY ACTIVITIES AND TESTING SERVICES,	12,089.	WIRE TRANSFER	0.		BOOK
		EAST ASIA AND THE PACIFIC	TO PROMOTE THE HEALTH FOR 200 YOUNG TRANSGENDER WOMEN AND 500 MSM COMMUNITY	8,820.	WIRE TRANSFER	0.		BOOK
		ANTARCTICA	TO IMPROVE COMMUNITY HEALTH, ALMAC WILL PROVIDE FREE TRANSPORTATION FOR	18,000.	WIRE TRANSFER	0.		BOOK

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TO ENHANCE HIV PREVENTION AND SRH SERVICES BY PEER OUTREACH, CONDOMS	19,771.	WIRE TRANSFER	0.		BOOK
		CENTRAL AMERICA AND THE CARIBBEAN	TO USE FUNDING TO PROVIDE FAITH-BASED, MULTIDISCIPLINARY SERVICES FOR	20,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO IMPROVE ACCESS TO HIV PREVENTION AND TREATMENT SERVICES TO PERSONS INFECTED AND	10,801.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO PROMOTE HIV PREVENTION AND DIGNIFIED HIV POSITIVE JOURNEY FOR	25,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO EMPOWER PLHIV GROUPS WITH RIGHTS. REFLECTION SESSIONS COVER ART, HIV	12,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO ENHANCE HIV/AIDS AND TB PREVENTION, FACILITATE CONTACT TRACING, ADDRESS	15,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO INCREASE THE KNOWLEDGE LEVELS ON HIV/AIDS PREVENTION AND TREATMENT AND	15,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO ENHANCE PREVENTION OF HIV/AIDS AND TB, AND FACILITATE CONTACT TRACING BY	6,441.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO EDUCATE ON SRHR ISSUES AMONG ADOLESCENTS DUE TO LIMITED ACCESS TO	21,000.	WIRE TRANSFER	0.		BOOK

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO REDUCE NEW HIV INFECTIONS AMONG 6,000 ADOLESCENT GIRLS, PROMOTE BETTER	30,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO IMPROVE TREATMENT OUTCOMES FOR PATIENTS WITH ADVANCED HIV, ZACOPH SPECIALIST	10,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO PARTNER WITH WITH ORGANIZATIONS IN LESOTHO TO PROVIDE FREE HEALTH SCREENS,	20,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO ENHANCE HIV INTERVENTION AND CONTROL AMONG FEMALE SEX WORKERS AND	25,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO ADDRESS FOOD INSECURITY AMONG VULNERABLE HOUSEHOLDS, BY USING	7,000.	WIRE TRANSFER	0.		BOOK
		EAST ASIA AND THE PACIFIC	TO INVESTIGATE THE INFLUENCE OF SOCIO BEHAVIORAL FACTORS ON ART ENGAGEMENT,	9,000.	WIRE TRANSFER	0.		BOOK
		NORTH AMERICA	TO EMPOWER 110 CHILDREN, ADOLESCENTS, AND PREGNANT WOMEN LIVING	10,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO AID VULNERABLE POPULATIONS THROUGH FOOD DISTRIBUTION TO WOMEN, GIRLS,	7,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO PROVIDE BASIC MATERIALS SUPPORT TO THE MOST VULNERABLE BENEFICIARY	8,000.	WIRE TRANSFER	0.		BOOK

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO ADDRESS MALNUTRITION BY DIET PREPARATION AND ESTABLISHING	10,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO SUPPORT 150 STREET CHILDREN IN KIGALI'S GASABO, KICUKIRO, AND NYARUGENGE DISTRICTS.	24,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO PROVIDE FOOD ITEMS FOR 200 VULNERABLE TEEN MOTHERS IN GASABO AND BUGESERA	10,000.	WIRE TRANSFER	0.		BOOK
		EAST ASIA AND THE PACIFIC	TO INCREASE KNOWLEDGE, ACCESS TESTING, AND PROVIDE LINKED HEALTH AND	10,000.	WIRE TRANSFER	0.		BOOK
		EAST ASIA AND THE PACIFIC	TO PROMOTE SELF-CARE, SAFE SEX PRACTICES AND HIV EDUCATION FOR 20 COUPLES IN HIGHLY	17,325.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO PROMOTE PREVENTION, HIV TESTING SERVICE, CONDOM PROMOTION,	24,965.	WIRE TRANSFER	0.		BOOK
		SOUTH AMERICA	TO IMPROVE OVERALL HEALTH OUTCOMES AND LIVING CONDITIONS FOR VULNERABLE	15,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO PROMOTE HEALTH INCLUDING REDUCTION OF HIV INFECTION, PREGNANCY, AND	12,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO IMPROVE ACCESS TO KNOWLEDGE, ACCESS, AND INFORMATION ON HIV PREVENTION	35,334.	WIRE TRANSFER	0.		BOOK

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	TO FACILITATE THE EARLY DETECTION OF HIV IN THE LGBTIQ+ COMMUNITY, TRANS	12,000.	WIRE TRANSFER	0.		BOOK
		SOUTH AMERICA	TO INCREASE ACCESS TO RAPID HIV, SYPHILIS, AND HEPATITIS TESTING, BY OFFERING	15,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO ENHANCE CUSTOMER CARE, BY TRAINING 45 HEALTH SERVICE PROVIDERS AND	20,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO ESTABLISH A STRONG HIV/TB AND STIS PREVENTION AND MANAGEMENT THROUGH	16,800.	WIRE TRANSFER	0.		BOOK
		RUSSIA AND NEIGHBORING STATES	TO RENOVATE THE AIDS CENTER AND ESTABLISH A BOMB SHELTER FOR PATIENTS AND MEDICAL	50,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO CREATE COMMUNITY-BASED DEMAND FOR ROUTINE HIV TESTING AMONG	15,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO PREVENT NEW HIV, STD, AND AIDS INFECTIONS, RAISE AWARENESS OF HIV	18,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO ENHANCE HIV, TB, STI HEALTHCARE SERVICES AND AWARENESS FOR KEY	13,873.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO USE RIGHTS BASED APPROACH THEORY TO EMPOWER PLHIV TO HOLD DUTY BEARERS	15,000.	WIRE TRANSFER	0.		BOOK

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO PROVIDE HIV COUNSELING IN MENTAL HEALTH RELATED POPULATION IN ORDER	15,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO IMPROVE HIV CARE SERVICES AMONG FSWS IN KITWE, KAFUNJO-MIRAMA AND	16,800.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO ENSURE TIMELY AND CONSISTENT ACCESS TO QUALITY SRH/HIV-RELATED	21,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO ADDRESS HIV/AIDS IMPACT ON RURAL YOUTH AND COMMUNITY-BASED CARE BY PROVIDING	15,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO ENHANCE THE HEALTH, WELL-BEING, AND SOCIAL ASSETS OF HIV+ WOMEN, THEIR	12,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO SERVE 10,000 PEOPLE AT CENTRAL CLINIC CATCHMENT AREA, SENAMA FIRST	18,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO PREVENT NEW HIV, STI AND TB INFECTIONS, ADDRESS STIGMA AND	15,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO TARGET ADOLESCENT AND YOUNG WOMEN IN BUNDIBUGYO DISTRICT BY USING MUSIC,	15,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO ESTABLISH AND STRENGTHEN SUSTAINABLE PEER-TO-PEER	12,000.	WIRE TRANSFER	0.		BOOK

