

Form 8879-TE

IRS E-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20____

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

2024

Name of filer

AIDS HEALTHCARE FOUNDATION

EIN or SSN

95-4112121

Name and title of officer or person subject to tax
LYLE HONIG MOJICA
CFO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 2,193,782,492.
2a Form 990-EZ check here	☐	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	☐	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	☐	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	☐	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	☐	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	☐	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	☐	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize VASQUEZ + COMPANY, LLP to enter my PIN 12121
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Lyle Honig Mojica

Date 07/10/2026

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

96178910332

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature VASQUEZ + COMPANY LLP

Date 07/08/26

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2024)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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.

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.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, 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) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

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**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 **24** or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

- 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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2025)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**Department of the Treasury
Internal Revenue Service

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.**2024**Open to Public
Inspection**A** For the 2024 calendar year, or tax year beginning and ending**B** Check if applicable:Address change
Name change
Initial return
Final return/terminated
☒ Amended return
Application pending**C** Name of organization

AIDS HEALTHCARE FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6255 SUNSET BLVD., 21ST FLOORCity 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 \$ 2,502,865,129.**H(a)** Is this a group return for subordinates? Yes ☒ No**H(b)** Are all subordinates included? Yes No
If "No," attach a list. See instructions**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527**J** Website: HTTP://WWW.AIDSHEALTH.ORG**K** Form of organization: ☒ Corporation Trust Association Other**L** Year of formation: 1987**M** State of legal domicile: CA**Part I** Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE FOUNDATION PROVIDES MEDICAL CARE FOR THOSE AFFECTED BY HIV OR AIDS.
	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 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 2024 (Part V, line 2a) 5 3239
	6	Total number of volunteers (estimate if necessary) 6 1237
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 52,140,956. 55,767,327.
	9	Program service revenue (Part VIII, line 2g) 2225214266. 2114725638.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,423,752. 19,254,442.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,828,593. 4,035,085.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2291607567. 2193782492.
	Expenses	13
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) 314,605,636. 319,681,116.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 1,129,740. 1,248,303.
b		Total fundraising expenses (Part IX, column (D), line 25) 6,072,259.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1819025802. 1750704615.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2152217807. 2089338653.
19	Revenue less expenses. Subtract line 18 from line 12 139,389,760. 104,443,839.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 1436000768. 1613686418.
	21	Total liabilities (Part X, line 26) 287,358,550. 303,647,777.
	22	Net assets or fund balances. Subtract line 21 from line 20 1148642218. 1310038641.

Part II Signature Block

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

Sign Here	Signature of officer		Date			
	LYLE HONIG MOJICA, CFO					
Paid Preparer Use Only	Preparer's name		Preparer's signature	Date	Check if self-employed	PTIN
	REGINA L. PRINCE, CPA		<i>Regina L Prince, CPA</i>	7/9/2026	☒	P00576936
Firm's name	Firm's address		Firm's EIN		Phone no.	
	VASQUEZ + COMPANY, LLP 655 N. CENTRAL AVE., STE 1550 GLENDALE, CA 91203		33-0700332		213-873-1700	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission:

AIDS HEALTHCARE FOUNDATION, HEADQUARTERED IN LOS ANGELES, CALIFORNIA IS A NOT FOR PROFIT HEALTHCARE ORGANIZATION INCORPORATED IN 1987. THE FOUNDATION PROVIDES HOSPICE AND HEALTH CARE SERVICES TO AIDS, HIV, AND OTHER PATIENTS, AND ENGAGES IN RELATED EDUCATIONAL ACTIVITIES. IN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,196,597,474. including grants of \$) (Revenue \$ 1,490,092,434.)
AHF PHARMACY SERVICES.

AT AHF PHARMACY, YOUR PRESCRIPTION SAVES LIVES. EACH PRESCRIPTION FILLED AT THE FOUNDATION'S FACILITIES PROVIDES SPECIALTY HIV RELATED CARE AS WELL AS THE OTHER FOUNDATION'S ADVOCACY AND SERVICES IN THE U.S. AND AROUND THE WORLD. THE FOUNDATION HAS 51 PHARMACIES LOCATED IN CALIFORNIA, FLORIDA, GEORGIA, ILLINOIS, LOUISIANA, MARYLAND, MISSISSIPPI, NEVADA, NEW YORK, PENNSYLVANIA, OHIO, SOUTH CAROLINA, TEXAS, WASHINGTON, PUERTO RICO, AND THE DISTRICT OF COLUMBIA. DURING THE TAX YEAR, THE FOUNDATION SERVED 104,223 PHARMACY PATIENTS.

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

THE FOUNDATION'S MANAGED CARE SERVICES PROVIDED PEOPLE LIVING WITH HIV WHO RESIDE IN CALIFORNIA SPECIALIZED HEALTH CARE SINCE 1995. TO ACHIEVE ITS MISSION OF PROVIDING AFFORDABLE HEALTHCARE REGARDLESS OF ABILITY TO PAY, THE FOUNDATION HAS AGREEMENTS WITH PUBLICLY FUNDED PAYORS INCLUDING MEDI-CAL AND MEDICARE HEALTH CARE PLANS DESIGNED TO PROVIDE MEDICAL SERVICES TO SUBSCRIBING PARTICIPANTS LIVING WITH HIV AND AIDS. DURING THE TAX YEAR, THE FOUNDATION SERVED OVER 1,561 MEMBERS.

4c (Code:) (Expenses \$ 159,701,810. including grants of \$) (Revenue \$ 15,102,150.)
AHF HEALTHCARE & WELLNESS CENTERS.

AHF HEALTHCARE CENTERS OFFER EXPERT HIV CARE DELIVERED BY EXPERIENCED AND COMPASSIONATE STAFF. THE FOUNDATION PROVIDES ADVANCED MEDICAL SERVICES DESIGNED SPECIFICALLY FOR ITS PATIENTS, REGARDLESS OF THE PERSON'S FINANCIAL SITUATION AND OFFERS SAME-DAY HIV OR STD TESTING. THE FOUNDATION HAS A NETWORK OF 72 DOMESTIC OUTPATIENT HEALTHCARE CENTERS AND OVER 932 CLINICS OUTSIDE THE U.S. SERVING OVER 2,200,000 PEOPLE IN 47 COUNTRIES.

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

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

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

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

X

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	1163
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 3239		
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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	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		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?				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?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				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?				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?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			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				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?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?		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	X	
b Other officers or key employees of the organization	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?		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?		

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 ContractorsCheck 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 PRESIDENT	40.00 19.00	X		X				662,273.	0.	6,000.
(2) CARL EVANS MILLNER CHIEF MEDICAL DIRECTOR	40.00 0.00				X			414,977.	0.	6,000.
(3) BRYAN PATRICK SEBASTIAN GAUDIO DEPUTY CHIEF MEDICAL OFFICER	40.00 0.00				X			369,107.	0.	6,000.
(4) MONA-GEKANJU TOEQUE REG MEDICAL DIRECTOR	40.00 0.00					X		368,473.	0.	3,000.
(5) SUZY THABIT BOULES PHYSICIAN	40.00 0.00					X		362,455.	0.	6,000.
(6) LYLE HONIG MOJICA CHIEF FINANCIAL OFFICER	40.00 8.00			X				362,048.	0.	6,000.
(7) ZACHARY RICHARD HENRY MEDICAL DIRECTOR	40.00 0.00					X		360,709.	0.	6,000.
(8) JOHN PHILLIP OUDERKIRK HIV QUALITY CARE DIRECTOR	40.00 0.00					X		357,918.	0.	6,000.
(9) WARREN WILLIAM MAGNUS MEDICAL DIRECTOR	40.00 0.00					X		355,235.	0.	6,000.
(10) PETER REIS SENIOR VICE PRESIDENT	40.00 0.00				X			322,236.	0.	6,000.
(11) THOMAS A. MYERS GENERAL COUNSEL	40.00 0.00				X			318,920.	0.	6,000.
(12) DONNA TEMPESTA NORTHERN BUREAU CHIEF / VP FINANCE	40.00 0.00				X			316,011.	0.	6,000.
(13) LAURA BOUDREAU CHIEF OF OPERATIONS / RISK MGMT & QU	40.00 0.00				X			305,401.	0.	6,000.
(14) MOHANDOSS TYCHICUS CHIEF INFORMATION OFFICER	40.00 0.00				X			302,704.	0.	6,000.
(15) DONNA STIDHAM CHIEF MANAGED CARE	40.00 0.00				X			301,519.	0.	6,000.
(16) KENNETH SCOTT CARRUTHERS CHIEF PHARMACY OFFICER	40.00 0.00				X			302,886.	0.	0.
(17) JONATHAN MICHAEL EISEBENRG DEPUTY GENERAL COUNSEL	40.00 0.00				X			286,927.	0.	6,000.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) ASHOKE TALUKDAR DEPUTY GENERAL COUNSEL - CORP AFFAIR	40.00 0.00				X			286,203.	0.	6,000.
(19) JOSE RAMOS NATIONAL SALES DIRECTOR	40.00 0.00				X			276,409.	0.	6,000.
(20) EDWIN MILLAN DIRECTOR OF SALES OUTREACH & COMM IN	40.00 0.00				X			275,045.	0.	6,000.
(21) MICHAEL PHILIP DUBE NATIONAL MEDICAL DIRECTOR OF PHD	40.00 0.00				X			276,670.	0.	1,500.
(22) JEREMY ZELLERS DEPUTY CHIEF PHARMACY OFFICER	40.00 0.00				X			263,342.	0.	6,000.
(23) ANITA CASTILLE VP OF HUMAN RESOURCES	40.00 0.00				X			254,150.	0.	6,000.
(24) ALFREDO JOSEPH ALEGRIA VP HEALTHCARE CENTER OPERATIONS	40.00 0.00				X			252,729.	0.	6,000.
(25) ELIZABETH BALET NATIONAL DIRECTOR OF NURSING	40.00 0.00				X			234,878.	0.	6,000.
(26) WHITNEY ENGERAN-CORDOVA VP OF PUBLIC HEALTH PROGRAM	40.00 0.00				X			235,199.	0.	5,287.
1b Subtotal								8,424,424.	0.	141,787.
c Total from continuation sheets to Part VII, Section A								234,058.	0.	6,000.
d Total (add lines 1b and 1c)								8,658,482.	0.	147,787.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

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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

	Yes	No
3		X
4	X	
5		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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PARATA SYSTEMS LLC P.O. BOX 638203, CINCINNATI, OH 45263	PHARMACY MANAGEMENT SERVICES	4,802,826.
THE CAMPAIGN TEAM, LLC P.O. BOX 125, LEWIS CENTER, OH 43035	ADVERTISING SERVICES	2,927,022.
MAREN CONSTRUCTION LLC 1776 PEACHTREE RD NW, ATLANTA, GA 30309	CONSTRUCTION SERVICES	2,470,636.
VICTOR'S SERVICES LLC 2035 E 111TH STREET, LOS ANGELES, CA 90059	CONSTRUCTION SERVICES	1,767,398.
ARENTFOX SCHIFF LLP PO BOX 644672, PITTSBURGH, PA 15264	LEGAL SERVICES	1,498,255.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2024)

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) TERRI FORD CHIEF OF GLOBAL ADVOCACY	40.00 0.00				X			234,058.	0.	6,000.
(28) WILLIAM ARROYO, MD CHAIRPERSON	4.00 12.00	X		X				0.	0.	0.
(29) CONDESSA M. CURLEY, MD, MPH, FA VICE CHAIR (UNTIL 1/22/24)	4.00 14.00	X		X				0.	0.	0.
(30) ANGELINA WAPAKHABULO GLOBAL VICE CHAIR	4.00 12.00	X		X				0.	0.	0.
(31) STEVE L. CARLTON, ESQ TREASURER	4.00 14.00	X		X				0.	0.	0.
(32) CYNTHIA DAVIS, MPH SECRETARY (UNTIL 1/22/24)	4.00 17.00	X		X				0.	0.	0.
(33) DIANA HOORZUK BOARD MEMBER	4.00 2.00	X						0.	0.	0.
(34) RODNEY L. WRIGHT, MD BOARD MEMBER	4.00 2.00	X						0.	0.	0.
(35) AGAPITO DIAZ BOARD MEMBER	4.00 3.00	X						0.	0.	0.
(36) JONATHAN GIOIA BOARD MEMBER (AS OF 10/26/24)	4.00 0.00	X						0.	0.	0.
(37) CURLEY L. BONDS, MD BOARD MEMBER	4.00 2.00	X						0.	0.	0.
(38) SCOTT GALVIN BOARD MEMBER	4.00 0.00	X						0.	0.	0.
(39) ANITA ANN WILLIAMS BOARD MEMBER	4.00 0.00	X						0.	0.	0.
(40) ALBERT KELLEY RUIZ BOARD MEMBER	4.00 0.00	X						0.	0.	0.
(41) JAMMIE HOPKINS BOARD MEMBER	4.00 0.00	X						0.	0.	0.
(42) MICHAEL KAHANE BOARD MEMBER (AS OF 10/26/24)	4.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c								234,058.		6,000.

