		** PUBLIC DISCLOSURE COPY	* *		
	0	Return of Organization Exempt Fro	om In	icome Tax	OMB No. 1545-0047
Forr	n Y	YU Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod			s) 2020
	-	Do not enter social security numbers on this form as it	t may be	made public.	Open to Public
Depa Intern	Inspection				
AF	or th	e 2020 calendar year, or tax year beginning JUL 1, 2020 and endir		JN 30, 2021	
Bc	heck if	C Name of organization		D Employer identific	ation number
а	pplicab	^{le:} NORTHERN NEVADA HIV OUTPATIENT PROGRAM			
	Addre	EDUCATION AND SERVICES			
	Name	Doing business as NORTHERN NEVADA HOPES		86-086535	57
	Initial		m/suite	E Telephone number	
	Final Feturr	580 W 5TH STREET		775-786-4	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	42,217,573.
	Amer returr		ſ	H(a) Is this a group re	turn
	Appli dtion	^{ca-} F Name and address of principal officer: SHARON CHAMBERLAIN		for subordinates?	
	pend	SAME AS C ABOVE		H(b) Are all subordinates ind	cluded? Yes No
ΙT	ax-ex	xempt status: 🚺 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or 🗌	527		list. See instructions
J۷	Vebsi	ite: ▶ WWW.NNHOPES.ORG		H(c) Group exemption	n number 🕨
ΚF	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other 🕨 🛛 🛛	L Year o	f formation: 1997 🛛	I State of legal domicile: \overline{NV}
Pa	irt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: WE PROV	VIDE	AFFORDABLE,	
Activities & Governance		HIGH-QUALITY MEDICAL, BEHAVIORAL HEALTH & SU			
rna	2	Check this box 🕨 🦳 if the organization discontinued its operations or disposed of	of more t	han 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	14
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			14
ss 8	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	205		
vitie	6	Total number of volunteers (estimate if necessary)	17		
vctiv	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
4	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		9,447,640.	12,805,865.
Revenue	9	Program service revenue (Part VIII, line 2g)		25,630,976.	29,281,280.
leve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		154,582.	49,861.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		28,626.	80,567.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		35,261,824.	42,217,573.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		770,082.	755,391.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		14,030,074.	15,060,805.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 493,854.			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		19,457,689.	21,310,162.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		34,257,845.	37,126,358.
	19	Revenue less expenses. Subtract line 18 from line 12		1,003,979.	5,091,215.
Net Assets or Fund Balances				inning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		20,153,382.	24,335,791.
it As	21	Total liabilities (Part X, line 26)		7,932,410.	7,053,224.
The	22	Net assets or fund balances. Subtract line 21 from line 20		12,220,972.	17,282,567.
	rt II				
	-	alties of perjury, I declare that I have examined this return, including accompanying schedules and			knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pr	oreparer h	ias any knowledge.	
		Disasture of efficer		Deta	
Sigr	ו	Signature of officer		Date	
Her	е	DEBRA L. DE VAY, CFO			

	V lype or print name and title											
	Print/Type preparer's name	Date Check PTIN										
Paid	KURT BENNION, CPA	KURT BENNION, CPA	04/21/22 self-employed P01469618									
Preparer	Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749											
Use Only	Firm's address 10700 NORTHUP WA	Y, SUITE 200										
	BELLEVUE, WA 980	04	Phone no. $425 - 250 - 6100$									
May the IF	/ the IRS discuss this return with the preparer shown above? See instructions											

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

Bieldy describe the organization's measure NORTHERN NEWDAD ADPESP RRVIDES AFFORDABLE, HIGH-QUALITY, MEDICAL, BEHAVIORAL HEALTH, AND SUPPORT SERVICES FOR ALL.WE ARE DEDICATED TO BUILDING A HEALTHER COMMUNITY BY YOVIDING CORDINATED CARE AND SUPPORT FOR INDIVIDUALS AND FAMILY WELLNESS. OUR COMMUNITY HEALTH Did the organization inductable any significant program services during the year which were not listed on the prior FOR 990-C27 [Ves □] T 'Ves, 'describe these new services on Schedule 0. [Ves [Ves □] D did to organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(6)(5) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revewus. if <i>m</i> , for each program mervice accompletionents for each of fis three largest program services. 29, 281, 280 40 (See:) (becreasts			AND SERVICES	86-0865357 Page
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2 Dd the organization undertake any significant program services during the year which were not listed on the prior Form 980 ex2? III 'Ves, 'describe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Schedule 0. IVes [X] II 'Ves, 'describe these drages on Schedule 0. 4 Describe the organizations receive accomplishments for each of its three largest program services, as measured by expenses. Schedule 0. Schedule 0. 4 Describe the organizations receive accomplishments for each of its three largest program services, as measured by expenses. Schedule 0. Schedule 0. 4 Describe the organization record reported. 755, 3911. (Increases 29, 281, 280 4 Core				
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3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		• • • • • • • • • • • • • • • • • • • •		
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4 Describe the organization's program services accomplishments for each of its three largest program services as measured by expenses. Section 501(c)(d) and 501(c)(d)	3			
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4e Total program service expenses ► 33,672,545.	4d	Other program services (Describe on Schedul		
Form 990 (20))
	4e	Total program service expenses	33,0/2,545.	
32002 12-23-20 SEE SCHEDULE O FOR CONTINUATION(S)				Form 990 (202)

