

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

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Open to Public Inspection

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AIDS HEALTHCARE FOUNDATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6255 SUNSET BLVD 21ST FLOOR City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90028	D Employer identification number 95-4112121 E Telephone number (323) 860-5200 G Gross receipts \$ 721,433,268
F Name and address of principal officer MICHAEL WEINSTEIN 6255 SUNSET BLVD 21ST FL LOS ANGELES, CA 90028		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: HTTP://WWW.AIDSHEALTH.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1987 M State of legal domicile CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities <u>THE FOUNDATION PROVIDES MEDICAL CARE FOR THOSE AFFECTED BY HIV OR AIDS</u>		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	1,601
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	20,275,884	23,478,538
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	54,633,740	49,447,583
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,298,839	255,518
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	112,087,688	136,804,900
		188,296,151	209,986,539
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,606,454	2,931,023
	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)	71,887,706	90,348,619
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>1,467,806</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	91,375,989	101,216,806
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	164,870,149	194,496,448
19 Revenue less expenses Subtract line 18 from line 12	23,426,002	15,490,091	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	218,589,214	227,735,541
	21 Total liabilities (Part X, line 26)	93,617,418	86,338,381
22 Net assets or fund balances Subtract line 21 from line 20	124,971,796	141,397,160	

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	2014-08-15 Date
	LYLE HONIG CFO Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name GILBERT R VASQUEZ	Preparer's signature Date
	Firm's name VASQUEZ & COMPANY LLP	Check <input type="checkbox"/> if self-employed PTIN P00743144
	Firm's address 801 S GRAND AVE SUITE 400 LOS ANGELES, CA 90017	Firm's EIN 33-0700332 Phone no (213) 873-1700

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission

AIDS HEALTHCARE FOUNDATION, INC (THE FOUNDATION) HEADQUARTERED IN LOS ANGELES, CALIFORNIA IS A NOT FOR PROFIT HEALTHCARE ORGANIZATION INCORPORATED IN 1987 THE FOUNDATION PROVIDES MEDICAL CARE FOR THOSE AFFECTED BY HIV OR LIVING WITH AIDS IN ADDITION,THE FOUNDATION PARTICIPATES IN SCIENTIFIC RESEARCH AND PATIENT ADVOCACY FOR THOSE IN NEED HAS A NETWORK OF 36 OUTPATIENT HEALTHCARE CENTERS,36 PHARMACIES LOCATED MAINLY IN LOS ANGELES COUNTY, SAN BERNARDINO COUNTY, OAKLAND, SAN FRANCISCO, WASHINGTON,D C , AND FLORIDA THE FOUNDATION HAS 2 CAPITATED CONTRACTS WITH MEDI-CAL IN CALIFORNIA AND MEDICAID IN FLORIDA THE FOUNDATION ALSO OPERATES HEALTHCARE FACILITIES IN RESOURCE-POOR AREAS OF AFRICA, ASIA, EUROPE, AND SOUTH AMERICA

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 \$ 175,597,557 including grants of \$ 2,904,372) (Revenue \$)

HAS A NETWORK OF 36 HIV/AIDS OUTPATIENT HEALTHCARE CENTERS AND 36 PHARMACIES THAT ARE LOCATED IN CALIFORNIA, (LOS ANGELES COUNTY, SAN BERNARDINO COUNTY, OAKLAND, SAN FRANCISCO), TEXAS (DALLAS AND FT WORTH), WASHINGTON DC, SOUTH CAROLINA, NEW YORK, GEORGIA, NEVADA, LOUISIANA, OHIO AND THROUGHOUT FLORIDA IN WHICH PATIENTS ARE EXAMINED, TESTS CONDUCTED, DIAGNOSIS AND TREATMENT PRESCRIBED MOREOVER THE FOUNDATION ALSO OPERATES 31 HEALTHCARE CENTERS IN AFRICA, 19 HEALTHCARE CENTERS IN ASIA AND 3 HEALTHCARE CENTERS IN LATIN/CENTRAL AMERICA AND 1 IN EUROPE IN ADDITION, THE FOUNDATION OPERATES 24 THRIFT STORES, THE PROCEEDS OF WHICH ASSIST THE FOUNDATION'S COMMITMENT TO PROVIDE HIV- AND AIDS-RELATED HEALTHCARE SERVICES WITHOUT REGARD TO A PERSON'S FINANCIAL SITUATION MULTI-STATE PHARMACY PROGRAM IN CALIFORNIA AND FLORIDA, PROVIDING HIV/AIDS AND RELATED MEDICATIONS TO LOW-INCOME, UNINSURED AND UNDER-INSURED INDIVIDUALS PREVENTION & OUTREACH PROGRAMS IN THE GREATER LOS ANGELES AREA, OAKLAND AND SAN FRANCISCO, CALIFORNIA, WASHINGTON, D C , FLORIDA, OHIO, GEORGIA, TEXAS AND IN MANY COUNTRIES OUTSIDE OF UNITED STATES, WHICH AIMS TO INCREASE AWARENESS OF THE IMPORTANCE OF HIV TESTING, PREVENTION AND RISK REDUCTION HIV/AIDS DISEASE MANAGEMENT PROGRAM FOR MEDICAID RECIPIENTS IN FLORIDA HIV/AIDS OUTPATIENT MEDICAL FACILITIES PROGRAM IN RESOURCE-POOR COUNTRIES IN AFRICA, EUROPE, ASIA AND SOUTH AMERICA, IN WHICH PATIENTS ARE EXAMINED, TESTS CONDUCTED AND DIAGNOSIS AND TREATMENT PRESCRIBED

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 175,597,557

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Rows include questions 1a-1b, 1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
10b	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?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 LYLE HONIG 6255 SUNSET BLVD 21ST FLOOR
 LOS ANGELES, CA 90028 (323) 860-5200