Part VIII Statement of RevenueCheck 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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	45,755,703.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,011,624.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 334,978.				
	h Total. Add lines 1a-1f			55,767,327.			
Program Service Revenue	2 a PHARMACY REVENUE, NET	Business Code	621999	1460409968.	1460409968		
	b PROGRAM OPERATIONS AFFILIATES, NET		621999	534705317.	534705317.		
	c PREMIUMS EARNED - POSITIVE HC		621400	61,722,005.	61722005.		
	d NET PATIENT SERVICE REVENUE		621400	15,102,150.	15102150.		
	e LOW-INCOME HOUSING		624220	10,622,268.	10622268.		
	f All other program service revenue		621999	32,163,930.	32163930.		
	g Total. Add lines 2a-2f			2114725638.			
	3 Investment income (including dividends, interest, and other similar amounts)			10,801,626.			10801626.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross rents	6a	(i) Real 3,423,875.				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	3,423,875.				
	d Net rental income or (loss)			3,423,875.			3423875.
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities 101,141,293.	(ii) Other 200094070			
	b Less: cost or other basis and sales expenses	7b	95,273,867.	197508680			
	c Gain or (loss)	7c	5,867,426.	2585390.			
	d Net gain or (loss)			8,452,816.			8452816.
	8 a 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						
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	10a		16,911,300.			
b Less: cost of goods sold	10b		16,300,090.				
c Net income or (loss) from sales of inventory			611,210.			611,210.	
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			2193782492.	2114725638	0.	23289527.

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,205,722.	16,205,722.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,498,897.	1,498,897.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,748,472.	6,293,407.	385,391.	69,674.
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	251,212,299.	234,272,184.	14,355,063.	2,585,052.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,345,309.	6,850,462.	404,636.	90,211.
9 Other employee benefits	36,382,934.	34,110,794.	1,895,096.	377,044.
10 Payroll taxes	17,992,102.	16,707,477.	1,086,183.	198,442.
11 Fees for services (nonemployees):				
a Management				
b Legal	5,981,187.	733,338.	5,247,849.	
c Accounting	3,169,756.	2,943,705.	226,051.	
d Lobbying	55,766,847.	55,766,847.		
e Professional fundraising services. See Part IV, line 17	1,248,303.			1,248,303.
f Investment management fees	467,503.		467,503.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	44,289,448.	41,955,205.	1,453,008.	881,235.
12 Advertising and promotion	17,526,112.	17,268,938.	16,037.	241,137.
13 Office expenses	17,270,578.	16,063,307.	1,175,688.	31,583.
14 Information technology	23,496,082.	20,778,354.	2,642,214.	75,514.
15 Royalties				
16 Occupancy	47,280,302.	33,453,156.	13,721,456.	105,690.
17 Travel	10,249,590.	9,313,961.	790,857.	144,772.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	978,593.	955,226.	23,367.	
20 Interest	2,815,215.	2,059,331.	755,884.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,125,108.	17,436,193.	3,682,774.	6,141.
23 Insurance	6,670,964.	5,141,979.	1,520,602.	8,383.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses 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	1374692130.	1374692130.		
b MEDICAL SUPPLIES	59,516,711.	59,516,711.		
c LABORATORY EXPENSES	20,830,705.	20,830,705.		
d AIDS WALKS/ORG. EVENTS	11,248,301.	11,033,442.	214,859.	0.
e All other expenses	27,329,483.	24,685,923.	2,634,482.	9,078.
25 Total functional expenses. Add lines 1 through 24e	2089338653.	2030567394.	52,699,000.	6,072,259.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck 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	65,024,117.	2	55,594,781.
	3 Pledges and grants receivable, net	24,772,899.	3	26,346,664.
	4 Accounts receivable, net	150,631,664.	4	185,493,943.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	205,000,000.
	8 Inventories for sale or use	102,846,054.	8	105,450,231.
	9 Prepaid expenses and deferred charges	23,824,025.	9	16,771,211.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 632,737,375.		
	b Less: accumulated depreciation	10b 129,603,700.		
	11 Investments - publicly traded securities	614,088,876.	10c	503,133,675.
	12 Investments - other securities. See Part IV, line 11	325,627,724.	11	359,154,960.
	13 Investments - program-related. See Part IV, line 11	24,565,127.	12	26,233,033.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	31,726,004.	14	21,405,002.
16 Total assets. Add lines 1 through 15 (must equal line 33)	72,894,278.	15	109,102,918.	
	1436000768.	16	1613686418.	
Liabilities	17 Accounts payable and accrued expenses	140,380,555.	17	150,740,773.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	53,140,694.	23	50,522,752.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	93,837,301.	25	102,384,252.
	26 Total liabilities. Add lines 17 through 25	287,358,550.	26	303,647,777.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1148296257.	27	1309641292.
	28 Net assets with donor restrictions	345,961.	28	397,349.
	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	1148642218.	32	1310038641.
	33 Total liabilities and net assets/fund balances	1436000768.	33	1613686418.

Form 990 (2024)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,193,782,492.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,089,338,653.
3	Revenue less expenses. Subtract line 2 from line 1	3	104,443,839.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,148,642,218.
5	Net unrealized gains (losses) on investments	5	25,307,210.
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	31,645,374.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,310,038,641.

Part XII Financial Statements and ReportingCheck 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? _____ 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	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ 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	2b	X
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
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

Form 990 (2024)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	38257295.	42666894.	77598268.	52140956.	55767327.	266430740
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	1580100495.	1768911018.	1970619920.	2225214266.	2114725638.	9659571337.
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	1618357790.	1811577912.	2048218188.	2277355222.	2170492965.	9926002077.
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.)						9926002077.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	1618357790.	1811577912.	2048218188.	2277355222.	2170492965.	9926002077.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2191786.	3758906.	7239417.	15283654.	14225501.	42699264.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2191786.	3758906.	7239417.	15283654.	14225501.	42699264.
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.)	9638454.	16159519.	16684096.	16737798.	16911300.	76131167.
13 Total support. (Add lines 9, 10c, 11, and 12.)	1630188030.	1831496337.	2072141701.	2309376674.	2201629766.	10044832508.

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 2024 (line 8, column (f), divided by line 13, column (f))	15	98.82 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	98.85 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	.43 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	.37 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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).			
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.	Yes	No	
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 (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 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).			

Schedule A (Form 990) 2024

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 - <i>provide details in Part VI</i>)	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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Schedule A (Form 990) 2024

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:**GROSS SALES OF INVENTORY**

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

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

2024

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

AIDS HEALTHCARE FOUNDATION

Employer identification number (EIN)

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 EINs 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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2024

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.			
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:		
not over \$500,000	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		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		55,766,847.
j Total. Add lines 1c through 1i			55,766,847.
2a Did the activities in line 1 cause the organization to not be 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)

(Rev. December 2024)

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

**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 on line 2a	2c
d Number of conservation easements included on line 2c 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 2d 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 \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 d ☐ Loan or exchange program
b ☐ Scholarly research e ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

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

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

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

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

- (i) Unrelated organizations? _____
(ii) Related organizations? _____

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

	Yes	No
3a(i)		
3a(ii)		
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		166,533,973.		166,533,973.
b Buildings		258,803,815.	36,124,663.	222,679,152.
c Leasehold improvements		33,298,340.	24,981,000.	8,317,340.
d Equipment		56,088,781.	38,146,244.	17,942,537.
e Other		118,012,466.	30,351,793.	87,660,673.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				503,133,675.

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CLAIMS PAYABLE	4,637,711.
(3) UNEARNED PREMIUMS	17,493,305.
(4) OPERATING LEASE LIABILITY	80,253,236.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	102,384,252.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) (Rev. 12-2024)

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	2663453065.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	25,307,210.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1009218649.
e	Add lines 2a through 2d	2e	1034525859.
3	Subtract line 2e from line 1	3	1628927206.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	467,503.
b	Other (Describe in Part XIII.)	4b	564,387,783.
c	Add lines 4a and 4b	4c	564,855,286.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2193782492.

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	2502056642.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	442,867,958.
e	Add lines 2a through 2d	2e	442,867,958.
3	Subtract line 2e from line 1	3	2059188684.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	467,503.
b	Other (Describe in Part XIII.)	4b	29,682,466.
c	Add lines 4a and 4b	4c	30,149,969.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2089338653.

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.

U.S. GAAP PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT REQUIRES THAT AN ORGANIZATION RECOGNIZE IN THE FINANCIAL STATEMENTS THE IMPACT OF THE TAX POSITION IF THAT POSITION WILL MORE LIKELY THAN NOT BE SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023, THE FOUNDATION HAD NO MATERIAL UNRECOGNIZED TAX BENEFITS OR TAX PENALTIES OR INTEREST.

THE FOUNDATION'S FEDERAL AND STATE INCOME TAX RETURNS FOR THE YEARS 2020 THROUGH 2024 ARE SUBJECT TO EXAMINATION BY REGULATORY AGENCIES. TAX RETURNS ARE SUBJECT TO EXAMINATION GENERALLY FOR THREE AND FOUR YEARS AFTER THEY WERE FILED FOR FEDERAL AND STATE, RESPECTIVELY.

**SCHEDULE F
(Form 990)**(Rev. December 2024)
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

**Open to Public
Inspection**

Name of the organization

Employer identification number

AIDS HEALTHCARE FOUNDATION**95-4112121****Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No****2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.**3 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,	73	166	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	8,425,970.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	51	114	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	9,990,643.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	6	16	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	1,504,726.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	4,640,925.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	50	167	PROGRAM SERVICES	HEALTH CARE FOR HIV PATIENTS	4,578,695.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	113	188	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	11,924,172.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	173	179	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	3,584,179.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	450	2169	PROGRAM SERVICES	HEALTH CARE FOR HIV PATIENTS	53,393,148.
3 a Subtotal	916	2999			98,042,458.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	916	2999			98,042,458.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) (Rev. 12-2024)

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)
		ARGENTINA, SOUTH AMERICA	THE PROGRAM AIMS TO CREATE A SURVEY TOOL FOR ALL INMATES IN PENITENTIARY UNIT NO.	20,000.	WIRE TRANSFER	0.		BOOK
		BAHAMAS, LATAM/CAR	THE FUNDED PROGRAM INCLUDES YOUTH EDUCATION SESSIONS, COMMUNITY OUTREACH,	15,000.	WIRE TRANSFER	0.		BOOK
		CAMBODIA, ASIA	THE PROJECT WILL TEACH FAMILIES OF AIDS PATIENTS AGRICULTURAL SKILLS	14,500.	WIRE TRANSFER	0.		BOOK
		CAMBODIA, ASIA	TO PROVIDE A SUPPORTIVE ENVIRONMENT FOR PARENTS ADDRESSING	8,800.	WIRE TRANSFER	0.		BOOK
		CYPRUS, EUROPE	THE PROJECT WILL EXTEND POP UP HIV/STI TESTING OPERATIONS FOR ANOTHER YEAR AND	25,575.	WIRE TRANSFER	0.		BOOK
		DOMINICAN REPUBLIC, LATAM/CAR	THE PROGRAM AIMS TO IMPROVE HIV TREATMENT ADHERENCE AND SERVICE RETENTION TO HELP	35,000.	WIRE TRANSFER	0.		BOOK
		DOMINICAN REPUBLIC, LATAM/CAR	THE PROGRAM WILL USE EDUCATIONAL SPACES TO PROMOTE HIV TESTING AND PREP REFERRALS.	18,000.	WIRE TRANSFER	0.		BOOK
		ESWATINI, AFRICA	THE YOUTH PROGRAM TARGETS PEOPLE BETWEEN THE AGES OF 15-24 YEARS WITH HIV	10,000.	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