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO IMPROVE ACCESS TO COMPREHENSIVE INFORMATION ON SEXUALITY, AS WELL AS	15,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO COMBAT GENDER AND DOMESTIC VIOLENCE BY RAISING AWARENESS, ENSURE SAFETY AND	10,000.	WIRE TRANSFER	0.		BOOK
		CENTRAL AMERICA AND THE CARIBBEAN	TO INCREASE AWARENESS AND KNOWLEDGE ABOUT INTERPERSONAL RISK-TAKING BEHAVIORS	22,800.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO ENHANCE SUPPORT FOR MOTHERS AND BABIES BY INTEGRATING PMTCT SERVICES, AND	10,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO PROVIDE MEDICAL/ PSYCHOSOCIAL SUPPORT, EXAMINATIONS, HIV TESTING, PEP, STI	10,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO EMPOWER GIRLS, YOUNG WOMEN, AND SOME YOUNG MEN THROUGH BUSINESS SKILLS	15,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO RAISE PUBLIC AWARENESS OF HIV/AIDS IN RURAL COMMUNITIES BY PROVIDING BASIC	6,927.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO INCREASE HIV/AIDS AWARENESS IN RURAL COMMUNITIES THROUGH EDUCATIONAL	15,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TO PROVIDE HIV COUNSELING IN MENTAL HEALTH RELATED POPULATIONS IN ORDER	15,480.	WIRE TRANSFER	0.		BOOK

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	TO UPGRADE LIVING QUARTERS, KITCHEN FACILITIES AND CLINIC/LEGAL OFFICES.	21,000.	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)

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☒ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)*	☐ Yes	☒ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE PROCEDURES USED FOR MONITORING THE USE OF GRANTS AND OTHER ASSISTANCE OUTSIDE THE U.S. INCLUDE OBTAINING A PROGRESS REPORT AND A FINAL REPORT, INCLUDING PICTURES. THE MONITORING PROCESS INCLUDES MEETINGS, TESTING EVENTS, AND EDUCATIONAL SEMINARS TO ENSURE THE GRANTS ARE SPENT ACCORDING TO THE GRANT AGREEMENT.

PART II, COLUMN (D):

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO PREVENT NEW HIV INFECTIONS, INCREASE AWARENESS, PROVIDE ACCESS TO QUALITY HIV CARE, AND ADDRESS AN URGENT NEED OF A PARTICULAR SOCIAL DETERMINANT.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO IMPROVE QUALITY OF CARE, SUPPORT, AND PREVENTION OF NEW HIV/AIDS INFECTION AMONG HIV POSITIVE YOUNG GIRLS AND BOYS IN PHNOM PENH.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PREVENT NEW HIV, STI, TB INFECTIONS THROUGH ENGAGING LOCAL LEADERS IN THE COMMUNITY, INCREASING AWARENESS OF HIV STATUS, AND PROVIDING LEADERSHIP ON COMMUNITY SOLUTIONS TO HIV STIGMA AND/OR BARRIERS TO TESTING.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT THE LIMITED ACCESS OF INTEGRATED HIV/AIDS INFORMATION DUE TO ECONOMIC VULNERABILITY AS A RESULT OF

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

INADEQUATE EMPOWERMENT, AND LIMITED ACCESS TO MENTORSHIP IN UGANDA.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO HARNESS SAFE SPACES FOR KEY POPULATION TO ACCESS SRH HEALTHCARE SERVICES FOR 14 TO 25 YEAR OLDS.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO TRANSFER IN A RENTED BUS, 20-30 PEOPLE TO AHF CLINIC IN CUCUTA SAFELY AND SUPPORT A STIPEND THAT ALLOWS FOR THE PURCHASE OF THEIR MEDICATIONS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO EMPLOY PREVENTION PACKAGES THAT COMBINE VARIOUS ARRAYS OF EVIDENCE-BASED STRATEGIES, TAILORED TO THE DIVERSE SUBGROUPS AND TARGETED TO ACHIEVE HIGH COVERAGE IN RWANDA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO INCREASE ACCESS TO INTEGRATE HIV AND FAMILY PLANNING ADOLESCENTS AND YOUNG PEOPLE WITH BOTH BEHAVIORAL AND BIOMEDICAL APPROACHES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ENGAGE AN HIV INTERVENTION, TARGETING 100 LGBTQIA COMMUNITY MEMBERS, DW COMMUNITY MEMBERS, 100 HEALTHCARE WORKERS AND 5000 LGBTI COMMUNITY MEMBERS.

REGION: SUB-SAHARAN AFRICA

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

(D) PURPOSE OF GRANT: TO INCREASE ACCESS TO STI/HIV PREVENTION SERVICES FOR KEY POPULATIONS INCLUDING COMMERCIAL SEX WORKERS AND ADOLESCENTS AND THEN LINK THOSE THAT ARE POSITIVE WITH UNIFORMED PERSONNEL.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: TO OFFER HIV/STI TESTING WITH THE SECURED SUPPORT OF THE MEDICAL HEALTH OFFICERS PROVIDING HIV/SYPHILIS TESTING AND THE PROVISION OF HBV/HCV TEST KITS BY CNAA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE THE QUALITY OF ACCESS TO HIV TREATMENT CARE THROUGH THE SEARCH AND RETENTION OF PATIENT IN ART (COMMUNITY ADVOCACY FOR REDUCING STIGMA AND DISCRIMINATION).

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PREVENT HIV AND BUILD RESILIENCE OF YOUTH THROUGH MENSTRUAL MANAGEMENT, EDUCATION OF BOTH GIRLS AND BOYS ON MENSTRUAL HEALTH AND PRODUCTION AS WELL AS PROVIDING REUSABLE PADS TO GIRLS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: PROMOTE HIV TREATMENT ADHERENCE AND RESPONSIBLE PRACTICES AMONG DISADVANTAGED YOUTH WITH HIV IN GREATER SANTO DOMINGO TO REDUCE TRANSMISSION, COMORBIDITIES, AND MORTALITIES.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO REDUCE HYPERTENSION, AND PROMOTE CHILD HEALTH

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

IN HIV PROGRAM FOR 3840 PEOPLE.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO PREVENT ADOLESCENT PREGNANCY AND HIV INFECTIONS, THE PROJECT WILL IMPLEMENT AN INTEGRATED, GENDER-RESPONSIVE APPROACH, ADDRESSING THE NEEDS OF WOMEN AND GIRLS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO ADDRESS CHOLERA OUTBREAK IN THE NATIONAL PENITENTIARY THROUGH EMERGENCY RESPONSE.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO TARGET ELIGIBLE WOMEN LACKING RECENT PAP SMEAR AND/OR HPV VACCINATION FOR INTERVENTIONS AND EDUCATE PATIENTS/ THEIR PARTNERS ON HIV, STIS, REPRODUCTIVE HEALTH, AND OFFER RISK REDUCTION COUNSELING.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO DISTRIBUTE 72K CONDOMS, PREVENTION MESSAGES TO 50K HIGH-RISK INDIVIDUALS, HIV TESTING FOR 1K CLIENTS, ENSURE ALL LINKAGE TO CARE AND STAY-IN-CARE MESSAGES, COUNSELING, AND FOLLOW-UP ON NEARLY ALL PREP AND PEP REFILLS.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO SUPPORT 200 COLOMBIAN MIGRANTS AND REFUGEES WITH HIV AND OTHER HEALTH CONDITIONS. TO PROVIDE SELF-SUSTAINABILITY OF HOMES, NURSING/MEDICAL CARE, LEGAL/PSYCHOLOGICAL/ SOCIAL SUPPORT, AND

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

FOOD SERVICES.