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a						
	b Membership dues 1b						
	c Fundraising events 1c						
	d Related organizations 1d						
	e Government grants (contributions) 1e	18,104,042					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	5,374,496					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		23,478,538				
Program Service Revenue		Business Code					
	2a MEDICARE REVENUE	621400	46,027,226	46,027,226			
	b PATIENT SERVICE REVENUE	621400	3,420,357	3,420,357			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		49,447,583				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		255,518			255,518	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	85,557				
		(ii) Personal					
		b Less rental expenses	0				
		c Rental income or (loss)	85,557				
	d Net rental income or (loss)		85,557	85,557			
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	645,874				
		b Less direct expenses b	607,075				
		c Net income or (loss) from fundraising events		38,799			38,799
	9a Gross income from gaming activities See Part IV, line 19	a					
		b Less direct expenses b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a	630,428,370					
	b Less cost of goods sold b	510,839,654					
	c Net income or (loss) from sales of inventory		119,588,716	119,588,716			
Miscellaneous Revenue	Business Code						
11a OTHER INCOME- FROM AFFILIATES	900099	15,369,743	15,369,743				
b OTHER INCOME	900099	1,722,085	1,722,085				
c							
d All other revenue							
e Total. Add lines 11a-11d		17,091,828					
12 Total revenue. See Instructions		209,986,539	186,213,684	0	294,317		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,931,023	2,931,023		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	6,281,303	6,281,303		
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	62,198,332	56,836,831	5,038,135	323,366
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	854,942	769,322	81,110	4,510
9	Other employee benefits	15,137,963	13,833,635	1,235,578	68,750
10	Payroll taxes	5,876,079	5,354,729	493,890	27,460
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	32,964,149	30,824,265	2,045,847	94,037
12	Advertising and promotion	5,047,632	4,702,212	217,099	128,321
13	Office expenses	1,328,310	1,209,081	91,989	27,240
14	Information technology				
15	Royalties				
16	Occupancy	7,597,222	6,178,162	1,408,997	10,063
17	Travel	4,498,906	4,136,946	279,264	82,696
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	316,694	294,904	16,812	4,978
20	Interest	1,601,059	365,968	1,234,164	927
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,717,859	4,851,896	2,856,636	9,327
23	Insurance	1,345,643	1,232,785	112,662	196
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	PROVISION FOR BAD DEBTS	7,044,726	7,044,726		
b	TELEPHONE	4,572,864	4,091,069	371,721	110,074
c	POSTAGE/MESSENGER	3,875,628	3,449,947	328,427	97,254
d	ORGANIZATION EVENT	3,586,596	3,384,931	155,591	46,074
e	All other expenses	19,719,518	17,823,822	1,463,163	432,533
25	Total functional expenses. Add lines 1 through 24e	194,496,448	175,597,557	17,431,085	1,467,806
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	24,872,920	2	6,040,545
	3 Pledges and grants receivable, net	3,800,484	3	9,072,424
	4 Accounts receivable, net	45,590,808	4	62,741,770
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	57,876
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	17,036,738	8	14,613,450
	9 Prepaid expenses and deferred charges	33,484,055	9	27,559,038
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 101,798,069		
	b Less accumulated depreciation	10b 27,632,925	47,672,008	10c 74,165,144
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	23,635,447	12	12,014,192
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	22,496,754	15	21,471,102
16 Total assets. Add lines 1 through 15 (must equal line 34)	218,589,214	16	227,735,541	
Liabilities	17 Accounts payable and accrued expenses	54,214,177	17	48,713,944
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	4,140,000	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	57,876	22	
	23 Secured mortgages and notes payable to unrelated third parties	30,922,312	23	29,132,903
	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	4,283,053	25	8,491,534
	26 Total liabilities. Add lines 17 through 25	93,617,418	26	86,338,381
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	124,511,026	27	141,140,905
	28 Temporarily restricted net assets	460,770	28	256,255
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	124,971,796	33	141,397,160	
34 Total liabilities and net assets/fund balances	218,589,214	34	227,735,541	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	209,986,539
2	Total expenses (must equal Part IX, column (A), line 25)	2	194,496,448
3	Revenue less expenses Subtract line 2 from line 1	3	15,490,091
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	124,971,796
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	935,273
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	141,397,160

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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 in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:
Software Version:
EIN: 95-4112121
Name: AIDS HEALTHCARE FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
MICHAEL WEINSTEIN PRESIDENT	40 00	X		X				392,647	0	3,514
WILLIAM ARROYO MD BOARD MEMBER	4 00	X						0	0	0
JUDITH BRIGGS MARSH BOARD MEMBER	4 00	X						0	0	0
DIANA HOORZUK VICE CHAIR - GLOBAL	4 00	X		X				0	0	0
RODNEY WRIGHT MD CHAIR	4 00	X		X				0	0	0
AGAPITO DIAZ BOARD MEMBER	4 00	X						0	0	0
ELIZABETH MENDIA BOARD MEMBER	4 00	X						0	0	0
CONDESSA CURLEY MD BOARD MEMBER	4 00	X						0	0	0
ANGELINA WAPAKABULO BOARD MEMBER	4 00	X						0	0	0
STEVE L CARLTON ESQ TREASURER	4 00	X		X				0	0	0
MARY ASHLEY BOARD MEMBER	4 00	X						0	0	0
CURLEY BONDS MD BOARD MEMBER	4 00	X						0	0	0
CYNTHIA DAVIS VICE CHAIR - DOMESTIC	4 00	X		X				0	0	0
SCOTT GALVIN SECRETARY	4 00	X		X				0	0	0
LAWRENCE PETERS BOARD MEMBER	4 00	X		X				0	0	0
ANITA ANN WILLIAMS BOARD MEMBER	4 00	X						0	0	0
JOSE L RAMOS BOARD MEMBER	4 00	X						0	0	0
PETER REIS VICE PRESIDENT	40 00			X	X			238,293	0	2,930
THOMAS A MYERS CHIEF COUNSEL/PUBLIC AFFAIRS	40 00			X	X			226,299	0	2,000
DONNA STIDHAM CHIEF, MANAGED CARE	40 00			X	X			222,211	0	6,968
LYLE HONIG CFO-FINANCIAL SVCS & COMPLIANCE	40 00			X	X			202,998	0	3,010
KENNETH SCOTT CARRUTHERS CHIEF OF PHARMACY	40 00			X	X			213,716	0	0
JONATHAN PETRUS CFO-PERFORMANCE & INVESTMENTS	40 00			X				195,039	0	500
MICHAEL KAHANE CHIEF OF SOUTHERN REGION	40 00				X	X		219,378	0	4,153
WAYNE CHEN PHYSICIAN	40 00				X	X		205,809	0	1,055