88

3 Enter total number of other organizations or entities

0

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) (Rev. 12-2024)

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)
		ESWATINI, AFRICA	SEEKING TO BUILD CAPACITY OF KEY COMMUNITY ACTORS TO USE THEIR INFLUENCE	10,000.	WIRE TRANSFER	0.		BOOK
		ETHIOPIA, AFRICA	KYRHDS PROJECT FOCUSES ON PREVENTING NEW HIV INFECTIONS AMONG ADOLESCENTS,	15,000.	WIRE TRANSFER	0.		BOOK
		ETHIOPIA, AFRICA	CONTRIBUTE TO GOVERNMENT EFFORTS IN THE PREVENTION OF NEW HIV & STI	12,000.	WIRE TRANSFER	0.		BOOK
		ETHIOPIA, AFRICA	THE PURPOSE OF THE PROGRAMS WILL BE TO ENABLE THE TARGET GROUPS ON HIV	10,800.	WIRE TRANSFER	0.		BOOK
		ETHIOPIA, AFRICA	FOCUS ON ADDRESSING POLICY GAPS IN HIV/AIDS PREVENTION AND CARE.	10,000.	WIRE TRANSFER	0.		BOOK
		ETHIOPIA, AFRICA	THE PROGRAM TARGETS KEY AND VULNERABLE POPULATIONS FOR TB SCREENING, TREATMENT	15,000.	WIRE TRANSFER	0.		BOOK
		ETHIOPIA, AFRICA	ASK US WILL PREVENT NEW HIV INFECTIONS AMONG ADOLESCENTS AND YOUTH THROUGH	15,000.	WIRE TRANSFER	0.		BOOK
		ETHIOPIA, AFRICA	ISHDO WILL EXPAND AWARENESS AND DEMAND CREATION ACTIVITIES TO INCREASE HIV	17,262.	WIRE TRANSFER	0.		BOOK
		ETHIOPIA, AFRICA	AHOPE ETHIOPIA WILL PARTNER WITH SCHOOLS TO DELIVER YOUTH-FRIENDLY SEXUAL	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)
		INDONESIA, ASIA	BANDUNGWANGI PLANS TO OFFER COOPERATION WITH AHF INDONESIA IN A PREVENTION PROGRAM	16,700.	WIRE TRANSFER	0.		BOOK
		INDONESIA, ASIA	THE PROPOSED PROGRAM INCLUDES TRAINING HEALTH AND COMMUNITY WORKERS TO MENTOR	16,231.	WIRE TRANSFER	0.		BOOK
		INDONESIA, ASIA	YKBS PROJECT WILL PREVENT NEW HIV AND STI INFECTIONS AMONG INTERCITY BUS AND	17,166.	WIRE TRANSFER	0.		BOOK
		INDONESIA, ASIA	LEKAS WILL IMPLEMENT WORKSHOPS AND COORDINATED HEALTH INITIATIVES INVOLVING	14,738.	WIRE TRANSFER	0.		BOOK
		KENYA, AFRICA	THE FLORICS CLUB INITIATIVE, FOUNDED BY YOUTH IN HIV CARE, USES HEALTH	7,112.	WIRE TRANSFER	0.		BOOK
		KENYA, AFRICA	RWFAGS PROJECT IN HOMABAY COUNTY WILL EMPOWER ADOLESCENT GIRLS AND WOMEN	8,000.	WIRE TRANSFER	0.		BOOK
		KENYA, AFRICA	THE GOAL OF THE PROGRAM IS TO REDUCE THE INCIDENCE OF HIV PRIMARILY AMONG AGYW	19,475.	WIRE TRANSFER	0.		BOOK
		KENYA, AFRICA	THE PROJECT WILL ENGAGE PEOPLE LIVING WITH HIV (PLHIV) IN KOKWANYO KAKILO AND	25,015.	WIRE TRANSFER	0.		BOOK
		KENYA, AFRICA	AYARHEPS PROGRAM FOCUSES ON HIV AND STI PREVENTION AMONG ADOLESCENTS AND YOUNG	25,000.	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)
		KENYA, AFRICA	THE PROJECT TARGETS ADOLESCENT GIRLS AND TEENAGE MOTHERS AGED 14-24 TO REDUCE THEIR	15,000.	WIRE TRANSFER	0.		BOOK
		KENYA, AFRICA	BISCS PROGRAM WILL USE SUSTAINABLE URBAN FARMING TO EMPOWER YOUTH AND TEENAGE	13,655.	WIRE TRANSFER	0.		BOOK
		KENYA, AFRICA	SCR KENYAS PROGRAM TARGETS HIV/AIDS AWARENESS, SUSTAINABLE	11,047.	WIRE TRANSFER	0.		BOOK
		LAOS, ASIA	APL+ WILL RUN CAMPAIGNS TO REDUCE HIV STIGMA, RAISE COMMUNITY AWARENESS	10,000.	WIRE TRANSFER	0.		BOOK
		LESOTHO, AFRICA	THIS PROGRAM AIMS TO EXPAND HIV PREVENTION AND TREATMENT ACCESS FOR PEOPLE WITH	18,000.	WIRE TRANSFER	0.		BOOK
		LESOTHO, AFRICA	IN AN EFFORT TO PROTECT THE RIGHTS OF KEY POPULATIONS, KAPAL IS PROPOSING A	24,979.	WIRE TRANSFER	0.		BOOK
		LESOTHO, AFRICA	CRROA WILL IMPLEMENT HEALTH INTERVENTIONS FOR INMATES AND EX-INMATES TO EXPAND	15,000.	WIRE TRANSFER	0.		BOOK
		MALAWI, AFRICA	TO PROMOTE DRUG ADHERENCE AMONG THOSE TESTED HIV POSITIVE AND RECEIVING	10,000.	WIRE TRANSFER	0.		BOOK
		MALAWI, AFRICA	IMPLEMENTING HIV/AIDS PROGRAMS FOCUSING ON PREVENTION OF NEW HIV, STI AND TB	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)
		MALAWI, AFRICA	THE PROGRAM WILL STRENGTHEN EARLY TB DETECTION THROUGH ACTIVE CASE FINDING	25,000.	WIRE TRANSFER	0.		BOOK
		MALAWI, AFRICA	THE MACRO PROGRAM WILL EXPAND HIV TESTING IN AHF-SUPPORTED	15,000.	WIRE TRANSFER	0.		BOOK
		MEXICO, LATAM/CAR	THE PROPOSED PROJECT INCLUDES A SERIES OF PROFESSIONAL INTERVENTIONS TO	11,999.	WIRE TRANSFER	0.		BOOK
		MEXICO, LATAM/CAR	THE PROGRAM PROMOTES EQUITABLE ACCESS TO HEALTHCARE FOR VULNERABLE CHILDREN,	20,000.	WIRE TRANSFER	0.		BOOK
		MEXICO, LATAM/CAR	THE PEER MENTORING PROGRAM WILL SEE EXPERIENCED INDIVIDUALS WHO HAVE	10,000.	WIRE TRANSFER	0.		BOOK
		MEXICO, LATAM/CAR	EUNIME POR TIJUANA A.C. WILL BUILD NEW FACILITIES TO EXPAND ITS HOME FOR CHILDREN	15,000.	WIRE TRANSFER	0.		BOOK
		MOZAMBIQUE, AFRICA	TO RECRUIT ADOLESCENT PEER SUPPORTERS AND ACTIVISTS TO MOBILIZE AND RUN COMMUNITY	14,000.	WIRE TRANSFER	0.		BOOK
		MOZAMBIQUE, AFRICA	ODEC WILL LEAD COMMUNITY-BASED HIV TESTING AND RETENTION EFFORTS THROUGH	28,500.	WIRE TRANSFER	0.		BOOK
		MOZAMBIQUE, AFRICA	THE GAZA PRISON PROJECT IN MOZAMBIQUE WILL EXPAND TB AND HIV SCREENING FOR 700	29,500.	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)
		MOZAMBIQUE, AFRICA	AJOPEMS PROGRAM WILL STRENGTHEN COMMUNITY HIV EPIDEMIC CONTROL THROUGH	10,000.	WIRE TRANSFER	0.		BOOK
		NEPAL, ASIA	ASTHA SAMUHAS PROGRAM AIMS TO FILL SERVICE GAPS BY STRENGTHENING AWARENESS, CARE, AND	16,281.	WIRE TRANSFER	0.		BOOK
		NEPAL, ASIA	NAP+NS PROJECT WILL TRAIN PLHIV CHAMPIONS TO ADVOCATE FOR BUDGET ALLOCATIONS	39,906.	WIRE TRANSFER	0.		BOOK
		NETHERLANDS, EUROPE	THE PROJECT GOALS INCLUDE TO DRAW BACK THE ATTENTION TO HIV AND GIVE A VOICE TO	18,000.	WIRE TRANSFER	0.		BOOK
		NETHERLANDS, EUROPE	THE PROGRAM EMPOWERS MEN LIVING WITH HIV (MLHIV) THROUGH TRAINING, PEER	45,000.	WIRE TRANSFER	0.		BOOK
		NIGERIA, AFRICA	THE PROPOSED PROGRAM AIMS TO INCREASE ACCESS TO AND IMPROVE MENTAL HEALTH	19,999.	WIRE TRANSFER	0.		BOOK
		NIGERIA, AFRICA	THE PROJECT AIMS AT GETTING THE PROPOSED KOGI STATE ANTI-STIGMATIZATION	8,000.	WIRE TRANSFER	0.		BOOK
		NIGERIA, AFRICA	TO PROVIDE HIV, SEXUAL AND REPRODUCTIVE HEALTH (SRH) SERVICES TO	9,718.	WIRE TRANSFER	0.		BOOK
		NIGERIA, AFRICA	THE PROGRAM WILL COMBAT GENDER-BASED VIOLENCE (GBV) THROUGH COMMUNITY	20,000.	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)
		PANAMA, LATAM/CAR	THE PROGRAM WILL BRING TOGETHER TRANS AND LGBTIQ INDIVIDUALS FROM SIX	11,095.	WIRE TRANSFER	0.		BOOK
		PERU, SOUTH AMERICA	THE PROGRAM WILL CONTRIBUTE TO THE EMPOWERMENT AND LEADERSHIP OF TRANS	15,000.	WIRE TRANSFER	0.		BOOK
		POLAND, EUROPE	THE BUDDY POLAND PROGRAM WILL BUILD A NETWORK OF 20 MSM PEER SUPPORTERS TO	30,000.	WIRE TRANSFER	0.		BOOK
		PORTUGAL, EUROPE	TO PROVIDE TESTING, TREATMENT, SUPPORT AND WORK OPPORTUNITIES FOR	46,242.	WIRE TRANSFER	0.		BOOK
		RWANDA, AFRICA	THE ECONOMIC EMPOWERMENT PROJECT AIMS TO ADDRESS THE ECONOMIC DISPARITIES	12,000.	WIRE TRANSFER	0.		BOOK
		RWANDA, AFRICA	THE PROJECT AIMS TO REDUCE NEW HIV/STI INFECTIONS AND UNINTENDED	14,000.	WIRE TRANSFER	0.		BOOK
		RWANDA, AFRICA	LWD'S HEALTHCARE CYCLING PROJECT WILL CREATE SAFE SPACES FOR VULNERABLE YOUTH	15,000.	WIRE TRANSFER	0.		BOOK
		RWANDA, AFRICA	THE PROJECT AIMS TO REDUCE NEW HIV/STI INFECTIONS AND UNINTENDED	20,000.	WIRE TRANSFER	0.		BOOK
		RWANDA, AFRICA	THE PROJECT WILL STRENGTHEN 121 COMMUNITY PEER EDUCATORS WORKING	24,517.	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)
		RWANDA, AFRICA	EMPOWER RWANDA'S PROJECT SUPPORTS VULNERABLE YOUNG WOMEN AND TEEN	12,000.	WIRE TRANSFER	0.		BOOK
		SIERRA LEONE, AFRICA	TO IMPLEMENT A TREATMENT LITERACY INTERVENTION PROGRAM TO COMPLEMENT OTHER	7,999.	WIRE TRANSFER	0.		BOOK
		SIERRA LEONE, AFRICA	THE PROPOSED PROGRAM WOULD PROVIDE EDUCATION AND ACCESS TO TESTING AND	7,200.	WIRE TRANSFER	0.		BOOK
		SOUTH AFRICA, AFRICA	THE LEADERS OF TOMORROW (LOT) PROGRAM SUPPORTS YOUTH AGED 13-17	20,000.	WIRE TRANSFER	0.		BOOK
		SOUTH AFRICA, AFRICA	PROVIDES COMMUNITY OUTREACH AND AWARENESS PROGRAMS, HIV COUNSELING AND	8,906.	WIRE TRANSFER	0.		BOOK
		SOUTH AFRICA, AFRICA	HIV SERVICES WITH AN EMPHASIS ON PREVENTION METHODS AND SUPPORT GROUPS	7,797.	WIRE TRANSFER	0.		BOOK
		SOUTH AFRICA, AFRICA	THE YOUTH TEST TO TREAT (Y-TTT) PROJECT IN NDOLA WILL PROVIDE AGE-APPROPRIATE HIV	20,000.	WIRE TRANSFER	0.		BOOK
		SOUTH AFRICA, AFRICA	THE SUSTAINABLE APPROACH TO GBV HIV/AIDS AND TB AIMS TO WORK	9,000.	WIRE TRANSFER	0.		BOOK
		SOUTH AFRICA, AFRICA	GROCERY DISTRIBUTION IN THE COMMUNITY OF WENTWORTH AND MARIANNRIDGE.	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)
		SURINAME, SOUTH AMERICA	THIS PROJECT WILL FOCUS ON MSM AND TRANS PERSONS LIVING IN THE 4 DISTRICTS	20,000.	WIRE TRANSFER	0.		BOOK
		THAILAND, ASIA	YOUTH LEAD WILL DEVELOP THE ASIA PACIFIC REGIONAL STRATEGIC PLAN FOR	20,000.	WIRE TRANSFER	0.		BOOK
		THAILAND, ASIA	THE PROJECT WILL CONDUCT A SITUATIONAL ANALYSIS AND LEGAL REVIEW TO IMPROVE HIV	12,999.	WIRE TRANSFER	0.		BOOK
		UGANDA, AFRICA	THE PROJECT WILL EMPOWER YOUTH AND ORPHANS/VULNERABLE CHILDREN (OVC) BY	24,990.	WIRE TRANSFER	0.		BOOK
		UGANDA, AFRICA	THIS PROJECT IS DESIGNED TO PREVENT NEW HIV/STI INFECTIONS AND	15,000.	WIRE TRANSFER	0.		BOOK
		UKRAINE, EUROPE	THE PROJECT WILL EXPAND HIV TESTING COVERAGE AMONG VULNERABLE GROUPS BY	30,000.	WIRE TRANSFER	0.		BOOK
		UKRAINE, EUROPE	THE PROGRAM BY TEENERGIZER WILL PROVIDE PEER-TO-PEER PSYCHOLOGICAL	27,000.	WIRE TRANSFER	0.		BOOK
		UNITED KINGDOM, GREAT BRITAIN	THE HARM REDUCTION CIRCLE SYRINGE SERVICES PROGRAM IS A COMPREHENSIVE,	40,000.	WIRE TRANSFER	0.		BOOK
		ZAMBIA, AFRICA	TO IMPLEMENT COMMUNITY-BASED HIV PREVENTITIVE PROGRAMS TO REDUCE NEW HIV,	9,995.	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)
		ZAMBIA, AFRICA	THE SMART & HIV FREE ADOLESCENTS PROJECT ENTAILS YOUNG PEOPLE TO BE SMART BY	10,400.	WIRE TRANSFER	0.		BOOK
		ZAMBIA, AFRICA	ADDRESSING THE NEEDS OF CHILDREN AND ADOLESCENTS AFFECTED BY HIV/AIDS	9,800.	WIRE TRANSFER	0.		BOOK
		ZAMBIA, AFRICA	THIS PROJECT WILL PROMOTE THE UPTAKE OF HIV PREVENTION, TESTING, AND HEALTH	10,000.	WIRE TRANSFER	0.		BOOK
		ZAMBIA, AFRICA	TALC INTENDS TO IMPLEMENT THREE INTERVENTIONS AIMED AT IMPROVING	20,000.	WIRE TRANSFER	0.		BOOK
		ZIMBABWE, AFRICA	THE PROJECT WILL SCALE UP INDEX CASE TESTING TO IDENTIFY AND LINK HIV-POSITIVE	9,999.	WIRE TRANSFER	0.		BOOK
		ZIMBABWE, AFRICA	ZNNP+ WILL IMPLEMENT STIGMA AND DISCRIMINATION REDUCTION INITIATIVES	25,000.	WIRE TRANSFER	0.		BOOK
		ZIMBABWE, AFRICA	THE CHATS MODEL WILL IDENTIFY AND SUPPORT ADOLESCENTS, PREGNANT, AND	15,000.	WIRE TRANSFER	0.		BOOK