REGION: RUSSIA AND NEIGHBORING STATES

(D) PURPOSE OF GRANT: TO ADDRESS THE EMERGENCY AND PUBLIC CRISIS IN UKRAINE, THE PROJECT AIMS TO PROVIDE SUPPORT TO 60 HIV-POSITIVE PREGNANT WOMEN AND MOTHERS WITH NEWBORN CHILDREN (0-3 YEARS OLD) IN ODESSA AND THE ODESSA REGION.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO SHOWCASE LIYANA TO DIVERSE RURAL AUDIENCE, PROMOTING LOCAL ISSUES AND YOUTH-FRIENDLY SERVICES. SPARK CONVERSATIONS ON TESTING, ACCESS TO SEXUAL HEALTH INFO, AND THE IMPORTANCE OF YOUTH-FRIENDLY SERVICES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: FASBEC PARTNERS WITH HOSPITALS TO ENHANCE HIV TESTING, CARE LINKAGE, AND RETENTION. TARGETS 20K INDIVIDUALS, INCLUDING WOMEN, GIRLS, BOYS, MEN, AND KEY POPULATIONS (SEX WORKERS, PRISONERS, MSM, DRUG-USING YOUTH).

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT YOUNG WOMEN IN ABUJA, ENHANCE BUSINESSES/FARMS, TRAIN AS HEALTH ADVOCATES. MOBILIZE COMMUNITIES FOR HIV TESTING, HYGIENE, SGBV PREVENTION. INTEGRATE HIV OUTREACH INTO FARMING, OFFER HTS, STI SCREENING, PADS.

REGION: SUB-SAHARAN AFRICA

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

(D) PURPOSE OF GRANT: TO TRAIN ADULT WOMEN FARMERS IN NEW FARMING METHODS, PEST CONTROL TO RENEW GARDEN FERTILITY. EMPOWER OUT-OF-SCHOOL ADOLESCENT GIRLS WITH HAIRDRESSING AND CATERING SKILLS FOR EMPLOYMENT OPPORTUNITIES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO FIND AND TRAIN PEER EDUCATORS IN THE TARGET GROUP, INCREASE HIV/AIDS AWARENESS, PREVENTION AND TREATMENT FOR 8,481 AGYWS. TO PROMOTE HIV TESTING SERVICES FOR 2,000 TARGETED AGYW IN THE 15 MARKETS.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO ADDRESS STOCKOUTS, DELAYS AFFECTING PATIENTS, PARTICULARLY LATE-STAGE DIAGNOSIS, URGENT CASES. ADVOCATE FOR FORMULATION, PRODUCTION, DISTRIBUTION OF FIRST-LINE DRUGS FOR STI/HIV/AIDS/HV/TB PREVENTION AND TREATMENT.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ENHANCE HIV QUALITY OF CARE SERVICES WITH THE YUMBE DISTRICT HEALTH TEAM. ACTIVITIES INCLUDE CAPACITY BUILDING OF EDUCATORS/COUNSELORS, CLIENT IDENTIFICATION/ENROLLMENT, AND TREATMENT SUPPORT GROUP MAINTENANCE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO AID 600 HIV-POSITIVE TEEN MOTHERS IN 12 HEALTH FACILITIES, OFFERING FOOD SUPPORT. IT ENHANCES FEEDING PRACTICES, RAISES HIV AWARENESS, AND PROMOTES CARE ADHERENCE FOR IMPROVED WELLBEING.

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO COMBAT HIV/AIDS STIGMA, RAISE AWARENESS, AND PROMOTE CONTINUOUS INFORMATION DISSEMINATION. IT TARGETS 30 SECONDARY SCHOOLS IN THE KYOTERA DISTRICT, ESTABLISHING CLUBS TO INCREASE AWARENESS AND REDUCE DISCRIMINATION.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO CREATE MORE DEMAND FOR HIV TESTING AND MENTAL HEALTH SERVICE FOR 10,000 PERSONS AT BUS STATIONS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ASSIST EXTREMELY VULNERABLE POPULATIONS, INCLUDING CHILDREN LIVING WITH HIV AND THEIR HOUSEHOLDS. FOOD BASKETS WILL BE PURCHASED AND DISTRIBUTED IN MOMBASA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO INCREASE HIV AWARENESS THROUGH COMMUNITY ACTIVITIES AND TESTING SERVICES, PROMOTING SELF-TESTING AMONG FEMALE SEX WORKERS TO REACH MORE INDIVIDUALS UNAWARE OF THEIR HIV STATUS.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO PROMOTE THE HEALTH FOR 200 YOUNG TRANSGENDER WOMEN AND 500 MSM COMMUNITY (HPYTM) IN 5 DISTRICTS OF HANOI.

REGION: ANTARCTICA

(D) PURPOSE OF GRANT: TO IMPROVE COMMUNITY HEALTH, ALMAC WILL PROVIDE

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

FREE TRANSPORTATION FOR PATIENTS, ENGAGE A LOCAL PHYSICIAN FOR COMPREHENSIVE CARE, AND ENHANCE HYGIENE PROCESSES TO PREVENT DISEASE OUTBREAKS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO TARGET PERI-URBAN AREAS (EPWORTH, CHITUNGWIZA) AND RURAL AREAS (GOROMONZI, MAZOWE SOUTH) HEAVILY AFFECTED BY THE THIRD WAVE OF COVID-19, PROVIDING CRUCIAL SUPPORT AND FUNDING.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO ENHANCE HIV PREVENTION AND SRH SERVICES BY PEER OUTREACH, CONDOMS SUPPLY, WORKSHOPS, AND SUPPORT GROUPS. HEALTHCARE WORKERS RECEIVE STIGMA-FREE TRAINING FOR INTEGRATED SRH AND HIV SERVICES IN SELECTED FACILITIES.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO USE FUNDING TO PROVIDE FAITH-BASED, MULTIDISCIPLINARY SERVICES FOR COMPREHENSIVE CARE AND TREATMENT. THEY PRIORITIZE HIGH-QUALITY, STIGMA-FREE SUPPORT IN A COMFORTABLE AND CONFIDENTIAL ENVIRONMENT.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE ACCESS TO HIV PREVENTION AND TREATMENT SERVICES TO PERSONS INFECTED AND AFFECTED BY HIV IN NAKURU NORTH AND SUBUKIA SUB COUNTIES IN NAKURU COUNTY.