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
MICHAEL WOHLFEILER CHIEF OF MEDICINE	40 00				X	X		262,441	0	2,986
CLIFFORD KINDER PHYSICIAN	40 00					X		194,908	0	914
LISHA WILSON MD PHYSICIAN	40 00					X		239,058	0	4,950
GERALD HAMWI MD PHYSICIAN	40 00					X		197,953	0	2,000
KARL GOODKIN PHYSICIAN	40 00					X		240,961	0	1,339
REBECCA L COLON PHYSICIAN	40 00					X		214,749	0	2,000
SUSAN G SANCHEZ PHYSICIAN	40 00					X		225,450	0	2,271
CATHERINE CHIEN PHYSICIAN	40 00					X		185,164	0	2,000
ROBERT J CATALA PHYSICIAN	40 00					X		162,040	0	2,000
JOSEPH PIPERATO PHYSICIAN	40 00					X		209,423	0	2,042
RONALD WESTON PHARMACY SALES	40 00					X		197,183	0	2,000
ANTHONY LUNA PHARMACY SALES	40 00					X		353,310	0	2,000
DEBORAH HOLMES PHYSICIAN	40 00					X		188,856	0	2,000
JAMES DWYER PHYSICIAN	40 00					X		217,643	0	3,153
EDWIN MILLAN PHARMACY SALES	40 00					X		229,236	0	1,000
MARIA AZCARATE PHARMACY SALES	40 00					X		222,373	0	803
DONNA TEMPESTA VP OF FINANCE	40 00					X		216,643	0	1,657
KIMBERLY SOMMERS LEGAL COUNSEL	40 00					X		204,964	0	500
LAURA BOUDREAU CHIEF COUNSEL OF OPERATIONS	40 00					X		202,558	0	2,000

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

- ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		

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

(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	19,300,901	19,177,405	20,546,809	20,275,884	23,478,538	102,779,537
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	36,679,446	45,843,677	48,893,611	54,633,740	49,447,583	235,498,057
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	55,980,347	65,021,082	69,440,420	74,909,624	72,926,121	338,277,594
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)						338,277,594

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	55,980,347	65,021,082	69,440,420	74,909,624	72,926,121	338,277,594
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	65,976	192,236	300,928	1,298,839	255,518	2,113,497
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	65,976	192,236	300,928	1,298,839	255,518	2,113,497
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	23,785,652	32,008,311	72,136,204	112,087,688	136,804,900	376,822,755
13 Total support. (Add lines 9, 10c, 11, and 12)	79,831,975	97,221,629	141,877,552	188,296,151	209,986,539	717,213,846
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	47.170 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	57.160 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.290 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0.320 %

- 19a 33 1/3% support tests—2013.** 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—2012.** 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. See separate instructions. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

Table with 2 columns: Name of the organization (AIDS HEALTHCARE FOUNDATION) and Employer identification number (95-4112121)

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

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

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?
4a Was a correction made?
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?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	87,016													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	348,063													
c	Total lobbying expenditures (add lines 1a and 1b)	435,079													
d	Other exempt purpose expenditures	175,597,557													
e	Total exempt purpose expenditures (add lines 1c and 1d)	176,032,636													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	350,723	898,622	1,694,410	435,079	3,378,834
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	70,145	245,000	45,157	87,016	447,318

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 to 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?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

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" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and questions about donor advised funds and grant purposes.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06, and other details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? 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" to 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** Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to 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		16,730,726		16,730,726
b Buildings		25,784,093	4,523,343	21,260,750
c Leasehold improvements		12,004,879	6,833,210	5,171,669
d Equipment		31,767,554	16,276,372	15,491,182
e Other		15,510,817		15,510,817
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				74,165,144

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	772,473,467
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	580,976,276
e	Add lines 2a through 2d	2e	580,976,276
3	Subtract line 2e from line 1	3	191,497,191
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	18,489,348
c	Add lines 4a and 4b	4c	18,489,348
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	209,986,539

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	756,048,103
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	580,041,003
e	Add lines 2a through 2d	2e	580,041,003
3	Subtract line 2e from line 1	3	176,007,100
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	18,489,348
c	Add lines 4a and 4b	4c	18,489,348
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	194,496,448

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION QUALIFIES AS A TAX EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE 23701D THE FOUNDATION HAS EVALUATED ITS TAX POSITIONS AND THE CERTAINTY AS TO WHETHER THOSE POSITIONS WILL BE SUSTAINED IN THE EVENT OF AN AUDIT BY TAXING AUTHORITIES AT THE FEDERAL AND STATE LEVELS THE PRIMARY TAX POSITIONS EVALUATED RELATE TO THE FOUNDATION'S CONTINUED QUALIFICATION AS A TAX-EXEMPT ORGANIZATION AND WHETHER THERE ARE UNRELATED BUSINESS INCOME ACTIVITIES THAT WOULD BE TAXABLE MANAGEMENT HAS DETERMINED THAT ALL INCOME TAX POSITIONS WILL MORE LIKELY THAN NOT (>50%) BE SUSTAINED UPON POTENTIAL AUDIT OR EXAMINATION, THEREFORE, NO DISCLOSURE OF UNCERTAIN INCOME TAX POSITIONS ARE REQUIRED THE FOUNDATION FILES INFORMATION RETURNS IN THE US FEDERAL JURISDICTION AND THE STATE OF CALIFORNIA WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO U S FEDERAL AND STATE EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2009
PART XI, LINE 2D - OTHER ADJUSTMENTS	PROGRAM SERVICE REVENUE FOR AHF AFFILIATES 67,058,485 COST OF SALES 510,839,654 INTERCOMPANY EXPENSES 3,078,137
PART XI, LINE 4B - OTHER ADJUSTMENTS	INTERCOMPANY REVENUE 18,489,348
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF SALES-- 510,839,654 PROGRAM SERVICE EXPENSES FOR AFFILIATES 66,112,213 INTERCOMPANY EXPENSES 3,078,136 REIMBURSEMENT OF EXPENSES PAID TO AHF TEXAS 11,000
PART XII, LINE 4B - OTHER ADJUSTMENTS	INTERCOMPANY EXPENSES 18,489,348