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) (Rev. 12-2024)

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: ARGENTINA, SOUTH AMERICA

(D) PURPOSE OF GRANT: THE PROGRAM AIMS TO CREATE A SURVEY TOOL FOR ALL INMATES IN PENITENTIARY UNIT NO. 39 TO ENABLE EARLY DETECTION AND TREATMENT OF TUBERCULOSIS (TB).

REGION: BAHAMAS, LATAM/CAR

(D) PURPOSE OF GRANT: THE FUNDED PROGRAM INCLUDES YOUTH EDUCATION SESSIONS, COMMUNITY OUTREACH, AND AWARENESS CAMPAIGNS TARGETING VULNERABLE POPULATIONS.

REGION: CAMBODIA, ASIA

(D) PURPOSE OF GRANT: THE PROJECT WILL TEACH FAMILIES OF AIDS PATIENTS AGRICULTURAL SKILLS LIKE VEGETABLE GROWING, POULTRY, AND FISH FARMING.

REGION: CAMBODIA, ASIA

(D) PURPOSE OF GRANT: TO PROVIDE A SUPPORTIVE ENVIRONMENT FOR PARENTS ADDRESSING CHALLENGES IN THE HEALTH NEEDS OF THEIR FAMILIES.

REGION: CYPRUS, EUROPE

(D) PURPOSE OF GRANT: THE PROJECT WILL EXTEND POP UP HIV/STI TESTING OPERATIONS FOR ANOTHER YEAR AND WILL STRENGTHEN CARE CONTINUITY FOR PEOPLE LIVING WITH HIV.

REGION: DOMINICAN REPUBLIC, LATAM/CAR

(D) PURPOSE OF GRANT: THE PROGRAM AIMS TO IMPROVE HIV TREATMENT ADHERENCE AND SERVICE RETENTION TO HELP PATIENTS ACHIEVE VIRAL SUPPRESSION.

REGION: ESWATINI, AFRICA

(D) PURPOSE OF GRANT: THE YOUTH PROGRAM TARGETS PEOPLE BETWEEN THE AGES OF 15-24 YEARS WITH HIV PREVENTION ACTIVITIES.

REGION: ESWATINI, AFRICA

(D) PURPOSE OF GRANT: SEEKING TO BUILD CAPACITY OF KEY COMMUNITY ACTORS TO USE THEIR INFLUENCE AND VOICES TO ADVANCE THE HIV PREVENTION AGENDA.

REGION: ETHIOPIA, AFRICA

(D) PURPOSE OF GRANT: KYRHDS PROJECT FOCUSES ON PREVENTING NEW HIV INFECTIONS AMONG ADOLESCENTS, YOUTH, DESTITUTE WOMEN, AND SURVIVORS OF GENDER-BASED VIOLENCE.

REGION: ETHIOPIA, AFRICA

(D) PURPOSE OF GRANT: CONTRIBUTE TO GOVERNMENT EFFORTS IN THE PREVENTION OF NEW HIV & STI TRANSMISSION ACROSS VULNERABLE POPULATIONS.

REGION: ETHIOPIA, 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: THE PURPOSE OF THE PROGRAMS WILL BE TO ENABLE THE TARGET GROUPS ON HIV TRANSMISSION AND PREVENTION PACKAGES, SERVICE AVAILABILITY, GENDER-BASED VIOLENCE AND COPING MECHANISMS.

REGION: ETHIOPIA, AFRICA

(D) PURPOSE OF GRANT: THE PROGRAM TARGETS KEY AND VULNERABLE POPULATIONS FOR TB SCREENING, TREATMENT LINKAGE, AND ADHERENCE SUPPORT USING MODERN TOOLS.

REGION: ETHIOPIA, AFRICA

(D) PURPOSE OF GRANT: ASK US WILL PREVENT NEW HIV INFECTIONS AMONG ADOLESCENTS AND YOUTH THROUGH AWARENESS CAMPAIGNS, THEATER-BASED EDUCATION, CONDOM PROMOTION, AND SCHOOL PROGRAMS.

REGION: ETHIOPIA, AFRICA

(D) PURPOSE OF GRANT: ISHDO WILL EXPAND AWARENESS AND DEMAND CREATION ACTIVITIES TO INCREASE HIV TESTING UPTAKE, FOCUSING ON PEER-LED OUTREACH AND COUNSELING FOR KEY AND PRIORITY POPULATIONS.

REGION: ETHIOPIA, AFRICA

(D) PURPOSE OF GRANT: AHOPE ETHIOPIA WILL PARTNER WITH SCHOOLS TO DELIVER YOUTH-FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH (SRH) EDUCATION.

REGION: INDONESIA, ASIA

(D) PURPOSE OF GRANT: BANDUNGWANGI PLANS TO OFFER COOPERATION WITH AHF INDONESIA IN A PREVENTION PROGRAM THROUGH ASSISTANCE AND STRENGTHENING FOR COMMUNITIES OF WOMEN AND CHILDREN.

REGION: INDONESIA, ASIA

(D) PURPOSE OF GRANT: THE PROPOSED PROGRAM INCLUDES TRAINING HEALTH AND COMMUNITY WORKERS TO MENTOR PEOPLE LIVING WITH HIV (PLHIV), CONDUCTING MEETINGS, HOME VISITS, AND PARTNER NOTIFICATIONS.

REGION: INDONESIA, ASIA

(D) PURPOSE OF GRANT: YKBS PROJECT WILL PREVENT NEW HIV AND STI INFECTIONS AMONG INTERCITY BUS AND TRUCK CREWS IN JAKARTA.

REGION: INDONESIA, ASIA

(D) PURPOSE OF GRANT: LEKAS WILL IMPLEMENT WORKSHOPS AND COORDINATED HEALTH INITIATIVES INVOLVING LOCAL GOVERNMENT AND STAKEHOLDERS TO STRENGTHEN HIV PROGRAMS FOR PREGNANT WOMEN AND HRM GROUPS.

REGION: KENYA, AFRICA

(D) PURPOSE OF GRANT: THE FLORICS CLUB INITIATIVE, FOUNDED BY YOUTH IN HIV CARE, USES HEALTH EDUCATION, DANCE, AND ENTERTAINMENT TO COMBAT STIGMA AND DISCRIMINATION.

REGION: KENYA, AFRICA

(D) PURPOSE OF GRANT: RWFAGS PROJECT IN HOMABAY COUNTY WILL EMPOWER ADOLESCENT GIRLS AND WOMEN LIVING WITH HIV THROUGH PREVENTION, SRHR EDUCATION, AND ECONOMIC STRENGTHENING.