REGION: SUB-SAHARAN AFRICA

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

(D) PURPOSE OF GRANT: TO PROMOTE HIV PREVENTION AND DIGNIFIED HIV POSITIVE JOURNEY FOR 1000 ADOLESCENT GIRLS AND YOUNG WOMEN 15-24 YEARS OLD IN KASESE DISTRICT.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO EMPOWER PLHIV GROUPS WITH RIGHTS. REFLECTION SESSIONS COVER ART, HIV PREVENTION, SRHR, PREP, EMTCT, FAMILY PLANNING, IMPROVING CARE QUALITY, AND ADDRESSING SOCIAL DRIVERS OF HIV SPREAD.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ENHANCE HIV/AIDS AND TB PREVENTION, FACILITATE CONTACT TRACING, ADDRESS HUMAN RIGHTS BARRIERS THROUGH YOUTH LEADER DIALOGUE, AND STRENGTHEN COMMUNITY SYSTEMS VIA SENSITIZATION MEETINGS ON HIV AND TB AWARENESS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO INCREASE THE KNOWLEDGE LEVELS ON HIV/AIDS PREVENTION AND TREATMENT AND REPRODUCTIVE HEALTH OF AT LEAST 5,000 ADOLESCENT GIRLS AND YOUNG WOMEN INCLUDING BOYS FROM 10-24 YEARS IN LUANSHYA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ENHANCE PREVENTION OF HIV/AIDS AND TB, AND FACILITATE CONTACT TRACING BY HEALTH WORKERS AND VHTS REDUCE HUMAN RIGHTS-RELATED BARRIERS THROUGH DIALOGUES AND, CONDUCT SENSITIZATION MEETINGS ON HIV AND TB AWARENESS.

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO EDUCATE ON SRHR ISSUES AMONG ADOLESCENTS DUE TO LIMITED ACCESS TO INFORMATION AND EDUCATION, TARGETING WOMEN, GIRLS, YOUTH, AND MARGINALIZED GROUPS IN GAME AND FISHING CAMPS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO REDUCE NEW HIV INFECTIONS AMONG 6,000 ADOLESCENT GIRLS, PROMOTE BETTER HEALTHCARE AMONG 1,800 HIV INFECTED ADOLESCENT GIRLS; AND IMPROVE THE TB CASE NOTIFICATION RATE AMONG 300 ADOLESCENT GIRLS IN KYOTERA DISTRICT.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE TREATMENT OUTCOMES FOR PATIENTS WITH ADVANCED HIV, ZACOPH SPECIALIST PHYSICIANS SHALL CONDUCT ONCE-WEEKLY WARD ROUNDS AND ON-SITE MENTORSHIP AT HIGH HIV-VOLUME HEALTHCARE FACILITIES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PARTNER WITH WITH ORGANIZATIONS IN LESOTHO TO PROVIDE FREE HEALTH SCREENS, IMMUNIZATIONS, AND EDUCATION INCLUDING TESTING AND REFERRALS FOR HIV/AIDS, TB, HEPATITIS B/ C, MALARIA, DIABETES, BLOOD PRESSURE, AND CANCER.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ENHANCE HIV INTERVENTION AND CONTROL AMONG FEMALE SEX WORKERS AND ADOLESCENT GIRLS IN THE GREATER KYOTERA REGION.

REGION: SUB-SAHARAN AFRICA

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

(D) PURPOSE OF GRANT: TO ADDRESS FOOD INSECURITY AMONG VULNERABLE HOUSEHOLDS, BY USING EMERGENCY FUNDING. TO PROVIDE FOOD AID, MENTAL HEALTH SUPPORT, PROMOTE SUSTAINABLE FOOD PRODUCTION, AND EMPOWER COMMUNITIES IN NEED.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO INVESTIGATE THE INFLUENCE OF SOCIO BEHAVIORAL FACTORS ON ART ENGAGEMENT, ANALYZE KEY POPULATIONS IN NEPAL'S PROVINCE ONE AND EXAMINE FACTORS AFFECTING ART INITIATION, ADHERENCE, AND CONTINUITY AMONG TARGET INDIVIDUALS.

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: TO EMPOWER 110 CHILDREN, ADOLESCENTS, AND PREGNANT WOMEN LIVING WITH HIV IN CONDITIONS THROUGH HIV EDUCATION AND HEALTHCARE SUPPORT.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO AID VULNERABLE POPULATIONS THROUGH FOOD DISTRIBUTION TO WOMEN, GIRLS, LACTATING/BREASTFEEDING MOTHERS, AND THOSE LIVING WITH HIV/AIDS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PROVIDE BASIC MATERIALS SUPPORT TO THE MOST VULNERABLE BENEFICIARY HOUSEHOLDS AT LEAST FOR 3 MONTHS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ADDRESS MALNUTRITION BY DIET PREPARATION AND

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ESTABLISHING HOME-BASED KITCHEN GARDENS FOR GROWING VEGETABLES AMONG 588 BENEFICIARIES, INCLUDING 523 TEEN MOTHERS AND 65 DISABLED CHILDREN IN THE RULINDO DISTRICT.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT 150 STREET CHILDREN IN KIGALI'S GASABO, KICUKIRO, AND NYARUGENGE DISTRICTS. THIS PROJECT WILL PROVIDE MEALS, CONDUCT TESTING FOR COVID-19, PREGNANCY, STDS, AND STIS FOR PROMPT TREATMEN;, SUPPLY CLOTHES AND HYGIENE MATERIALS; AND RAISE AWARENESS ABOUT THE RISKS ASSOCIATED WITH DRUG AND SUBSTANCE USE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PROVIDE FOOD ITEMS FOR 200 VULNERABLE TEEN MOTHERS IN GASABO AND BUGESERA DISTRICTS, CUI AND PROTECT THEM FROM COVID-19 AS THEY CARE FOR THEIR CHILDREN.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO INCREASE KNOWLEDGE, ACCESS TESTING, AND PROVIDE LINKED HEALTH AND SOCIAL CARE FOR TRANS WOMEN AND TRANS FEMININE INDIVIDUALS IN LONDON, EMPOWERING AND IMPROVING THEIR LIVES.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO PROMOTE SELF-CARE, SAFE SEX PRACTICES AND HIV EDUCATION FOR 20 COUPLES IN HIGHLY TRANSMITTED HIV AREAS IN THAILAND.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PROMOTE PREVENTION, HIV TESTING SERVICE, CONDOM

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PROMOTION, CARE SUPPORT AND CAPACITY BUILDING TARGETING 50,000 IN THE ADDIS ABABA UNIVERSITY COMMUNITY.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO IMPROVE OVERALL HEALTH OUTCOMES AND LIVING CONDITIONS FOR VULNERABLE UNDERPRIVILEGED POPULATIONS, INCLUDING THOSE RELATED TO TUBERCULOSIS, HIV AND OTHER STI THROUGH A WEEKLY PODCAST, ARTICLE AND SOCIAL MEDIA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PROMOTE HEALTH INCLUDING REDUCTION OF HIV INFECTION, PREGNANCY, AND REPRODUCTIVE HEALTH AND GENDER-BASED VIOLENCE INCLUDING SOCIAL SERVICES FOR 1,000 GIRL AND 100 HOUSEHOLDS IN KENYA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE ACCESS TO KNOWLEDGE, ACCESS, AND INFORMATION ON HIV PREVENTION METHODS AMONG 1,000 ADOLESCENT GIRLS AND YOUNG WOMEN IN THE KABAROLE, FON-PORTAL AND BUNYANGABU DISTRICTS.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO FACILITATE THE EARLY DETECTION OF HIV IN THE LGBTIQ+ COMMUNITY, TRANS COMMUNITY, TRANS WOMEN, SEX WORKERS, AND MIGRANTS FROM ANTOFAGASTA.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO INCREASE ACCESS TO RAPID HIV, SYPHILIS, AND HEPATITIS TESTING, BY OFFERING DAILY TESTING BY A NURSE AMONG YOUNG

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PEOPLE, TRANS INDIVIDUALS, LGBT, MSM, AND SEX WORKERS, WHILE PROMOTING COMBINED PREVENTION METHODS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ENHANCE CUSTOMER CARE, BY TRAINING 45 HEALTH SERVICE PROVIDERS AND CAREGIVERS. TO ADDRESS THE NEEDS OF ADOLESCENTS AND ENABLE 300 GIRLS TO ACCESS SEXUAL REPRODUCTIVE HEALTH SERVICES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ESTABLISH A STRONG HIV/TB AND STIS PREVENTION AND MANAGEMENT THROUGH THE USE OF COMMUNITY AND FACILITY BASED STRATEGIES, COMMUNITY-FACILITY LINKAGE AND REFERRAL NETWORK TO IN THE KICHAN COMMUNITY.