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2013

**Open to Public
Inspection**

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	1	736			24,785,099
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	736			24,785,099

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* Yes No

Additional Data

Software ID:

Software Version:

EIN: 95-4112121

Name: AIDS HEALTHCARE FOUNDATION

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC		180	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENT	1,823,753
SOUTH ASIA		47	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENT	793,555
NORTH AMERICA		4	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENT	1,715,313

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN		6	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENT	89,484
RUSSIA AND THE NEWLY INDEPENDENT STATES		20	PROGRAM SERVICES	HEALTH CARE FOR HIV PATIENTS	1,012,954
SUB-SAHARAN AFRICA		463	PROGRAM SERVICES	HEALTH CARE FOR HIV PATIENTS	16,865,296

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EUROPE	1	16	PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	2,425,165
NORTH AMERICA MISCELLANEOUS			PROGRAM SERVICES	HEALTH CARE FOR HIV/AIDS PATIENTS	59,579

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization AIDS HEALTHCARE FOUNDATION

Employer identification number 95-4112121

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

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

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

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to 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
		FLORIDA AIDS WALK (event type)	CALIFORNIA AIDS WALK (event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	638,504	7,370		645,874
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	638,504	7,370		645,874
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	575,017	32,058		607,075
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Subtract line 10 from line 3, column (d) ▶					38,799

Part III Gaming. Complete if the organization answered "Yes" to 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 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

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

a Is the organization licensed to operate 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 _____

Does the organization operate 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 operated in

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
Attach to Form 990

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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?
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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 95-4112121

Name: AIDS HEALTHCARE FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUN SERVE 1480 SW 9TH AVENUE FT LAUDERDALE, FL 33315	01-0582371	501 C 3	32,332		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
AFRICAN AMERICAN CHURCH	85-8012702	501 C 3	5,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
AFRICAN SERVICE COMMITTEE		501 C 3	5,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
BROWARD HOUSE FLORIDA AIDS WALK		501 C 3	14,840		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
BIENESTAR 16133 VENTURA BLVD STE 425 ENCINO, CA 91436	95-4505737	501 C 3	135,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
PRIDE CENTER AT EQUALITY PARK PO BOX 70518 FT LAUDERDALE, FL 33307	65-0431045	501 C 3	68,673		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
IN THE MEANTIME MENS GROUP PO BOX 29861 LOS ANGELES, CA 90024	74-3023604	501 C 3	179,277		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
AHF FAIR COMMITTEE		501 C 3	50,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
AIDS FOR AFRICA		501 C 3	20,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
AIDS WALK ATLANTA		501 C 3	10,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEING ALIVE SAN DIEGO	35-2160631	501 C 3	35,599		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
AMERICAN RED CROSS		501 C 3	10,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
ASIAN PACIFIC NETWORK OF PEOPLE		501 C 3	10,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
AUSTIN OUTREACH AND COMMUNITY		501 C 3	12,500		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
AIDS TASK FORCE OF GREATER		501 C 3	165,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
AUTOMOTIVE DESIGN & FABRICATION		501 C 3	24,198		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
BEYOND THE STAGE PRODUCTION		501 C 3	15,700		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
EAST BAY AIDS ADVOCACY FOUNDATION		501 C 3	70,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
GAY & LESBIAN ELDER HOUSING 1602 N IVAR AVENUE HOLLYWOOD, CA 90025		501 C 3	10,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
HEALTH GAP		501 C 3	5,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKLYN PRIDE INC		501 C 3	5,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
BWAFWANO INTEGRATED SERVICES		501 C 3	5,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
CALIFORNIA-PACIFIC CONFERENCE		501 C 3	5,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
CLEVELAND LESBIAN-GAY-BI TRANS		501 C 3	20,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
COMMITTEE ON PHARMACEUTICAL EQUALITY		501 C 3	60,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
CROATIAN ASSOCIATION FOR HIV		501 C 3	5,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
DWIGHT POWELLSIZZLE MIAMI		501 C 3	25,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
EASTERN VIRGINIA AIDS NETWORK		501 C 3	10,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
FIFTH THIRD BANK		501 C 3	34,744		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
GAY MEN'S CHORUS OF LA		501 C 3	5,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRUPO CLARA INC		501 C 3	5,657		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
HIV INTERVENTION PROJECT		501 C 3	5,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
LIFELONG AIDS ALLIANCE		501 C 3	55,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
LORAIN COUNTY AIDS TASKFORCE		501 C 3	10,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
LATINOS SALUD INC		501 C 3	9,388		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
SMART RIDE		501 C 3	5,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
MASSACHUSETTS GENERAL HOSPITAL		501 C 3	225,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
							FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
MINORITY DEVELOPMENT		501 C 3	23,353		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
MISSION POSSIBLE FOUNDATION		501 C 3	5,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSISSIPPI ACTION FOR COMMUNITY		501 C 3	15,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
MOVEMENT STRATEGY CENTER		501 C 3	5,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
NEVADA AIDS PROJECT		501 C 3	10,250		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
NEW HIV VACCINE AND MICROBICIDE		501 C 3	20,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
NORTHEAST FLORIDA AIDS NETWORK INC		501 C 3	5,250		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
NP EVA		501 C 3	6,961		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
OASIS		501 C 3	5,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
OUTREACH COMMUNITY CARE NETWORK		501 C 3	20,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
PLAN FOUNDATION		501 C 3	20,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
PLATINUM PLANNING GROUP INC		501 C 3	26,475		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POSITIVE ACTION FOR TREATMENT ACCESS		501 C 3	15,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
PRIMARY HEALTH CARE INC		501 C 3	14,967		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
PT FOUNDATION		501 C 3	5,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
PYP FOUNDATION		501 C 3	5,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
REGENT UNIVERSITY OF CALIFORNIA		501 C 3	56,250		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
SHORT NORTH ALLIANCE INC		501 C 3	15,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
SPECIAL OLYMPICS SANTA CLARITA		501 C 3	10,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
ST PETE PRIDE INC		501 C 3	5,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
STONEWALL COLUMBUS		501 C 3	10,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
STONEWALL SUMMER PRIDE INC		501 C 3	21,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAXI PRODUCTION		501 C 3	40,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
THE ASSOCIATION OF SUBSTITUTION		501 C 3	6,993		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
THE HIV STORY PROJECT		501 C 3	10,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
THE HOPE AND HELP CENTER		501 C 3	5,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
THE POVERELLO CENTER		501 C 3	5,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
THE SAN DIEGO LGBT CENTER		501 C 3	6,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
TRANSGENDER TUESDAY		501 C 3	5,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
WFB CC		501 C 3	66,896		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
WHITE ROSE FOUNDATION		501 C 3	12,500		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE
WORLDWIDE ORPHANS FOUNDATION		501 C 3	10,554		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YEKATERINBURG SOCIAL REHAB CENTER		501 C 3	5,000		BOOK		FACILITATE GRANTING ORGANIZATION'S TAX EXEMPT PURPOSE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number