REGION: KENYA, AFRICA

(D) PURPOSE OF GRANT: THE GOAL OF THE PROGRAM IS TO REDUCE THE INCIDENCE

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.

OF HIV PRIMARILY AMONG AGYW AND MALE ADOLESCENTS AS WELL AS AT-RISK POPULATIONS.

REGION: KENYA, AFRICA

(D) PURPOSE OF GRANT: THE PROJECT WILL ENGAGE PEOPLE LIVING WITH HIV (PLHIV) IN KOKWANYO KAKELO AND KOJWACH THROUGH COMMUNITY LITERACY PROGRAMS.

REGION: KENYA, AFRICA

(D) PURPOSE OF GRANT: AYARHEPS PROGRAM FOCUSES ON HIV AND STI PREVENTION AMONG ADOLESCENTS AND YOUNG PEOPLE.

REGION: KENYA, AFRICA

(D) PURPOSE OF GRANT: THE PROJECT TARGETS ADOLESCENT GIRLS AND TEENAGE MOTHERS AGED 14-24 TO REDUCE THEIR VULNERABILITY TO HIV, EARLY PREGNANCY, AND GENDER-BASED VIOLENCE.

REGION: KENYA, AFRICA

(D) PURPOSE OF GRANT: BISCS PROGRAM WILL USE SUSTAINABLE URBAN FARMING TO EMPOWER YOUTH AND TEENAGE MOTHERS.

REGION: KENYA, AFRICA

(D) PURPOSE OF GRANT: SCR KENYAS PROGRAM TARGETS HIV/AIDS AWARENESS, SUSTAINABLE AGRICULTURE, ECONOMIC EMPOWERMENT, AND HYGIENE IMPROVEMENT IN KWALE AND KILIFI COUNTIES.

REGION: LAOS, ASIA

(D) PURPOSE OF GRANT: APL+ WILL RUN CAMPAIGNS TO REDUCE HIV STIGMA, RAISE COMMUNITY AWARENESS ON HIV/AIDS AND STIS, AND ENCOURAGE TESTING AMONG YOUTH, WOMEN, AND MSM.

REGION: LESOTHO, AFRICA

(D) PURPOSE OF GRANT: THIS PROGRAM AIMS TO EXPAND HIV PREVENTION AND TREATMENT ACCESS FOR PEOPLE WITH DISABILITIES IN LESOTHO.

REGION: LESOTHO, AFRICA

(D) PURPOSE OF GRANT: IN AN EFFORT TO PROTECT THE RIGHTS OF KEY POPULATIONS, KAPAL IS PROPOSING A SERIES OF DIALOGUES AND A SAFE SPACE PLATFORM.

REGION: LESOTHO, AFRICA

(D) PURPOSE OF GRANT: CRROA WILL IMPLEMENT HEALTH INTERVENTIONS FOR INMATES AND EX-INMATES TO EXPAND ACCESS TO HIV/AIDS, TB, AND HEALTHCARE SERVICES.

REGION: MALAWI, AFRICA

(D) PURPOSE OF GRANT: TO PROMOTE DRUG ADHERENCE AMONG THOSE TESTED HIV POSITIVE AND RECEIVING TREATMENT

REGION: MALAWI, AFRICA

(D) PURPOSE OF GRANT: IMPLEMENTING HIV/AIDS PROGRAMS FOCUSING ON PREVENTION OF NEW HIV, STI AND TB INFECTIONS.

REGION: MALAWI, 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: THE PROGRAM WILL STRENGTHEN EARLY TB DETECTION THROUGH ACTIVE CASE FINDING AND IMPROVED COMMUNITY FACILITY LINKAGES.

REGION: MALAWI, AFRICA

(D) PURPOSE OF GRANT: THE MACRO PROGRAM WILL EXPAND HIV TESTING IN AHF-SUPPORTED FACILITIES ACROSS FIVE MALAWI DISTRICTS.

REGION: MEXICO, LATAM/CAR

(D) PURPOSE OF GRANT: THE PROPOSED PROJECT INCLUDES A SERIES OF PROFESSIONAL INTERVENTIONS TO EDUCATE AND RAISE AWARENESS ON THE SUBJECT.

REGION: MEXICO, LATAM/CAR

(D) PURPOSE OF GRANT: THE PROGRAM PROMOTES EQUITABLE ACCESS TO HEALTHCARE FOR VULNERABLE CHILDREN, ADOLESCENTS, AND PREGNANT WOMEN LIVING WITH HIV.

REGION: MEXICO, LATAM/CAR

(D) PURPOSE OF GRANT: THE PEER MENTORING PROGRAM WILL SEE EXPERIENCED INDIVIDUALS WHO HAVE SUCCESSFULLY MANAGED THEIR HIV DIAGNOSIS BE MENTORS.

REGION: MEXICO, LATAM/CAR

(D) PURPOSE OF GRANT: EUNIME POR TIJUANA A.C. WILL BUILD NEW FACILITIES TO EXPAND ITS HOME FOR CHILDREN LIVING WITH HIV.

REGION: MOZAMBIQUE, AFRICA

(D) PURPOSE OF GRANT: TO RECRUIT ADOLESCENT PEER SUPPORTERS AND ACTIVISTS TO MOBILIZE AND RUN COMMUNITY CONVERSATIONS WITH PARENTS & CAREGIVERS ABOUT ISSUES THAT AFFECT THEIR CHILDREN.

REGION: MOZAMBIQUE, AFRICA

(D) PURPOSE OF GRANT: ODEC WILL LEAD COMMUNITY-BASED HIV TESTING AND RETENTION EFFORTS THROUGH TARGETED OUTREACH, LINKAGE TO CARE, AND SANITARY MEASURES.

REGION: MOZAMBIQUE, AFRICA

(D) PURPOSE OF GRANT: THE GAZA PRISON PROJECT IN MOZAMBIQUE WILL EXPAND TB AND HIV SCREENING FOR 700 INMATES USING ADVANCED DIAGNOSTIC TOOLS TO IMPROVE EARLY DETECTION AND REDUCE TRANSMISSION.

REGION: MOZAMBIQUE, AFRICA

(D) PURPOSE OF GRANT: AJOPEMS PROGRAM WILL STRENGTHEN COMMUNITY HIV EPIDEMIC CONTROL THROUGH EVIDENCE-BASED INTERVENTIONS, IMPROVED ACCOUNTABILITY, AND COMPREHENSIVE HIV SERVICES.

REGION: NEPAL, ASIA

(D) PURPOSE OF GRANT: ASTHA SAMUHAS PROGRAM AIMS TO FILL SERVICE GAPS BY STRENGTHENING AWARENESS, CARE, AND COMMUNITY ADVOCACY FOR PEOPLE AFFECTED BY HIV.

REGION: NEPAL, ASIA

(D) PURPOSE OF GRANT: NAP+NS PROJECT WILL TRAIN PLHIV CHAMPIONS TO ADVOCATE FOR BUDGET ALLOCATIONS SUPPORTING PEOPLE LIVING WITH HIV.

REGION: NETHERLANDS, EUROPE

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: THE PROJECT GOALS INCLUDE TO DRAW BACK THE ATTENTION TO HIV AND GIVE A VOICE TO HIV POSITIVE UKRAINIAN REFUGEES IN THE NETHERLANDS.

REGION: NETHERLANDS, EUROPE

(D) PURPOSE OF GRANT: THE PROGRAM EMPOWERS MEN LIVING WITH HIV (MLHIV) THROUGH TRAINING, PEER SUPPORT, AND COMMUNITY ENGAGEMENT.

REGION: NIGERIA, AFRICA

(D) PURPOSE OF GRANT: THE PROPOSED PROGRAM AIMS TO INCREASE ACCESS TO AND IMPROVE MENTAL HEALTH SERVICES FOR OLDER ADOLESCENTS AND YOUNG PERSONS LIVING WITH HIV IN LAGOS STATE.

REGION: NIGERIA, AFRICA

(D) PURPOSE OF GRANT: THE PROJECT AIMS AT GETTING THE PROPOSED KOGI STATE ANTI-STIGMATIZATION LAW TO PASS, WHICH PROVIDES STRUCTURAL PROTECTION AGAINST DISCRIMINATION FOR PERSONS LIVING WITH HIV/AIDS AND OTHER RELATED ISSUES.

REGION: NIGERIA, AFRICA

(D) PURPOSE OF GRANT: TO PROVIDE HIV, SEXUAL AND REPRODUCTIVE HEALTH (SRH) SERVICES TO 1200 STUDENT PARTICIPANTS.

REGION: NIGERIA, AFRICA

(D) PURPOSE OF GRANT: THE PROGRAM WILL COMBAT GENDER-BASED VIOLENCE (GBV) THROUGH COMMUNITY ENGAGEMENT, POLICY ADVOCACY, AND HEALTH WORKER TRAINING TO IMPROVE SURVIVOR CARE.

REGION: NIGERIA, AFRICA

(D) PURPOSE OF GRANT: THE PROJECT WILL CONDUCT HIV/AIDS OUTREACH AND SENSITIZATION FOR THE DEAF COMMUNITY IN THREE FCT AREA COUNCIL - SABUJA MUNICIPAL, KWALI, AND BWARI.

REGION: PANAMA, LATAM/CAR

(D) PURPOSE OF GRANT: THE PROGRAM WILL BRING TOGETHER TRANS AND LGBTIQ INDIVIDUALS FROM SIX PROVINCES IN PANAMA TO TRAIN 12 LEADERS IN PEER EDUCATION METHODS.

REGION: PERU, SOUTH AMERICA

(D) PURPOSE OF GRANT: THE PROGRAM WILL CONTRIBUTE TO THE EMPOWERMENT AND LEADERSHIP OF TRANS WOMEN.

REGION: POLAND, EUROPE

(D) PURPOSE OF GRANT: THE BUDDY POLAND PROGRAM WILL BUILD A NETWORK OF 20 MSM PEER SUPPORTERS TO ASSIST NEWLY DIAGNOSED INDIVIDUALS WITH HIV.

REGION: PORTUGAL, EUROPE

(D) PURPOSE OF GRANT: TO PROVIDE TESTING, TREATMENT, SUPPORT AND WORK OPPORTUNITIES FOR THOSE AFFECTED BY THE WAR IN UKRAINE, SEEKING TEMPORARY PROTECTION IN PORTUGAL.

REGION: RWANDA, AFRICA

(D) PURPOSE OF GRANT: THE ECONOMIC EMPOWERMENT PROJECT AIMS TO ADDRESS THE ECONOMIC DISPARITIES AND BARRIERS FACED BY LGBTIQ INDIVIDUALS IN

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.

RWANDA.

REGION: RWANDA, AFRICA

(D) PURPOSE OF GRANT: THE PROJECT AIMS TO REDUCE NEW HIV/STI INFECTIONS AND UNINTENDED PREGNANCIES AMONG ADOLESCENT GIRLS AND YOUNG WOMEN.

REGION: RWANDA, AFRICA

(D) PURPOSE OF GRANT: LWD'S HEALTHCARE CYCLING PROJECT WILL CREATE SAFE SPACES FOR VULNERABLE YOUTH TO OPENLY DISCUSS THEIR CHALLENGES WITHOUT FEAR OR JUDGMENT.

REGION: RWANDA, AFRICA

(D) PURPOSE OF GRANT: THE PROJECT AIMS TO REDUCE NEW HIV/STI INFECTIONS AND UNINTENDED PREGNANCIES AMONG ADOLESCENT GIRLS AND YOUNG WOMEN AGED 15-24 IN NYABIHU DISTRICT.

REGION: RWANDA, AFRICA

(D) PURPOSE OF GRANT: THE PROJECT WILL STRENGTHEN 121 COMMUNITY PEER EDUCATORS WORKING WITH FOUR HEALTH FACILITIES TO TRACE AND RE-ENGAGE PEOPLE WHO HAVE DROPPED OUT OF HIV TREATMENT.