REGION: RUSSIA AND NEIGHBORING STATES

(D) PURPOSE OF GRANT: TO RENOVATE THE AIDS CENTER AND ESTABLISH A BOMB SHELTER FOR PATIENTS AND MEDICAL STAFF.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO CREATE COMMUNITY-BASED DEMAND FOR ROUTINE HIV TESTING AMONG VULNERABLE POPULATIONS WITH LIMITED ABILITY TO PROTECT THEMSELVES FROM HIV AND LINK BENEFICIARIES TO APPROPRIATE SERVICES BASED ON THEIR HIV SEROSTATUS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PREVENT NEW HIV, STD, AND AIDS INFECTIONS, RAISE AWARENESS OF HIV STATUS, PROVIDE ACCESS TO QUALITY HIV CARE, LEAD

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

COMMUNITY-BASED HIV SOLUTIONS, AND ADDRESS CRITICAL SOCIAL DETERMINANTS OF HEALTH.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ENHANCE HIV, TB, STI HEALTHCARE SERVICES AND AWARENESS FOR KEY POPULATIONS IN MASAKA, AND EMPOWER KEY POPULATION MEMBERS WITH KNOWLEDGE FOR INFORMED DECISION-MAKING ABOUT THEIR SEXUAL AND REPRODUCTIVE HEALTH RIGHTS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO USE RIGHTS BASED APPROACH THEORY TO EMPOWER PLHIV TO HOLD DUTY BEARERS ACCOUNTABLE. TO MOBILIZE COMMUNITIES, CONDUCT RESEARCH, LOBBY FOR POLICY CHANGE, AND MONITORING OF BUDGETS, DRUGS, AND INFRASTRUCTURE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PROVIDE HIV COUNSELING IN MENTAL HEALTH RELATED POPULATION IN ORDER TO EFFECTIVELY RESPOND TO THEIR HIV AND MENTAL HEALTH CHALLENGES AND ECONOMIC NEEDS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE HIV CARE SERVICES AMONG FSWS IN KITWE, KAFUNJO-MIRAMA AND KITWE TOWN COUNCILS AND PROVIDE TB CARE SERVICES IN KITWE TOWN COUNCIL.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ENSURE TIMELY AND CONSISTENT ACCESS TO QUALITY

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SRH/HIV-RELATED INFORMATION, SERVICES AND COMMODITIES BY KPS, ADOLESCENTS AND YOUTHS IN UGANDA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ENGAGE IN ADVOCACY, SITE AND STAKEHOLDER MAPPING, TARGET POPULATION IDENTIFICATION, AND AWARENESS CAMPAIGNS FOCUSING ON SUSTAINABILITY BY FORMING COMMUNITY STRUCTURES, AND ASSESSING PROGRAM IMPACT.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ADDRESS HIV/AIDS IMPACT ON RURAL YOUTH AND COMMUNITY-BASED CARE BY PROVIDING ADEQUATE INFORMATION ON HIV/AIDS, STDS, SEX, AND SEXUALITY, COMBATING HIV STIGMA, REMOVING TESTING BARRIERS, AND IMPROVING ACCESS TO CARE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ENHANCE THE HEALTH, WELL-BEING, AND SOCIAL ASSETS OF HIV+ WOMEN, THEIR DEPENDENTS, AND AT-RISK YOUTH.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO SERVE 10,000 PEOPLE AT CENTRAL CLINIC CATCHMENT AREA, SENAMA FIRST LEVEL CATCHMENT AREA AND MANSA GENERAL HOSPITAL WHICH INCLUDES MARGINALIZED GROUPS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PREVENT NEW HIV, STI AND TB INFECTIONS, ADDRESS STIGMA AND DISCRIMINATION, AND ADVOCATED FOR PROMOTION PROGRAMS.

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO ENHANCE ACCESSIBILITY TO RELIABLE AND NON-STIGMATIZING HIV CARE, ENCOURAGE INNOVATIVE HIV PREVENTION STRATEGIES; IMPROVING DIGITAL COMMUNICATION TO ENCOURAGE COMMUNITY-BASED HIV SERVICE VISIBILITY.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO TARGET ADOLESCENT AND YOUNG WOMEN IN BUNDIBUGYO DISTRICT BY USING MUSIC, DANCE, DRAMA, AND RADIO TALK SHOWS TO PROVIDE INFORMATION ABOUT HIV PREVENTION AND DELIVER COMPREHENSIVE CARE AND TREATMENT SERVICES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ESTABLISH AND STRENGTHEN SUSTAINABLE PEER-TO-PEER INITIATIVES AT THE MPILO CENTRE OF EXCELLENCE AND USING THE YOUTH-LED BUDDY 2 BUDDY APPROACH, PROGRAM DESIGN, PLANNING, IMPLEMENTATION, MONITORING, AND EVALUATION.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE ACCESS TO COMPREHENSIVE INFORMATION ON SEXUALITY, AS WELL AS HIV, STI, AND TB PREVENTION AND STOP UNINTENDED PREGNANCIES IN SOROTI CITY COUNCIL DIVISIONS AND SUB-COUNTIES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO COMBAT GENDER AND DOMESTIC VIOLENCE BY RAISING AWARENESS, ENSURE SAFETY AND HEALTH, TO PROVIDE FREE HEALTH TESTS AND

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

EDUCATION PREVENTING THE SPREAD OF HIV, TB, AND OTHER STI'S.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO INCREASE AWARENESS AND KNOWLEDGE ABOUT INTERPERSONAL RISK-TAKING BEHAVIORS AMONG 18-24-YEAR-OLD MALES AND FEMALES BY PROVIDING PRACTICUM INVOLVING CHILDREN AGED 9-11 YEARS FROM THREE TARGET PRIMARY SCHOOLS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ENHANCE SUPPORT FOR MOTHERS AND BABIES BY INTEGRATING PMTCT SERVICES, AND UTILIZING COUNSELORS. SELECTION IS BASED ON ANC AND PMTCT FLOW, HIV PREVALENCE, AND SPACE AVAILABILITY FOR SUPPORT GROUP MEETINGS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PROVIDE MEDICAL/ PSYCHOSOCIAL SUPPORT, EXAMINATIONS, HIV TESTING, PEP, STI TESTING AND TREATMENT, PREGNANCY TESTING, AND EMERGENCY CONTRACEPTIVES FOR SURVIVORS OF SEXUAL ABUSE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO EMPOWER GIRLS, YOUNG WOMEN, AND SOME YOUNG MEN THROUGH BUSINESS SKILLS TRAINING IN FIELDS LIKE STEM, EDUCATION ON SEXUAL AND REPRODUCTIVE HEALTH RIGHTS, ENTREPRENEURSHIP, AND FINANCIAL LITERACY EVERY THREE MONTHS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO RAISE PUBLIC AWARENESS OF HIV/AIDS IN RURAL