95-4112121

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in 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," to line 5a or 5b, describe in Part III

6 For persons listed in 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," to line 6a or 6b, describe in Part III

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

8 Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	Yes	
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 95-4112121

Name: AIDS HEALTHCARE FOUNDATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation				
MICHAEL WEINSTEIN PRESIDENT	(i) (ii)	290,611 0	102,036 0	0 0	2,000 0	1,514 0	396,161 0	0 0
PETER REIS VICE PRESIDENT	(i) (ii)	215,293 0	23,000 0	0 0	2,000 0	930 0	241,223 0	0 0
THOMAS A MYERS CHIEF COUNSEL/PUBLIC AFFAIRS	(i) (ii)	203,299 0	23,000 0	0 0	2,000 0	0 0	228,299 0	0 0
DONNA STIDHAM CHIEF, MANAGED CARE	(i) (ii)	200,211 0	22,000 0	0 0	2,000 0	4,968 0	229,179 0	0 0
LYLE HONIG CFO- FINANCIAL SVCS & COMPLIANCE	(i) (ii)	180,998 0	22,000 0	0 0	2,000 0	1,010 0	206,008 0	0 0
KENNETH SCOTT CARRUTHERS CHIEF OF PHARMACY	(i) (ii)	190,216 0	23,500 0	0 0	0 0	0 0	213,716 0	0 0
JONATHAN PETRUS CFO-PERFORMANCE & INVESTMENTS	(i) (ii)	171,789 0	23,250 0	0 0	500 0	0 0	195,539 0	0 0
MICHAEL KAHANE CHIEF OF SOUTHERN REGION	(i) (ii)	196,378 0	23,000 0	0 0	2,000 0	2,153 0	223,531 0	0 0
WAYNE CHEN PHYSICIAN	(i) (ii)	182,759 0	22,050 0	1,000 0	1,000 0	55 0	206,864 0	0 0
MICHAEL WOHLFEILER CHIEF OF MEDICINE	(i) (ii)	224,288 0	28,453 0	9,700 0	1,000 0	1,986 0	265,427 0	0 0
CLIFFORD KINDER PHYSICIAN	(i) (ii)	183,308 0	5,000 0	6,600 0	914 0	0 0	195,822 0	0 0
LISHA WILSON MD PHYSICIAN	(i) (ii)	208,908 0	30,150 0	0 0	2,000 0	2,950 0	244,008 0	0 0
GERALD HAMWI MD PHYSICIAN	(i) (ii)	169,703 0	27,750 0	500 0	2,000 0	0 0	199,953 0	0 0
KARL GOODKIN PHYSICIAN	(i) (ii)	219,461 0	21,500 0	0 0	1,339 0	0 0	242,300 0	0 0
REBECCA L COLON PHYSICIAN	(i) (ii)	172,485 0	21,080 0	21,184 0	2,000 0	0 0	216,749 0	0 0
SUSAN G SANCHEZ PHYSICIAN	(i) (ii)	207,950 0	17,500 0	0 0	2,000 0	271 0	227,721 0	0 0
CATHERINE CHIEN PHYSICIAN	(i) (ii)	166,664 0	18,500 0	0 0	2,000 0	0 0	187,164 0	0 0
ROBERT J CATALLA PHYSICIAN	(i) (ii)	162,040 0	0 0	0 0	2,000 0	0 0	164,040 0	0 0
JOSEPH PIPERATO PHYSICIAN	(i) (ii)	172,434 0	26,189 0	10,800 0	1,000 0	1,042 0	211,465 0	0 0
RONALD WESTON PHARMACY SALES	(i) (ii)	197,183 0	0 0	0 0	2,000 0	0 0	199,183 0	0 0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ANTHONY LUNA PHARMACY SALES	(i)	344,818	0	8,492	2,000	0	355,310	0
	(ii)	0	0	0	0	0	0	0
DEBORAH HOLMES PHYSICIAN	(i)	164,903	23,453	500	2,000	0	190,856	0
	(ii)	0	0	0	0	0	0	0
JAMES DWYER PHYSICIAN	(i)	162,144	24,679	30,820	1,000	2,153	220,796	0
	(ii)	0	0	0	0	0	0	0
EDWIN MILLAN PHARMACY SALES	(i)	216,936	12,300	0	1,000	0	230,236	0
	(ii)	0	0	0	0	0	0	0
MARIA AZCARATE PHARMACY SALES	(i)	84,973	450	136,950	500	303	223,176	0
	(ii)	0	0	0	0	0	0	0
DONNA TEMPESTA VP OF FINANCE	(i)	202,923	13,720	0	1,657	0	218,300	0
	(ii)	0	0	0	0	0	0	0
KIMBERLY SOMMERS LEGAL COUNSEL	(i)	168,864	36,100	0	500	0	205,464	0
	(ii)	0	0	0	0	0	0	0
LAURA BOUDREAU CHIEF COUNSEL OF OPERATIONS	(i)	177,558	25,000	0	2,000	0	204,558	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization AIDS HEALTHCARE FOUNDATION	Employer identification number 95-4112121
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) HOMAYOON KHANLOU MD		ATTRACT AND RETAIN KEY EMPLOYEE		X	57,876	57,876	Yes		Yes		Yes	
Total						▶ \$	57,876					