REGION: RWANDA, AFRICA

(D) PURPOSE OF GRANT: EMPOWER RWANDA'S PROJECT SUPPORTS VULNERABLE YOUNG WOMEN AND TEEN MOTHERS IN RWAMAGANA DISTRICT.

REGION: SIERRA LEONE, AFRICA

(D) PURPOSE OF GRANT: TO IMPLEMENT A TREATMENT LITERACY INTERVENTION PROGRAM TO COMPLEMENT OTHER CLINICAL CARE PACKAGES FOR PEOPLE LIVING WITH HIV FOR BETTER HEALTH OUTCOMES.

REGION: SIERRA LEONE, AFRICA

(D) PURPOSE OF GRANT: THE PROPOSED PROGRAM WOULD PROVIDE EDUCATION AND ACCESS TO TESTING AND PREVENTION SERVICES FOR YOUNG PEOPLE.

REGION: SOUTH AFRICA, AFRICA

(D) PURPOSE OF GRANT: THE LEADERS OF TOMORROW (LOT) PROGRAM SUPPORTS YOUTH AGED 13-17 THROUGH LEADERSHIP CAMPS, MENTORSHIP, HEALTH TALKS, AND EMPOWERMENT WORKSHOPS.

REGION: SOUTH AFRICA, AFRICA

(D) PURPOSE OF GRANT: PROVIDES COMMUNITY OUTREACH AND AWARENESS PROGRAMS, HIV COUNSELING AND TESTING DRIVES, AND ACCESS TO CARE SERVICES.

REGION: SOUTH AFRICA, AFRICA

(D) PURPOSE OF GRANT: HIV SERVICES WITH AN EMPHASIS ON PREVENTION METHODS AND SUPPORT GROUPS ASSISTING WITH LINKAGE TO HEALTH FACILITIES.

REGION: SOUTH AFRICA, AFRICA

(D) PURPOSE OF GRANT: THE YOUTH TEST TO TREAT (Y-TTT) PROJECT IN NDOLA WILL PROVIDE AGE-APPROPRIATE HIV PREVENTION, EDUCATION, AND MOBILE TESTING FOR ADOLESCENTS AGED 15-24.

REGION: SOUTH AFRICA, AFRICA

(D) PURPOSE OF GRANT: THE SUSTAINABLE APPROACH TO GBV HIV/AIDS AND TB

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.

AIMS TO WORK COLLABORATIVELY WITH LOCAL CLINICS TO BUILD HEALTH SYSTEMS AND EXECUTE TREATMENTS.

REGION: SURINAME, SOUTH AMERICA

(D) PURPOSE OF GRANT: THIS PROJECT WILL FOCUS ON MSM AND TRANS PERSONS LIVING IN THE 4 DISTRICTS NEAR THE CAPITAL OF SURINAME.

REGION: THAILAND, ASIA

(D) PURPOSE OF GRANT: YOUTH LEAD WILL DEVELOP THE ASIA PACIFIC REGIONAL STRATEGIC PLAN FOR YOUNG KEY POPULATIONS (2025-2030) TO STRENGTHEN THE REGIONAL HIV RESPONSE.

REGION: THAILAND, ASIA

(D) PURPOSE OF GRANT: THE PROJECT WILL CONDUCT A SITUATIONAL ANALYSIS AND LEGAL REVIEW TO IMPROVE HIV RESPONSE AMONG UNDOCUMENTED MIGRANTS IN THAILAND.

REGION: UGANDA, AFRICA

(D) PURPOSE OF GRANT: THE PROJECT WILL EMPOWER YOUTH AND ORPHANS/VULNERABLE CHILDREN (OVC) BY REDUCING POVERTY THROUGH SOCIO-ECONOMIC TRAINING AND VOCATIONAL SKILLS DEVELOPMENT.

REGION: UGANDA, AFRICA

(D) PURPOSE OF GRANT: THIS PROJECT IS DESIGNED TO PREVENT NEW HIV/STI INFECTIONS AND INCREASE AWARENESS AND ACCESS TO HIV PREVENTION SERVICES.

REGION: UKRAINE, EUROPE

(D) PURPOSE OF GRANT: THE PROJECT WILL EXPAND HIV TESTING COVERAGE AMONG VULNERABLE GROUPS BY EXTENDING SERVICES FROM ODESA TO MYKOLAIV AND KYIV.

REGION: UKRAINE, EUROPE

(D) PURPOSE OF GRANT: THE PROGRAM BY TEENERGIZER WILL PROVIDE PEER-TO-PEER PSYCHOLOGICAL COUNSELING AND SRH EDUCATION TO ADOLESCENTS AND YOUTH IN UKRAINE.

REGION: UNITED KINGDOM, GREAT BRITAIN

(D) PURPOSE OF GRANT: THE HARM REDUCTION CIRCLE SYRINGE SERVICES PROGRAM IS A COMPREHENSIVE, COMMUNITY-BASED INITIATIVE ADDRESSING SUBSTANCE USE THROUGH HARM REDUCTION AND PUBLIC HEALTH STRATEGIES.

REGION: ZAMBIA, AFRICA

(D) PURPOSE OF GRANT: TO IMPLEMENT COMMUNITY-BASED HIV PREVENTIVE PROGRAMS TO REDUCE NEW HIV, STI, AND TB INFECTIONS AMONG VULNERABLE POPULATIONS.

REGION: ZAMBIA, AFRICA

(D) PURPOSE OF GRANT: THE SMART & HIV FREE ADOLESCENTS PROJECT ENTAILS YOUNG PEOPLE TO BE SMART BY ACQUIRING INFORMATION ON HIV PREVENTION AND TREATMENT AND BE SAFE BY PREVENTING RISKS.

REGION: ZAMBIA, AFRICA

(D) PURPOSE OF GRANT: THIS PROJECT WILL PROMOTE THE UPTAKE OF HIV PREVENTION, TESTING, AND HEALTH SERVICES AMONG ADOLESCENTS AND YOUNG PEOPLE (10-24 YEARS).

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: ZAMBIA, AFRICA

(D) PURPOSE OF GRANT: TALC INTENDS TO IMPLEMENT THREE INTERVENTIONS AIMED AT IMPROVING RETENTION IN THE TREATMENT CASCADE.

REGION: ZIMBABWE, AFRICA

(D) PURPOSE OF GRANT: THE PROJECT WILL SCALE UP INDEX CASE TESTING TO IDENTIFY AND LINK HIV-POSITIVE CONTACTS TO TREATMENT.

REGION: ZIMBABWE, AFRICA

(D) PURPOSE OF GRANT: ZNNP+ WILL IMPLEMENT STIGMA AND DISCRIMINATION REDUCTION INITIATIVES AMONG PEOPLE LIVING WITH HIV (PLHIV) TO IMPROVE HEALTH-SEEKING BEHAVIOR AND TREATMENT ADHERENCE.

REGION: ZIMBABWE, AFRICA

(D) PURPOSE OF GRANT: THE CHATS MODEL WILL IDENTIFY AND SUPPORT ADOLESCENTS, PREGNANT, AND LACTATING MOTHERS LIVING WITH HIV TO STRENGTHEN PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT).

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Employer identification number
95-4112121

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.

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
EVENT 360 (FUNDRAISING COUNSEL) - 55 E. JACKSON	PROFESSIONAL ORGANIZER		X	0.	1,248,303.	0.
Total					1,248,303.	

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 the 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)*

Area for supplemental information with horizontal lines.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
GUIDING RIGHT, INC 1420 NE 23RD STREET OKLAHOMA CITY, OK 73111	73-1572221	501(C)(3)	50,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
GOLDEN GATE PERFORMING ARTS INC 170 VALENCIA STREET SAN FRANCISCO, CA 94103	94-2576101	501(C)(3)	10,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
MINORITY AIDS PROJECT 5149 W JEFFERSON BLVD LOS ANGELES, CA 90016	95-4175650	501(C)(3)	15,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
SERO PROJECT INC 105 EAST HIGH STREET PO BOX 1233 MILFORD, PA 18337	46-1626584	501(C)(3)	24,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
METRO DC COMMUNITY CENTER INC 2000 14TH STREET NW WASHINGTON, DC 20009	20-0118307	501(C)(3)	40,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
POZABILITIES 3754 4TH AVE. SAN DIEGO, CA 92103	47-3562551	501(C)(3)	10,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024)

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
NATIONAL CENTER FOR CIVIL & HUMAN RIGHTS - 250 WILLIAMS STREET SUITE 2322 - ATLANTA, GA 30303	26-0813637	501(C)(3)	30,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
FROM THE HEART PRODUCTIONS INC 1013 HARBOR BLVD., #53 OXNARD, CA 93035	95-4445418	501(C)(3)	20,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
HEALTH GLOBAL ACCESS PROJECT INC 276 5TH AVENUE RM 704 NEW YORK, NY 10001	20-5053765	501(C)(3)	50,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
WIZEHIVE INC PMB 263, 24 NORTH BRYN MAWR AVENUE BRYN MAWR, PA 19010	27-4126294	C - CORPORATION	7,901.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
COMMUNITY PARTNERS PO BOX 741265 LOS ANGELES, CA 90074-1265	95-4302067	501(C)(3)	30,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
GRANADA ON BROADWAY OUTREACH 10974 SOUTH BROADWAY LOS ANGELES, CA 90061	80-0672480	501(C)(3)	40,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
SILENCE THE SHAME INC 3000 OLD ALABAMA ROAD #119 ALPHARETTA, GA 30022	82-2004573	501(C)(3)	24,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
BLACK ALPHABET NFP 4600 S INDIANA AVE 1N CHICAGO, IL 60653	46-4578118	501(C)(3)	25,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
WE THINK 4 A CHANGE 4800 DENISON CLEVELAND, OH 44102	83-1850861	501(C)(3)	10,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE

Schedule I (Form 990)

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
FIRST CAPITAL PRIDE COALITION 14 S PAINT ST SUITE 69 CHILlicothe, OH 45601	84-2728829	501(C)(3)	10,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
TRANSGENDER HEALTH & WELLNESS 340 S FARRELL DR PALM SPRINGS, CA 92262	82-4659164	501(C)(3)	20,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
LIFECARE ALLIANCE 1699 WEST MOUND ST COLUMBUS, OH 43223	31-4379494	501(C)(3)	18,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
HOPE FOR CHILDREN THE PROMISE FOR HAITI - 11017 SUNSET RIDGE CIRCLE - BOYNTON BEACH, FL 33473	47-4716842	501(C)(3)	10,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
THE YAY FOUNDATION 379 LOMA DR STE322 LOS ANGELES, CA 90017	92-0320619	501(C)(3)	20,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
MEDECINS SANS FRONTIERES USA INC 40 RECTOR ST 16TH FL NEW YORK, NY 10006-1751	13-3433452	501(C)(3)	100,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
GASKOV CLERGE FOUNDATION PO BOX 4068 GARDEN CITY, NY 11531-4068	51-0389906	501(C)(3)	10,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
PUBLIC CITIZEN FOUNDATION INC 1600 20TH ST NW WASHINGTON, DC 20009	52-1263996	501(C)(3)	25,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
EMPOWERING TRANSGENDER SERVICES INC - 446 EFFINGHAM ST STE 302 - PORTSMOUTH, VA 23704	84-3276856	501(C)(3)	25,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE

Schedule I (Form 990)

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
FENTANYLSOLUTION.ORG 1133 CAMELBACK ST STE 11491 NEWPORT BEACH, CA 92658	97-1781235	501(C)(3)	20,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
FEAST INC 3655 S GRAND AVE STE 210 LOS ANGELES, CA 90007	46-4312265	501(C)(3)	50,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
CHRISTIAN CULTURAL DEVELOPMENT FOUNDATION - 1404 E LAS OLAS BLVD STE 30061 - FORT LAUDERDALE, FL 33301	13-4224704	501(C)(3)	10,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
VIA CARE COMMUNITY HEALTH CENTER 3601 E. 1ST STREET LOS ANGELES, CA 90063	80-0699156	501(C)(3)	100,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
MINORITY HEALTH INSTITUTE INC 8306 WILSHIRE BLVD STE 288 BEVERLY HILLS, CA 90211	95-4161253	501(C)(3)	15,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
DRAC FOUNDATION 5356 W BLOOMFIELD LAKE RD WEST BLOOMFIELD, MI 48323	93-3219733	501(C)(3)	15,000.	0.			FACILITATE SUPPORTING ORGANIZATION'S TAX EXEMPT PURPOSE
AIDS SERVICE CENTER OF LOWER MANHATTAN - 64 WEST 35TH STREET 3RD FLOOR - NEW YORK, NY 10001-2201	13-3562071	501(C)(3)	50,000.	0.			FACILITATE SUPPORTING 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)

(Rev. December 2024)
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

Open to Public
Inspection

Name of the organization

AIDS HEALTHCARE FOUNDATION

Employer identification number

95-4112121

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| ☐ 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 | ☐ 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

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?