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

COMMUNITIES BY PROVIDING BASIC EDUCATIONAL RESOURCES AND TO IMPROVE ACCESS TO HIGH-QUALITY TREATMENT FOR PLHIV, ENSURING LONG-TERM SUSTAINABILITY.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO INCREASE HIV/AIDS AWARENESS IN RURAL COMMUNITIES THROUGH EDUCATIONAL RESOURCES, EMPOWERING INFORMED DECISION-MAKING, AND TO IMPROVE ACCESS TO HIGH-QUALITY TREATMENT FOR PLHIV FOR LONG-TERM SUSTAINABILITY.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PROVIDE HIV COUNSELING IN MENTAL HEALTH RELATED POPULATIONS IN ORDER TO EFFECTIVELY RESPOND TO THEIR HIV AND MENTAL HEALTH CHALLENGES AND ECONOMIC NEEDS.

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

AIDS HEALTHCARE FOUNDATION

Employer identification number

95-4112121

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

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

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

2 a 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** [X] **No**

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
EVENT 360 (FUNDRAISING COUNSEL) - 55 E. JACKSON	PROFESSIONAL ORGANIZER		X	0.	1,234,331.	0.
Total					1,234,331.	

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

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility ..... **13a** %

b An outside facility ..... **13b** %

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

Name

Address

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

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

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

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law to be 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.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: EVENT 360 (FUNDRAISING COUNSEL)

(I) ADDRESS OF FUNDRAISER:

55 E. JACKSON BLVD., STE 1030, CHICAGO, IL 60604

Part IV **Supplemental Information** *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

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? ..... [X] 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AIDS SERVICE CENTER OF LOWER MANHATTAN - 64 WEST 35TH STREET, 3RD FLOOR - NEW YORK, NY 10001-2201	13-3562071	501(C)(3)	30,000.	0.			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
VAN NESS RECOVERY HOUSE 1919 N. BEACHWOOD DRIVE HOLLYWOOD, CA 90068	95-3122266	501(C)(3)	25,000.	0.			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
BROWN NAFF PITTS OMNIMEDIA INC. PO BOX 53352 WASHINGTON, DC 20009	27-1554281	C CORP.	16,000.	0.			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
METRO COMMUNITY DEVELOPMENT CO. 1051 W ROSCRANS AVE COMPTON, CA 90222	45-5578708	501(C)(3)	15,000.	0.			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
PARKSIDE ECONOMIC DEVELOPMENT 4323 LEIMERT BLVD LOS ANGELES, CA 90008	95-4812754	501(C)(3)	8,700.	0.			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
PROJECTQ PO BOX 26421 LOS ANGELES, CA 90026	81-3740319	501(C)(3)	15,000.	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 ..... 17.

3 Enter total number of other organizations listed in the line 1 table ..... 2.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH ACROSS BORDERS INC. 5630 CLARK STATE RD GAHANNA, OH 43230-0000	82-1094344	501(C)(3)	15,000.	0.			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
WIZEHIVE INC PMB 263, 24 NORTH BRYN MAWR AVENUE BRYN MAWR, PA 19010	27-4126294	C CORP	7,166.	0.			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
BEACON 360 MANAGEMENT INC. 450 N BRICE RD BOX 348 BLACKLICK, OH 43004	02-0634747	501(C)(3)	25,000.	0.			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
TRANSLATINA NETWORK, INC. 137 W 19TH STREET, 2ND FL NEW YORK, NY 10011	47-4807380	501(C)(3)	20,000.	0.			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
HOPE FOR HILLTRIBES INC PO BOX 14091 COLUMBUS, OH 43214	27-0400885	501(C)(3)	11,200.	0.			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
BROWN COMMUNITY DEVELOPMENT CORP. 484 WASHINGTON AVE BROOKLYN, NY 11238	56-2629114	501(C)(3)	18,000.	0.			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
BLACK ALPHABET NFP 4600 S INDIANA AVE 1N CHICAGO, IL 60653	46-4578118	501(C)(3)	10,000.	0.			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
CAMP LIGHTBULB 7077 WILLOUGHBY AVENYE #606 LOS ANGELES, CA 90038	45-2643441	501(C)(3)	10,000.	0.			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
THRIVE LEMON GROVE PO BOX 991 LEMON GROVE, CA 91946	46-5236971	501(C)(3)	25,000.	0.			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAMIEN CENTER INC 26 N ARSENAL AVE INDIANAPOLIS, IN 46201	35-1711878	501(C)(3)	30,000.	0.			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
HARM REDUCTION CIRCLE 8 SANTA LUZIA AISLE IRVINE, CA 92606	87-3878214	501(C)(3)	20,000.	0.			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
TRANSGENDER HEALTH & WELLNESS 340 S FARRELL DR ,STE A208 PALM SPRINGS, CA 92240	82-4659164	501(C)(3)	15,000.	0.			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
FIFTY MEN WITH ONE ACCORD INC 17700 S AVALON BLVD SPC 9 CARSON, CA 90746	68-0543605	501(C)(3)	24,000.	0.			FACILITATE SUPPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

AIDS HEALTHCARE FOUNDATION

Employer identification number

95-4112121

Part I Questions Regarding Compensation

			Yes	No
1a	Check the 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.			
	[X] First-class or charter travel	[ ] Housing allowance or residence for personal use		
	[ ] Travel for companions	[ ] Payments for business use of personal residence		
	[ ] Tax indemnification and gross-up payments	[X] Health or social club dues or initiation fees		
	[ ] Discretionary spending account	[ ] Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the 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.			
	[X] Compensation committee	[X] Written employment contract		
	[X] Independent compensation consultant	[X] Compensation survey or study		
	[ ] Form 990 of other organizations	[X] Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	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 on lines 5 and 6? If "Yes," describe in Part III	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL WEINSTEIN	(i)	423,980.	160,000.	0.	6,000.	0.	589,980.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SCOTT SWEEDEN	(i)	477,230.	400.	0.	6,000.	0.	483,630.	0.
PHARMACY SALES REPRESENTATIVE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL WOHLFEILER	(i)	348,152.	38,000.	0.	6,000.	0.	392,152.	0.
CHIEF MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NICHOLAS CHAMBERLAIN	(i)	223,750.	140,500.	0.	1,500.	0.	365,750.	0.
MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CARL EVANS MILLNER	(i)	283,491.	72,300.	0.	6,000.	0.	361,791.	0.
INTERIM CHIEF MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SUZY THABIT BOULES	(i)	232,883.	100,767.	0.	6,000.	0.	339,650.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BRYAN GAUDIO	(i)	292,690.	35,675.	0.	6,000.	0.	334,365.	0.
DEPUTY CHIEF MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LYLE HONIG MOJICA	(i)	260,024.	41,000.	0.	6,000.	0.	307,024.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PETER REIS	(i)	258,075.	40,000.	0.	6,000.	0.	304,075.	0.
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ROBERT HEGLAR	(i)	294,327.	0.	0.	6,000.	0.	300,327.	0.
DEPUTY CHIEF MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) THOMAS A. MYERS	(i)	253,137.	37,000.	0.	6,000.	0.	296,137.	0.
CHIEF COUNSEL/PUBLIC AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ADAM CARL ZWEIG	(i)	269,002.	20,567.	0.	6,000.	0.	295,569.	0.
REGIONAL MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MICHAEL KAHANE	(i)	239,570.	45,000.	0.	6,000.	0.	290,570.	0.
BUREAU CHIEF SOUTHERN REGION	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) DONNA TEMPESTA	(i)	235,705.	41,000.	0.	6,000.	0.	282,705.	0.
VP NORTHERN REGION & FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) LAURA BOUDREAU	(i)	237,665.	38,000.	0.	6,000.	0.	281,665.	0.
CHIEF OPERATION/RISK MGMT	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) DONNA STIDHAM	(i)	236,428.	35,000.	0.	6,000.	0.	277,428.	0.
CHIEF MANAGED CARE	(ii)	0.	0.	0.	0.	0.	0.	0.