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
 Attach to Form 990 or 990-EZ.
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AIDS HEALTHCARE FOUNDATION

Employer identification number
95-4112121

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	AHF'S OUTSIDE AUDITORS AND FINANCE STAFF PREPARE THE FORM 990 THE FORM IS THEN REVIEWED AND APPROVED BY THE ORGANIZATION'S CONTROLLER, VICE PRESIDENT -FINANCE /ACCOUNTING, CHIEF FINANCIAL OFFICER-FINANCIAL SERVICES & COMPLIANCE AND CHIEF FINANCIAL OFFICER-PERFORMANCE & INVESTMENTS THE FORM IS THEN SENT TO THE AHF AUDIT COMMITTEE , WHICH IS COMPOSED OF BOARD MEMBERS
FORM 990, PART VI, SECTION B, LINE 12C	AHF REQUIRES ALL EMPLOYEES TO DISCLOSE, AT LEAST ANNUALLY, ALL SOURCES OF INCOME FROM, COMPENSATION FROM, OR OWNERSHIP OF EVERY OUTSIDE ENTITY THAT (A) SOLD, SUPPLIED OR PROVIDED MEDICAL SERVICES, (B) OPERATED A COMPETING ENTERPRISE, OR (C) PROVIDED GOODS OR SERVICES TO AHF IN THE LAST SIX MONTHS AHF'S GENERAL COUNSEL EVALUATES THE FORMS FOR POTENTIAL CONFLICTS OF INTEREST AHF ALSO REQUIRES ALL DIRECTORS TO ANNUALLY SIGN A STATEMENT AFFIRMING (A) RECEIPT OF AHF'S CONFLICT OF INTEREST POLICY, (B) UNDERSTANDING OF THE POLICY, AND (C) AGREEMENT WITH THE POLICY AHF'S CONFLICT 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	THE BOARD REVIEWED AHF PRESIDENT'S AND CHIEF FINANCIAL OFFICER'S COMPENSATION IN 2008 THE BOARD REVIEWED DATA OF COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED NONPROFIT EXECUTIVES THE OCCURRENCE OF THESE DELIBERATIONS ARE NOTED IN THE BOARD MINUTES
FORM 990, PART VI, SECTION C, LINE 19	SOME OR ALL OF THESE ITEMS MAY BE AVAILABLE AS PART OF A PUBLIC GRANT APPLICATION, HOWEVER, THERE IS NO PROCESS FOR MAKING THESE AVAILABLE TO THE PUBLIC
FORM 990 PART VIII LINE 10A, 10B & 10C	PART VIII PART 10A SHOULD BE \$ 630,428,370 PART 10B IS AS FOLLOWS BEGINNING INVENTORY \$ 17,036,738 ADD PURCHASES AND OTHER COST 508,416,366 LESS ENDING INVENTORY -14,613,450 510,839,654 NET INCOME \$119,588,716
FORM 990, PART IX, LINE 11G	PAYROLL SERVICES PROGRAM SERVICE EXPENSES 226,587 MANAGEMENT AND GENERAL EXPENSES 23,980 FUNDRAISING EXPENSES 1,333 TOTAL EXPENSES 251,900 MEDICAL SERVICES PROGRAM SERVICE EXPENSES 24,216,181 MANAGEMENT AND GENERAL EXPENSES 34,330 FUNDRAISING EXPENSES 51 TOTAL EXPENSES 24,250,562 PROFESSIONAL SERVICES PROGRAM SERVICE EXPENSES 6,381,497 MANAGEMENT AND GENERAL EXPENSES 1,987,537 FUNDRAISING EXPENSES 92,653 TOTAL EXPENSES 8,461,687
FORM 990, PART IX, LINE 24E	TEMPORARY STAFFING PROGRAM SERVICE EXPENSES 3,106,350 MANAGEMENT AND GENERAL EXPENSES 297,057 FUNDRAISING EXPENSES 87,965 TOTAL EXPENSES 3,491,372 SOFTWARE SUBSCRIPTION PROGRAM SERVICE EXPENSES 1,216,396 MANAGEMENT AND GENERAL EXPENSES 118,594 FUNDRAISING EXPENSES 35,118 TOTAL EXPENSES 1,370,108 PRINTING PROGRAM SERVICE EXPENSES 1,091,921 MANAGEMENT AND GENERAL EXPENSES 82,285 FUNDRAISING EXPENSES 24,366 TOTAL EXPENSES 1,198,572 TAXES & LICENSES PROGRAM SERVICE EXPENSES 900,535 MANAGEMENT AND GENERAL EXPENSES 72,828 FUNDRAISING EXPENSES 21,565 TOTAL EXPENSES 994,928 RECRUITMENT PROGRAM SERVICE EXPENSES 879,148 MANAGEMENT AND GENERAL EXPENSES 79,729 FUNDRAISING EXPENSES 23,610 TOTAL EXPENSES 982,487 ENTERTAINMENT & MEALS PROGRAM SERVICE EXPENSES 873,475 MANAGEMENT AND GENERAL EXPENSES 78,617 FUNDRAISING EXPENSES 23,280 TOTAL EXPENSES 975,372 PUBLICITY PROGRAM SERVICE EXPENSES 924,851 MANAGEMENT AND GENERAL EXPENSES 22,356 FUNDRAISING EXPENSES 6,620 TOTAL EXPENSES 953,827 AUTOMOBILE EXPENSES PROGRAM SERVICE EXPENSES 870,434 MANAGEMENT AND GENERAL EXPENSES 53,412 FUNDRAISING EXPENSES 15,816 TOTAL EXPENSES 939,662 REPAIR & MAINTENANCE PROGRAM SERVICE EXPENSES 836,634 MANAGEMENT AND GENERAL EXPENSES 67,849 FUNDRAISING EXPENSES 20,092 TOTAL EXPENSES 924,575 BANK CHARGES PROGRAM SERVICE EXPENSES 724,633 MANAGEMENT AND GENERAL EXPENSES 64,621 FUNDRAISING EXPENSES 19,136 TOTAL EXPENSES 808,390 EQUIPMENT RENTAL PROGRAM SERVICE EXPENSES 718,985 MANAGEMENT AND GENERAL EXPENSES 65,313 FUNDRAISING EXPENSES 19,341 TOTAL EXPENSES 803,639 UTILITIES PROGRAM SERVICE