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.

- | | |
|---|---|
| ☒ Compensation committee | ☒ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
- b Participate in or receive payment from a supplemental nonqualified retirement plan?
- c Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 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?
- b Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
- b Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) (Rev. 12-2024)

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 PRESIDENT	(i)	462,273.	200,000.	0.	6,000.	0.	668,273.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CARL EVANS MILLNER CHIEF MEDICAL DIRECTOR	(i)	358,777.	56,200.	0.	6,000.	0.	420,977.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRYAN PATRICK SEBASTIAN GAUDIO DEPUTY CHIEF MEDICAL OFFICER	(i)	320,709.	48,398.	0.	6,000.	0.	375,107.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MONA-GEKANJU TOEQUE REG MEDICAL DIRECTOR	(i)	283,723.	84,750.	0.	3,000.	0.	371,473.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SUZY THABIT BOULES PHYSICIAN	(i)	244,788.	117,667.	0.	6,000.	0.	368,455.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LYLE HONIG MOJICA CHIEF FINANCIAL OFFICER	(i)	317,048.	45,000.	0.	6,000.	0.	368,048.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ZACHARY RICHARD HENRY MEDICAL DIRECTOR	(i)	290,922.	69,787.	0.	6,000.	0.	366,709.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOHN PHILLIP OUDERKIRK HIV QUALITY CARE DIRECTOR	(i)	288,333.	69,585.	0.	6,000.	0.	363,918.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) WARREN WILLIAM MAGNUS MEDICAL DIRECTOR	(i)	273,485.	81,750.	0.	6,000.	0.	361,235.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PETER REIS SENIOR VICE PRESIDENT	(i)	287,236.	35,000.	0.	6,000.	0.	328,236.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) THOMAS A. MYERS GENERAL COUNSEL	(i)	283,920.	35,000.	0.	6,000.	0.	324,920.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DONNA TEMPESTA NORTHERN BUREAU CHIEF / VP FINANCE	(i)	271,011.	45,000.	0.	6,000.	0.	322,011.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) LAURA BOUDREAU CHIEF OF OPERATIONS / RISK MGMT & QU	(i)	267,401.	38,000.	0.	6,000.	0.	311,401.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MOHANDOSS TYCHICUS CHIEF INFORMATION OFFICER	(i)	288,704.	14,000.	0.	6,000.	0.	308,704.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) DONNA STIDHAM CHIEF MANAGED CARE	(i)	263,519.	38,000.	0.	6,000.	0.	307,519.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) KENNETH SCOTT CARRUTHERS CHIEF PHARMACY OFFICER	(i)	261,886.	41,000.	0.	0.	0.	302,886.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) (Rev. 12-2024)

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) JONATHAN MICHAEL EISEBENRG DEPUTY GENERAL COUNSEL	(i)	263,727.	23,200.	0.	6,000.	0.	292,927.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) ASHOKE TALUKDAR DEPUTY GENERAL COUNSEL - CORP AFFAIR	(i)	272,503.	13,700.	0.	6,000.	0.	292,203.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) JOSE RAMOS NATIONAL SALES DIRECTOR	(i)	176,909.	99,500.	0.	6,000.	0.	282,409.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) EDWIN MILLAN DIRECTOR OF SALES OUTREACH & COMM IN	(i)	63,945.	211,100.	0.	6,000.	0.	281,045.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) MICHAEL PHILIP DUBE NATIONAL MEDICAL DIRECTOR OF PHD	(i)	256,270.	20,400.	0.	1,500.	0.	278,170.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) JEREMY ZELLERS DEPUTY CHIEF PHARMACY OFFICER	(i)	224,342.	39,000.	0.	6,000.	0.	269,342.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) ANITA CASTILLE VP OF HUMAN RESOURCES	(i)	216,150.	38,000.	0.	6,000.	0.	260,150.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) ALFREDO JOSEPH ALEGRIA VP HEALTHCARE CENTER OPERATIONS	(i)	207,729.	45,000.	0.	6,000.	0.	258,729.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) ELIZABETH BALET NATIONAL DIRECTOR OF NURSING	(i)	170,128.	64,750.	0.	6,000.	0.	240,878.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) WHITNEY ENGERAN-CORDOVA VP OF PUBLIC HEALTH PROGRAM	(i)	205,199.	30,000.	0.	5,287.	0.	240,486.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) TERRI FORD CHIEF OF GLOBAL ADVOCACY	(i)	219,058.	15,000.	0.	6,000.	0.	240,058.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

This image shows a full page of blank, lined paper. It features approximately 30 evenly spaced horizontal blue or grey lines across its entire width. The lines are uniform in thickness and spacing, providing a template for writing. There are no margins, text, or other markings on the page.

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

**Open to Public
Inspection**

Name of the organization

AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

Part I	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
CALIFORNIA ENTERPRISE A 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							
				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							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) (Rev. 12-2024)

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		.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		.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, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

AIDS HEALTHCARE FOUNDATION

Employer identification number

95-4112121

Part I Types of Property

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

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

29

30a During the year, did the organization receive by contribution any property reported on 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?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2024

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.

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization AIDS HEALTHCARE FOUNDATION	Employer identification number 95-4112121
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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 \$17 MILLION WORLDWIDE
TO ORGANIZATIONS THAT PROMOTE HIV TESTING, AWARENESS, PREVENTION AND
TREATMENT AS WELL AS EMERGENCY GRANTS TO PROVIDE SMALL, COMMUNITY
ORGANIZATIONS RELIEF TO DELIVER VITAL SERVICES IN THEIR AREAS. AHF'S
GLOBAL ADVOCACY TEAM IS COMMITTED TO FIGHTING FOR WHAT IS RIGHT AND
PUTS OUR CLIENTS' NEEDS FIRST EVERY TIME, FROM LEADING THE CHARGE IN
DEMANDING EQUAL ACCESS TO VACCINES TO HELPING LOW-INCOME COUNTRIES
ACCESS LIFESAVING CARE.
EXPENSES \$ 21,571,911. INCL GRANTS OF \$ 17,704,619. REVENUE \$ 547,809,049

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

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

(A) SOLD, SUPPLIED OR PROVIDED MEDICAL SERVICES, (B) OPERATED A COMPETING ENTERPRISE, OR (C) PROVIDED GOODS OR SERVICES TO AHF IN THE LAST SIX MONTHS. AHF'S GENERAL COUNSEL EVALUATES THE FORMS FOR POTENTIAL CONFLICTS OF INTEREST. AHF ALSO REQUIRES ALL DIRECTORS TO ANNUALLY SIGN A STATEMENT AFFIRMING (A) RECEIPT OF AHF'S CONFLICT OF INTEREST POLICY, (B) UNDERSTANDING OF THE POLICY, AND (C) AGREEMENT WITH THE POLICY. AHF'S CONFLICTS OF INTEREST POLICY DESCRIBES HOW AHF WILL RESOLVE POSSIBLE CONFLICTS OF INTEREST BY, FOR EXAMPLE, HAVING THE INTERESTED BOARD MEMBER LEAVE DURING DISCUSSION AND VOTING ON MATTERS THAT INVOLVE THE INTERESTED PERSON.

FORM 990, PART VI, SECTION B, LINE 15:

AHF'S BOARD OF DIRECTORS HAS A PROCESS FOR REVIEWING AND APPROVING THE COMPENSATION OF OFFICERS AND KEY EMPLOYEES ON A REGULAR BASIS TO DETERMINE IT IS FAIR AND REASONABLE WITH THE GOAL OF RETAINING EMPLOYEES AT COMPENSATION LEVELS WITHIN APPROPRIATE MARKET RANGE.

THE PROCESS FOR DETERMINING THE COMPENSATION PAID TO THE CEO, OFFICERS, AND KEY EMPLOYEES INCLUDES THE APPROVAL OF THE COMPENSATION ARRANGEMENT IN ADVANCE, BY THE BOARD OF DIRECTORS, WITH ALL PERSONS WITH A CONFLICT OF INTEREST ABSTAINING FROM THE BOARD'S DELIBERATION AND DISCUSSION. THE BOARD REVIEWS DATA OF COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED NONPROFIT EXECUTIVES AT SIMILARLY SITUATED ENTITIES. THE DOCUMENTATION OF THE BOARD INCLUDES THE TERMS OF THE TRANSACTION AND THE DATE OF APPROVAL, THE MEMBERS WHO WERE PRESENT DURING THE DEBATE AND VOTE ON THE TRANSACTION, A DESCRIPTION OF THE COMPARABLE DATA AND HOW IT WAS OBTAINED, AND DOCUMENTATION OF THE BASIS FOR THE DETERMINATION.

FORM 990, PART VI, SECTION C, LINE 19:

SOME OR ALL OF THESE ITEMS MAY BE AVAILABLE AS PART OF A PUBLIC GRANT APPLICATION, HOWEVER, THERE IS NO PROCESS FOR MAKING THESE AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PAYROLL SERVICES:

PROGRAM SERVICE EXPENSES	979,506.
MANAGEMENT AND GENERAL EXPENSES	122,654.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,102,160.

MEDICAL SERVICES:

PROGRAM SERVICE EXPENSES	16,546,615.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,546,615.

CONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES	24,429,084.
MANAGEMENT AND GENERAL EXPENSES	1,330,354.
FUNDRAISING EXPENSES	881,235.
TOTAL EXPENSES	26,640,673.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	44,289,448.

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

CHANGE IN NET ASSETS OF AFFILIATES	31,645,374.
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Name of the organization	Employer identification number
AIDS HEALTHCARE FOUNDATION	95-4112121

SCHEDULE R PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATION
EXPLANATION OF RELATIONSHIP TERMINATION:

AHF HEALTHCARE FOUNDATION REPORTS HOUSING4HUMANITY ON SCHEDULE R BECAUSE THE ENTITY MET THE DEFINITION OF A RELATED ORGANIZATION AT THE BEGINNING OF THE TAX YEAR. THE RELATIONSHIP CEASED ON DECEMBER 12, 2024 WHEN AIDS HEALTHCARE FOUNDATION RESIGN AS THE SOLE MEMBER OF THE HOUSING4HUMANITY. ACCORDINGLY, HOUSING4HUMANITY IS INCLUDED ON SCHEDULE R TO REFLECT ITS STATUS AS A RELATED ORGANIZATION DURING A PORTION OF THE REPORTING YEAR.

AMENDED RETURN

THE FOLLOWING PARTS AND SCHEDULES OF THE FORM 990 ARE AMENDED:

FORM 990 PAGE 7, PART VII, SECTION A COLUMN D, LINES 1 UP TO 27
 FORM 990 PAGE 10, PART IX, LINES 5 & 7
 SCHEDULE J, PART II, LINES 1 UP TO 27

THE ORGANIZATION IS FILING AN AMENDED FORM 990 FOR TAX YEAR 2024 TO CORRECT COMPENSATION INFORMATION REPORTED FOR OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES. AMOUNTS REPORTED IN PART VII, SECTION A AND SCHEDULE J, PART II WERE OVERSTATED DUE TO THE INCLUSION OF BONUS COMPENSATION IN SALARY FIGURES WHEN SUCH BONUS AMOUNTS HAD ALREADY BEEN INCLUDED IN TOTAL COMPENSATION REPORTED. THIS RESULTED IN AN OVERSTATEMENT OF REPORTED COMPENSATION. PART IX, LINES 5 AND 7 HAVE BEEN AMENDED ACCORDINGLY TO REFLECT THE CORRECTED COMPENSATION AMOUNTS OF OFFICERS AND KEY EMPLOYEES.