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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) KENNETH SCOTT CARRUTHERS	(i)	234,418.	41,500.	0.	0.	0.	275,918.	0.
CHIEF PHARMACY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) ANITA CASTILLE	(i)	196,628.	39,000.	0.	6,000.	0.	241,628.	0.
VP OF HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) ALFREDO JOSEPH ALEGRIA	(i)	187,133.	38,000.	0.	6,000.	0.	231,133.	0.
VP HEALTHCARE CENTER OPERA	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) TERRI FORD	(i)	195,705.	24,000.	0.	6,000.	0.	225,705.	0.
CHIEF GLOBAL ADVOCACY & PO	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) WHITNEY ENGERAN-CORDOVA	(i)	184,637.	36,000.	0.	0.	0.	220,637.	0.
SR. DIR. OF PUBLIC HEALTH	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) TRACY LINETTE JONES	(i)	150,704.	39,000.	0.	6,000.	0.	195,704.	0.
MW REGIONAL DIR & NAT'L DI	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

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.

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, 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
2022
Open to Public Inspection

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

Part I Bond Issues SEE PART VI FOR COLUMN (F) CONTINUATIONS

	(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) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA ENTERPRISE DEVELOPMENT AUTHORITY	35-2273601	NONE	12/30/19	61222000.	LOW INCOME HOUSING REFINANCE		X	X			X
B												
C												
D												

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			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X							
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	5.00 %		%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	%		%		%		%	
6	Total of lines 4 and 5	5.00 %		%		%		%	
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 non-governmental 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	20.0000000							
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 isn't available under applicable regulations?	X							

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

SCHEDULE K, PART I, BOND ISSUES:
(A) ISSUER NAME: CALIFORNIA ENTERPRISE DEVELOPMENT AUTHORITY
(F) DESCRIPTION OF PURPOSE:
LOW INCOME HOUSING REFINANCE & PROPERTY FINANCING.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

AIDS HEALTHCARE FOUNDATION

Employer identification number

95-4112121

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous	X	1	1,963,856.	AVG. QUOTED PRICE
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial	X	1	24,241,232.	APPRAISAL REPORT
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	1	381,960.	COMPARABLE SALE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (FURNITURE & EQU)	X	1	1,438,316.	REPLACEMENT COST
26	Other ( )				
27	Other ( )				
28	Other ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
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.

PART 1 COLUMN B

THE ORGANIZATION IS REPORTING IN PART I, COLUMN (B), THE NUMBER OF CONTRIBUTIONS RECEIVED.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADDITION, THE FOUNDATION PARTICIPATES IN PATIENT ADVOCACY, HOUSING, AND SCIENTIFIC RESEARCH FOR THOSE IN NEED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SUSTAINABLE AFFORDABLE HOUSING FOR THE HOMELESS AND LOW-INCOME POPULATIONS. IN RESPONSE TO WIDESPREAD GENTRIFICATION AND RISING HOUSING COSTS, WHICH DISPLACES AHF PATIENTS THROUGHOUT CALIFORNIA, FLORIDA, AND ELSEWHERE, THE FOUNDATION HAS LAUNCHED THE HEALTHY HOUSING FOUNDATION (HHF) TO FULFILL ITS PUBLIC HEALTH MISSION. HHF PROVIDES DECENT HOUSING UNITS AT AN AFFORDABLE COST TO LOW-INCOME PEOPLE, INCLUDING FAMILIES WITH CHILDREN AND THOSE PREVIOUSLY UNSHELTERED OR HOMELESS. AHF BELIEVES THAT A STABLE AND AFFORDABLE HOUSING SITUATION IS CRITICAL FOR INDIVIDUALS WITH CHRONIC HEALTH CONDITIONS, INCLUDING HIV/AIDS.

THE FOUNDATION ALSO CREATES AND IMPLEMENTS NEW PROGRAMS IN COMMUNITIES ACROSS THE U.S. AND ABROAD, AND EXPANDS DELIVERY OF HEALTHCARE AND INFLUENCE OVER POLICY WITH THE AIM OF SAVING MORE LIVES. DURING THE YEAR, THE FOUNDATION PROVIDED GRANTS WORTH OVER $13 MILLION WORLDWIDE TO ORGANIZATIONS THAT PROMOTE HIV TESTING, AWARENESS, PREVENTION AND TREATMENT AS WELL AS EMERGENCY GRANTS TO PROVIDE SMALL, COMMUNITY ORGANIZATIONS RELIEF TO DELIVER VITAL SERVICES IN THEIR AREAS. AHF'S GLOBAL ADVOCACY TEAM IS COMMITTED TO FIGHTING FOR WHAT IS RIGHT AND PUTS OUR CLIENTS' NEEDS FIRST EVERY TIME, FROM LEADING THE CHARGE IN DEMANDING EQUAL ACCESS TO VACCINES TO HELPING LOW-INCOME COUNTRIES

Name of the organization: AIDS HEALTHCARE FOUNDATION

Employer identification number: 95-4112121

ACCESS LIFESAVING CARE.