EXPENSES 714,493 MANAGEMENT AND GENERAL EXPENSES 57,187 FUNDRAISING EXPENSES 16,934 TOTAL EXPENSES 788,614 SUPPLIES PROGRAM SERVICE EXPENSES 645,897 MANAGEMENT AND GENERAL EXPENSES 58,030 FUNDRAISING EXPENSES 17,184 TOTAL EXPENSES 721,111 REFUSE SERVICES PROGRAM SERVICE EXPENSES 619,444 MANAGEMENT AND GENERAL EXPENSES 57,970 FUNDRAISING EXPENSES 17,166 TOTAL EXPENSES 694,580 DUES & SUBSCRIPTION PROGRAM SERVICE EXPENSES 487,337 MANAGEMENT AND GENERAL EXPENSES 46,313 FUNDRAISING EXPENSES 13,714 TOTAL EXPENSES 547,364 DATA TRANSPORT PROGRAM SERVICE EXPENSES 401,061 MANAGEMENT AND GENERAL EXPENSES 28,539 FUNDRAISING EXPENSES 8,451 TOTAL EXPENSES 438,051 AUTO MILEAGE PROGRAM SERVICE EXPENSES 369,875 MANAGEMENT AND GENERAL EXPENSES 36,061 FUNDRAISING EXPENSES 10,679 TOTAL EXPENSES 416,615 EQUIPMENT MAINTENANCE PROGRAM SERVICE EXPENSES 329,346 MANAGEMENT AND GENERAL EXPENSES 23,231 FUNDRAISING EXPENSES 6,879 TOTAL EXPENSES 359,456 PARKING VALIDATION PROGRAM SERVICE EXPENSES 282,863 MANAGEMENT AND GENERAL EXPENSES 27,457 FUNDRAISING EXPENSES 8,131 TOTAL EXPENSES 318,451 STORAGE EXPENSE PROGRAM SERVICE EXPENSES 272,598 MANAGEMENT AND GENERAL EXPENSES 19,345 FUNDRAISING EXPENSES 5,728 TOTAL EXPENSES 297,671 PATIENT INCENTIVES PROGRAM SERVICE EXPENSES 242,230 MANAGEMENT AND GENERAL EXPENSES 19,416 FUNDRAISING EXPENSES 5,750 TOTAL EXPENSES 267,396 SECURITY EXPENSE PROGRAM SERVICE EXPENSES 218,909 MANAGEMENT AND GENERAL EXPENSES 11,254 FUNDRAISING EXPENSES 3,332 TOTAL EXPENSES 233,495 COM SOFTWARE - NON CAPITALIZED PROGRAM SERVICE EXPENSES 188,771 MANAGEMENT AND GENERAL EXPENSES 18,348 FUNDRAISING EXPENSES 5,433 TOTAL EXPENSES 212,552 EDUCATION/TRAINING PROGRAM SERVICE EXPENSES 192,153 MANAGEMENT AND GENERAL EXPENSES 11,371 FUNDRAISING EXPENSES 3,367 TOTAL EXPENSES 206,891 EQUIPMENT - NON CAPITALIZED PROGRAM SERVICE EXPENSES 174,714 MANAGEMENT AND GENERAL EXPENSES 9,360 FUNDRAISING EXPENSES 2,772 TOTAL EXPENSES 186,846 COMPUTER EQUIPMENT - NON CAPITAL PROGRAM SERVICE EXPENSES 162,662 MANAGEMENT AND GENERAL EXPENSES 12,471 FUNDRAISING EXPENSES 3,693 TOTAL EXPENSES 178,826 FURNITURE & FIXTURE-NON CAPITALIZED PROGRAM SERVICE EXPENSES 160,184 MANAGEMENT AND GENERAL EXPENSES 9,288 FUNDRAISING EXPENSES 2,750 TOTAL EXPENSES 172,222 KITCHEN EXPENSES PROGRAM SERVICE EXPENSES 92,519 MANAGEMENT AND GENERAL EXPENSES 4,598 FUNDRAISING EXPENSES 1,361 TOTAL EXPENSES 98,478 FINES AND FEES PROGRAM SERVICE EXPENSES 52,032 MANAGEMENT AND GENERAL EXPENSES 5,022 FUNDRAISING EXPENSES 1,487 TOTAL EXPENSES 58,541 GIFTS/FLOWER PROGRAM SERVICE EXPENSES 52,887 MANAGEMENT AND GENERAL EXPENSES 4,068 FUNDRAISING EXPENSES 1,205 TOTAL EXPENSES 58,160 LAUNDRY PROGRAM SERVICE EXPENSES 23,193 MANAGEMENT AND GENERAL EXPENSES 1,937 FUNDRAISING EXPENSES 573 TOTAL EXPENSES 25,703 DISCOUNT PROGRAM SERVICE EXPENSES 19,070 MANAGEMENT AND GENERAL EXPENSES 1,859 FUNDRAISING EXPENSES 551 TOTAL EXPENSES 21,480 RENOVATION PROGRAM SERVICE EXPENSES 13,475 MANAGEMENT AND GENERAL EXPENSES 309 FUNDRAISING EXPENSES 92 TOTAL EXPENSES 13,876 PER DIEM PROGRAM SERVICE EXPENSES 10,005 MANAGEMENT AND GENERAL EXPENSES 975 FUNDRAISING EXPENSES 289 TOTAL EXPENSES 11,269 AUTO LEASE PROGRAM SERVICE EXPENSES 9,786 MANAGEMENT AND GENERAL EXPENSES 954 FUNDRAISING EXPENSES 282 TOTAL EXPENSES 11,022 LOSS FROM THEFT - RX PROGRAM SERVICE EXPENSES 3,660 MANAGEMENT AND GENERAL EXPENSES 252 FUNDRAISING EXPENSES 73 TOTAL EXPENSES 3,985 COST OF SALES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 2,490 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,490 PROJECT ASSETS PROGRAM SERVICE EXPENSES 182 MANAGEMENT AND GENERAL EXPENSES 18 FUNDRAISING EXPENSES 5 TOTAL EXPENSES 205 REIMBURSABLE EXPENSE PROGRAM SERVICE EXPENSES 176 MANAGEMENT AND GENERAL EXPENSES 17 FUNDRAISING EXPENSES 5 TOTAL EXPENSES 198 GAIN)/LOSS OF FOREIGN EXCHANGE PROGRAM SERVICE EXPENSES - 59,062 MANAGEMENT AND GENERAL EXPENSES -7,638 FUNDRAISING EXPENSES -2,262 TOTAL EXPENSES -68,962
FORM 990, PART XI, LINE 9	CHANGE IN NET ASSETS OF AFFILIATES 946,273 REIMBURSEMENT OF EXPENSES PAID TO AHF TEXAS -11,000