SCHEDULE R PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATION
EXPLANATION OF RELATIONSHIP TERMINATION:

AHF HEALTHCARE FOUNDATION REPORTS AHF MCO OF GEORGIA INC. ON SCHEDULE R BECAUSE THE ENTITY MET THE DEFINITION OF A RELATED ORGANIZATION AT THE BEGINNING OF THE TAX YEAR. THE RELATIONSHIP CEASED ON OCTOBER 3, 2024 WHEN THE ENTITY WAS DISSOLVED. ACCORDINGLY, AHF MCO OF GEORGIA INC. IS INCLUDED ON SCHEDULE R TO REFLECT ITS STATUS AS A RELATED ORGANIZATION DURING A PORTION OF THE REPORTING YEAR.

SCHEDULE R PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATION
EXPLANATION OF RELATIONSHIP TERMINATION:

AHF HEALTHCARE FOUNDATION REPORTS COALITION TO PRESERVE LA INC. ON SCHEDULE R BECAUSE THE ENTITY MET THE DEFINITION OF A RELATED ORGANIZATION AT THE BEGINNING OF THE TAX YEAR. THE RELATIONSHIP CEASED ON JANUARY 17, 2024 WHEN THE ENTITY WAS DISSOLVED. ACCORDINGLY, COALITION TO PRESERVE LA INC. IS INCLUDED ON SCHEDULE R TO REFLECT ITS STATUS AS A RELATED ORGANIZATION DURING A PORTION OF THE REPORTING YEAR.

SCH. R PART IV - IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A CORP.
EXPLANATION OF RELATIONSHIP TERMINATION:

AHF HEALTHCARE FOUNDATION REPORTS CRATES MODULAR INC. ON SCHEDULE R

Name of the organization

AIDS HEALTHCARE FOUNDATION

Employer identification number

95-4112121

BECAUSE THE ENTITY MET THE DEFINITION OF A RELATED ORGANIZATION AT THE BEGINNING OF THE TAX YEAR. THE RELATIONSHIP CEASED ON JULY 18, 2024 WHEN THE ENTITY WAS DISSOLVED. ACCORDINGLY, CRATES MODULAR INC. IS INCLUDED ON SCHEDULE R TO REFLECT ITS STATUS AS A RELATED ORGANIZATION DURING A PORTION OF THE REPORTING YEAR.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

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

**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	0.	0.	AIDS HEALTHCARE FOUNDATION
T. DOUGLAS GURLEY MD, LLC - 20-1159935 659 AUBURN AVE., STE 156 ATLANTA, GA 30312	HEALTH CARE	GEORGIA	6,286,622.	19,380,645.	AIDS HEALTHCARE FOUNDATION
AHF LESOTHO PROPRIETORY MONOKOTSOAI STREET 12292, WHITE CITY, MASERU WHITE CITY, MASERU, LESOTHO	HIV/AIDS EDUCATION & HEALTHCARE ACCESS	LESOTHO	339,927.	440,052.	AIDS HEALTHCARE FOUNDATION
AHF UGANDA CARES LIMITED PLOT 54B KIRA ROAD KAMPALA, UGANDA	HIV/AIDS EDUCATION & HEALTHCARE ACCESS	UGANDA	379,120.	8,781,769.	AIDS HEALTHCARE FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
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 10	AIDS HEALTHCARE FOUNDATION	X	
AIDS HEALTHCARE FOUNDATION DISEASE MANAGEMENT OF FLORIDA, INC. - 20-8744009, 6255 SUNSET BLVD. 21ST FLOOR, LOS ANGELES, HOUSING4HUMANITY - 95-4582918	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	FLORIDA	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION	X	
6255 SUNSET BLVD. 21ST FLOOR LOS ANGELES, CA 90028	LOW INCOME HOUSING (SEE SCH. O)	CALIFORNIA	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION	X	
PHARMACY4HUMANITY - 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	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

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	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, 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	CALIFORNIA	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 (SEE SCH. O)	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 (SEE SCH. O)	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	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	FLORIDA	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	X	
SUNSHINE SOCIAL SERVICES - 01-0582371 2312 WILTON DRIVE WILTON MANORS, FL 33304	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	FLORIDA	501(C)(3)	LINE 10	AIDS HEALTHCARE FOUNDATION	X	
LONG BEACH COMMUNITY TABLE - 83-1361910 3166 OSTROM AVENUE LONG BEACH, CA 90808	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	CALIFORNIA	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	X	
AIDS HEALTHCARE FOUNDATION GLOBAL IMMUNITY CORNER MANCISHANE & SANDLANE STREETS MANZINI, ESWATINI, SOUTH AFRICA	HIV/AIDS EDUCATION AND HEALTH CARE ACCESS	SOUTH AFRICA	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	X	
AIDS HEALTHCARE FOUNDATION, KENYA 3RD PARKLANDS AVE., AHF PLAZA NAIROBI, KENYA	HIV/AIDS EDUCATION AND HEALTH CARE ACCESS	KENYA	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	X	
FOUNDATION FOR AIDS CARE, PREVENTION AND ADVOCACY IN NIGERIA, 2 PAUL UNONGO STREET, OFF UKIWE STREET, JABI, ABUJA, NIGERIA	HIV/AIDS EDUCATION AND HEALTH CARE ACCESS	NIGERIA	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	X	
AIDS HEALTHCARE FOUNDATION THAILAND 163 RAJAPARK BLDG. 2ND FLR, SUKHUMVIT 21 (AS KLONGTOEY NUA, WATTANA, BANGKOK, THAILAND	HIV/AIDS EDUCATION AND HEALTH CARE ACCESS	THAILAND	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	X	
LINDA HIV SIHTASUTUS LINDA STREET 4 BUILDING 6TH FLOOR NARVA, ESTONIA	HIV/AIDS EDUCATION AND HEALTH CARE ACCESS	ESTONIA	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	X	
CHARITY FUND "AIDS HEALTHCARE FOUNDATION - UKRAINE", 12A, METALISTIV STREET 30057, KIEV, UKRAINE	HIV/AIDS EDUCATION AND HEALTH CARE ACCESS	UKRAINE	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	X	
AIDS HEALTHCARE FOUNDATION UK 24 GEORGE STREET CROYDON, UNITED KINGDOM	HIV/AIDS EDUCATION AND HEALTH CARE ACCESS	UNITED KINGDOM	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	X	
AIDS HEALTHCARE FOUNDATION DO BRASIL RUA PEDRO AMRICO, 52 CEP 01045-010 SO PAULO, SP, BRAZIL	HIV/AIDS EDUCATION AND HEALTH CARE ACCESS	BRAZIL	501(C)(3)	LINE 7	AIDS HEALTHCARE FOUNDATION	X	

Part II	Continuation of Identification of Related Tax-Exempt Organizations
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CRATE MODULAR INC. - 83-1941700 3025 E. DOMINGUEZ STREET CARSON, CA 90810	HOUSING MANUFACTURER (SEE SCH. O)	CA	AIDS HEALTHCARE FOUNDATION	C CORP	888,947.	41,250.	48.00%	X	

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.**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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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 MCO OF FLORIDA INC.	Q	69,992.	ACCOUNTING/FINANCIAL RECORDS
(2) AIDS HEALTHCARE FOUNDATION TEXAS	Q	725,236.	ACCOUNTING/FINANCIAL RECORDS
(3) MVP MEDICAL PRACTICE, P.C.	Q	197,625.	ACCOUNTING/FINANCIAL RECORDS
(4) WOMEN ORGANIZED TO RESPOND TO LIFE-THREATENING DISEASES	B	249,333.	ACCOUNTING/FINANCIAL RECORDS
(5) AIDS TASKFORCE OF GREATER CLEVELAND	B	1,068,853.	ACCOUNTING/FINANCIAL RECORDS
(6) AIDS CENTER OF QUEENS CO., INC.	Q	2,254,797.	ACCOUNTING/FINANCIAL RECORDS

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)SOUTHSIDE HELP CENTER INC.	B	216,541.	ACCOUNTING/FINANCIAL RECORDS
(8)AID ATLANTA INC.	B	2,170,131.	ACCOUNTING/FINANCIAL RECORDS
(9)AIDS OUTREACH CENTER	B	1,417,030.	ACCOUNTING/FINANCIAL RECORDS
(10)IRIS HOUSE	B	1,129,638.	ACCOUNTING/FINANCIAL RECORDS
(11)AIDS INTERFAITH NETWORK	B	710,915.	ACCOUNTING/FINANCIAL RECORDS
(12)THURSDAY'S CHILD	Q	690,958.	ACCOUNTING/FINANCIAL RECORDS
(13)BROWARD HOUSE INC.	B	1,003,414.	ACCOUNTING/FINANCIAL RECORDS
(14)SUNSHINE SOCIAL SERVICES	B	217,888.	ACCOUNTING/FINANCIAL RECORDS
(15)LONG BEACH COMMUNITY TABLE	B	261,751.	ACCOUNTING/FINANCIAL RECORDS
(16)HOUSING 4 HUMANITY	E	10,949,563.	ACCOUNTING/FINANCIAL RECORDS
AIDS HEALTHCARE FOUNDATION GLOBAL			
(17)IMMUNITY	B	180,328.	ACCOUNTING/FINANCIAL RECORDS
(18)AIDS HEALTHCARE FOUNDATION, KENYA	B	4,190,279.	ACCOUNTING/FINANCIAL RECORDS
FOUNDATION FOR AIDS CARE, PREVENTION AND			
(19)ADVOCACY IN NIGERIA	B	361,667.	ACCOUNTING/FINANCIAL RECORDS
(20)AIDS OUTREACH CENTER	J	197,322.	ACCOUNTING/FINANCIAL RECORDS
(21)AIDS TASKFORCE OF GREATER CLEVELAND	J	117,081.	ACCOUNTING/FINANCIAL RECORDS
WOMEN ORGANIZED TO RESPOND TO			
(22)LIFE-THREATENING DISEASES	J	97,440.	ACCOUNTING/FINANCIAL RECORDS
(23)AIDS INTERFAITH NETWORK	K	90,000.	ACCOUNTING/FINANCIAL RECORDS
(24)AIDS CENTER OF QUEENS CO., INC.	K	112,466.	ACCOUNTING/FINANCIAL RECORDS

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) LONG BEACH COMMUNITY TABLE	K	141,420.	ACCOUNTING/FINANCIAL RECORDS
(8) PHARMACY4HUMANITY	Q	539,275,203.	ACCOUNTING/FINANCIAL RECORDS
(9) SILOAM MINISTRIES INC.	B	63,000.	ACCOUNTING/FINANCIAL RECORDS
(10) COALITION TO PRESERVE LA	R	712,953.	ACCOUNTING/FINANCIAL RECORDS
(11) AHF MCO OF GEORGIA INC.	S	5,941,856.	ACCOUNTING/FINANCIAL RECORDS
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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.

[illegible]

Part VII Supplemental Information

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

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:**NAME AND ADDRESS OF DISREGARDED ENTITY:**

AHF MEDICAL AND PHARMACEUTICAL INFORMATION CONSULTING

(BEIJING) CO. LTD.

UNITS 907B, 9F, TOWER B, BLOCK 1, COURTYARD NO. 19

RONGHUA MIDDLE ROAD, BEIJING, CHINA

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

NAME AND ADDRESS OF RELATED ORGANIZATION:

AIDS HEALTHCARE FOUNDATION THAILAND

163 RAJAPARK BLDG. 2ND FLR, SUKHUMVIT 21 (ASOKE) ROAD

KLONGTOEY NUA, WATTANA, BANGKOK, THAILAND 10110

Part VII **Supplemental Information**

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

NAME AND ADDRESS OF RELATED ORGANIZATION:**AHF REPUBLICA DOMINICANA****GUACANAGARIX NO. 10 STREET****ENSANCHE QUISQUEYA, LA ROMANA, DOMINICAN REPUBLIC**