EXPENSES $ 88,126,040. INCL GRANTS OF $ 13,842,140. REVENUE $ 9,458,221.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

MEXICO, HAITI, GUATEMALA, ARGENTINA,

PERU, BRAZIL, JAMAICA, NETHERLANDS,

UKRAINE, ESTONIA, RUSSIA, CAMBODIA,

CHINA, INDIA, NEPAL, VIETNAM,

SOUTH AFRICA, ZAMBIA, SIERRA LEONE, LESOTHO,

PARAGUAY, ZIMBABWE, UGANDA, RWANDA,

KENYA, NIGERIA, ETHIOPIA, MALAWI,

DOMINICAN REPUBLIC, PANAMA, INDONESIA, MOZAMBIQUE,

COLOMBIA, LAOS, GEORGIA, BURMA,

CHILE, SWAZILAND, PHILIPPINES, THAILAND,

EL SALVADOR, UNITED KINGDOM, GREECE, LITHUANIA,

PORTUGAL

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

Name of the organization: AIDS HEALTHCARE FOUNDATION

Employer identification number: 95-4112121

APPLICATION, HOWEVER, THERE IS NO PROCESS FOR MAKING THESE AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN NET ASSETS OF AFFILIATES	-6,853,652.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

AIDS HEALTHCARE FOUNDATION

Employer identification number

95-4112121

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
AHF CHINA LLC - 47-5544483 6255 W. SUNSET BLVD., 21ST FLOOR LOS ANGELES, CA 90028	HEALTH CARE	CALIFORNIA			AIDS HEALTHCARE FOUNDATION
T. DOUGLAS GURLEY MD, LLC - 20-1159935 6255 W. SUNSET BLVD., 21ST FLOOR LOS ANGELES, CA 90028	HEALTH CARE	GEORGIA	4,752,407.	6,599,104.	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	(g) No
AHF MCO OF FLORIDA INC. - 20-8572701 6255 SUNSET BLVD. 21ST FLOOR LOS ANGELES, CA 90028	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	FLORIDA	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	X	
AIDS HEALTHCARE FOUNDATION DISEASE MANAGEMENT OF FLORIDA, INC. - 20-8744009, 6255 SUNSET BLVD. 21ST FLOOR, LOS ANGELES,	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	FLORIDA	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION	X	
AHF HEALTHCARE CENTERS - 95-4582918 6255 SUNSET BLVD. 21ST FLOOR LOS ANGELES, CA 90028	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	CALIFORNIA	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION	X	
HIV IMMUNOTHERAPEUTIC INC. - 95-4607931 6255 SUNSET BLVD. 21ST FLOOR LOS ANGELES, CA 90028	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	CALIFORNIA	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION	X	

SEE PART VII FOR CONTINUATIONS

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
AIDS HEALTHCARE FOUNDATION TEXAS - 46-1454134, 6255 SUNSET BLVD. 21ST FLOOR, LOS ANGELES, CA 90028	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	TEXAS	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION	X	
AIDS TASKFORCE OF GREATER CLEVELAND INC. - 34-1433612, 2829 EUCLID AVENUE, CLEVELAND, OH 44115	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	OHIO	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION	X	
MVP MED PRACTICE, P.C. - 46-2690306 348 13TH STREET, STE 201 BROOKLYN, NY 11215	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	NEW YORK	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION	X	
WOMEN ORGANIZED TO RESPOND TO LIFE-THREATENING DISEASES (WORLD) - 94-3177103, 6255 SUNSET BLVD. 21ST FLOOR,	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	CALIFORNIA	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	X	
AIDS CENTER OF QUEENS COUNTY INC. - 11-2837894, 161-21 JAMAICA AVE., 6TH FLOOR, JAMAICA, NY 11432	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	NEW YORK	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	X	
SOUTH SIDE HELP CENTER INC. - 36-3532259 10420 S. HALSTED CHICAGO, IL 60628	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	ILLINOIS	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	X	
AID ATLANTA INC. - 58-1537967 1605 PEACHTREE ST., NE ATLANTA, GA 30309	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	GEORGIA	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	X	
AHF MCO OF GEORGIA INC. - 81-4191272 735 PIEDMONT AVE., NE ATLANTA, GA 30308	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	GEORGIA	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION	X	
COALITION TO PRESERVE LA INC. - 82-3448859 6255 W. SUNSET BLVD., 21ST FLR LOS ANGELES, CA 90028	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	CALIFORNIA	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION	X	
AIDS OUTREACH CENTER - 75-2139336 400 NORTH BEACH STREET FORTH WORTH, TX 76111	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	TEXAS	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	X	
IRIS HOUSE-A CENTER FOR WOMEN LIVING WITH HIV - 13-3699201, 2348 ADAM CLAYTON POWELL JR. BLVD., NEW YORK, NY 10030	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	NEW YORK	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	X	
AIDS INTERFAITH NETWORK INC. - 75-2241382 2600 N. STEMMONS FREEWAY DALLAS, TX 75207	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	TEXAS	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION	X	

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
THURSDAY'S CHILD - 11-3068809 475 E. MAIN ST., STE 209 PATCHOGUE, NY 11772	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	NEW YORK	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	X	
BROWARD HOUSE INC. - 59-2913416 1726 S.E. 3RD AVENUE FT. LAUDERDALE, FL 33316	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	GEORGIA	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	X	

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

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	AIDS HEALTHCARE CENTERS	R	6,664.	BOOK
(2)	AIDS MCO OF FLORIDA INC.	Q	10,761,408.	BOOK
(3)	AHF MCO OF GEORGIA INC.	Q	75.	BOOK
(4)	AIDS HEALTHCARE FOUNDATION TEXAS	Q	405,947.	BOOK
(5)	MVP MEDICAL PRACTICE, P.C.	Q	194,797.	BOOK
(6)	WOMEN ORGANIZED TO RESPOND TO LIFE-THREATENING DISEASES	B	424,565.	BOOK

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)	AIDS TASKFORCE OF GREATER CLEVELAND	B	938,745.	BOOK
(8)	AIDS CENTER OF QUEENS CO., INC.	B	2,034,974.	BOOK
(9)	SOUTHSIDE HELP CENTER INC.	B	644,956.	BOOK
(10)	AID ATLANTA INC.	B	2,362,119.	BOOK
(11)	AIDS OUTREACH CENTER	B	1,357,537.	BOOK
(12)	IRIS HOUSE	B	979,107.	BOOK
(13)	AIDS INTERFAITH NETWORK	B	356,906.	BOOK
(14)	THURSDAY'S CHILD	B	137,724.	BOOK
(15)	BROWARD HOUSE INC.	B	961,600.	BOOK
(16)	AIDS OUTREACH CENTER	J	203,728.	BOOK
(17)	AIDS TASKFORCE OF GREATER CLEVELAND	J	111,439.	BOOK
(18)	WOMEN ORGANIZED TO RESPOND TO LIFE-THREATENING DISEASES	J	80,721.	BOOK
(19)	AID ATLANTA INC.	K	60,274.	BOOK
(20)	AIDS INTERFAITH NETWORK	K	74,343.	BOOK
(21)	AIDS CENTER OF QUEENS CO., INC.	K	112,466.	BOOK
(22)				
(23)				
(24)				

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

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

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

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

AIDS HEALTHCARE FOUNDATION DISEASE MANAGEMENT OF FLORIDA,

INC.

EIN: 20-8744009

6255 SUNSET BLVD. 21ST FLOOR

LOS ANGELES, CA 90028

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

WOMEN ORGANIZED TO RESPOND TO LIFE-THREATENING DISEASES

(WORLD)

EIN: 94-3177103

6255 SUNSET BLVD. 21ST FLOOR

LOS ANGELES, CA 90028

Form **8868**
(Rev. January 2022)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.
AIDS HEALTHCARE FOUNDATION

Taxpayer identification number (TIN)
95-4112121

Number, street, and room or suite no. If a P.O. box, see instructions.
6255 SUNSET BLVD., 21ST FLOOR

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
LOS ANGELES, CA 90028

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

- The books are in the care of ▶ LYLE HONIG MOJICA
6255 SUNSET BLVD., 21ST FLOOR - LOS ANGELES, CA 90028

Telephone No. ▶ 323-860-5200 Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☒ calendar year 2022 or
▶ ☐ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2022)

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