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

Open to Public Inspection

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990. ▶ See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AIDS HEALTHCARE FOUNDATION MCO OF FLORIDA INC 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028 20-8572701	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	FL	501 (C) 3	PUBLIC CHARITY	AIDS HEALTHCARE FOUNDATION		No
(2) AIDS HEALTHCARE FOUNDATION DISEASE MANAGEMENT OF FLORIDA INC 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028 20-8744009	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	FL	501 (C) 3	PUBLIC CHARITY	AIDS HEALTHCARE FOUNDATION		No
(3) AHF HEALTHCARE CENTERS 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028 95-4582918	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	CA	501 (C) 3	PUBLIC CHARITY	AIDS HEALTHCARE FOUNDATION		No
(4) HIV IMMUNOTHERAPEUTIC INC 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028 95-4607931	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	CA	501 (C) 3	PUBLIC CHARITY	AIDS HEALTHCARE FOUNDATION		No
(5) AIDS HEALTHCARE FOUNDATION TEXAS 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028 46-1454134	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	TX	501 (C) 3	PUBLIC CHARITY	AIDS HEALTHCARE FOUNDATION		No
(6) AIDS TASKFORCE OF GREATER CLEVELAND INC 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028 34-1433612	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	OH	501 (C) 3	PUBLIC CHARITY	AIDS HEALTHCARE FOUNDATION		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) AIDS HEALTHCARE FOUNDATION KENYA	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	KE	AIDS HEALCARE FOUNDATION	C			100 000 %	Yes	
(2) AHF UGANDA CARES LIMITED	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	UG	AIDS HEALCARE FOUNDATION	C			100 000 %	Yes	

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a	Yes	
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p	Yes	
1q	Yes	
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AIDS HEALTHCARE FOUNDATION MCO OF FLORIDA	Q	5,844,000	FMV
(2) AHF HEALTHCARE CENTERS	Q	9,525,743	FMV
(3) AIDS HEALTHCARE FOUNDATION KENYA	B	4,107,142	FMV
(4) AHF UGANDA CARES LIMITED	B	5,600,000	FMV
(5) AIDS HEALTHCARE FOUNDATION TEXAS	P	11,000	FMV

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference**Explanation**

Additional Data

Software ID:

Software Version:

EIN: 95-4112121

Name: AIDS HEALTHCARE FOUNDATION

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
(1) AIDS HEALTHCARE FOUNDATION MCO OF FLORIDA INC 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028 20-8572701	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	FL	501 (C) 3	PUBLIC CHARITY	AIDS HEALTHCARE FOUNDATION		No
(1) AIDS HEALTHCARE FOUNDATION DISEASE MANAGEMENT OF FLORIDA INC 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028 20-8744009	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	FL	501 (C) 3	PUBLIC CHARITY	AIDS HEALTHCARE FOUNDATION		No
(2) AHF HEALTHCARE CENTERS 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028 95-4582918	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	CA	501 (C) 3	PUBLIC CHARITY	AIDS HEALTHCARE FOUNDATION		No
(3) HIV IMMUNOTHERAPEUTIC INC 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028 95-4607931	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	CA	501 (C) 3	PUBLIC CHARITY	AIDS HEALTHCARE FOUNDATION		No
(4) AIDS HEALTHCARE FOUNDATION TEXAS 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028 46-1454134	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	TX	501 (C) 3	PUBLIC CHARITY	AIDS HEALTHCARE FOUNDATION		No
(5) AIDS TASKFORCE OF GREATER CLEVELAND INC 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028 34-1433612	MEDICAL CARE FOR THOSE AFFECTED BY AIDS AND HIV	OH	501 (C) 3	PUBLIC CHARITY	AIDS HEALTHCARE FOUNDATION		No