NORTHERN NEVADA HIV OUTPATIENT PROGRAM EDUCATION AND SERVICES

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
<i></i>	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			77
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
•	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	990	X 2020)
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Form 990 (2020)

Part IV Checklist of Required Schedules

2020.05093 NORTHERN NEVADA HIV OUTPA 032-2091

3

EDUCATION AND SERVICES

Part IV Checklist of Required Schedules (continued)

Form 990 (2020)

86-0865357 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
<u>م</u> -	Part V, line 1	34	X X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Δ	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b	х	
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330	- 23	
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 118			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.5		
03000	(gambling) winnings to prize winners?	Eorm	990	(2020)
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EDUCATION AND SERVICES

86-0865357 Pag	э 5
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	990 (2020) EDUCATION AND SERVICES 86-0865	357	Р	_{age} 5								
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)											
			Yes	No								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
	filed for the calendar year ending with or within the year covered by this return 205											
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)											
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X								
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b										
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
ти	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x								
Ь	If "Yes," enter the name of the foreign country	Ha										
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
Fa		Ea		x								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X								
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b										
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v								
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts											
	were not tax deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).											
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b										
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required											
	to file Form 8282?	7c		X								
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d											
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the											
	sponsoring organization have excess business holdings at any time during the year?	8										
9	Sponsoring organizations maintaining donor advised funds.											
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10	Section 501(c)(7) organizations. Enter:											
а	Initiation fees and capital contributions included on Part VIII, line 12 10a											
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b											
11	Section 501(c)(12) organizations. Enter:											
а	Gross income from members or shareholders											
	Gross income from other sources (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a										
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b											
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
	Is the organization licensed to issue qualified health plans in more than one state?	13a										
	Note: See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
	organization is licensed to issue qualified health plans											
с	Enter the amount of reserves on hand											
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X								
		14b										
15	It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or											
	excess parachute payment(s) during the year?	15		x								
		13										
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		x								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16										
	If "Yes," complete Form 4720, Schedule O.											

Form **990** (2020)

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NORTHERN NEVADA HIV OUTPATIENT PROGRAM EDUCATION AND SERVICES

Form 990 (2020)

86-0865357 Page 6

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

					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14	1		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any of	ther			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct supe	ervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was filec	?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one o	r			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?		-	8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev					
			•/		Yes	N
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		g the left.	114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$			120		
C		,		12c	х	
2	in Schedule O how this was done			13	X	
3 4	Did the organization have a written whistleblower policy?			14	X	
4 5	Did the organization have a written document retention and destruction policy?			14	Δ	
5	Did the process for determining compensation of the following persons include a review and approval	by indeper	ident			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	х	
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Λ	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient with a				1
_	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		bation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed NONE					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T (Se	ection 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
_	Own website Another's website X Upon request Other (explain					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of inte	rest policy, ar	d finano	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and reco	ords 🕨 🔜			
	DEBRA DE VAY - 775-786-4673					
	580 W 5TH STREET, RENO, NV 89503					
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Form 990 (2		EDUCATION	-			86-
Part VII	Compensation	of Officers, Di	rectors	s, Trustees, Ke	y Employees, Hig	ghest Compensated
	Employees, an	d Independent	Contra	actors		

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	T	l	mzu			iper	Jour			(F)
(A)	(B)				C) ition	n		(D)	(E)	
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per					s both pr/trus		compensation	compensation from related	amount of other
	week (list any	or						from the	organizations	compensation
	hours for	direct						organization	(W-2/1099-MISC)	from the
	related	e or c	tee			satec		(W-2/1099-MISC)	(00-2/1033-10100)	organization
	organizations	ruste	l trus		66	npen				and related
	below	lual t	tiona		nploy	st col	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) NATALIE VOGEL	40.00									
СМО	0.00			Х				205,004.	0.	37,627.
(2) JENNIFER EDWARDS MD	40.00									
PHYSICIAN/MEDICAL DIRECTOR	0.00					X		195,155.	0.	25,836.
(3) URVASHI GOSWAMI	40.00									
PHYSICIAN	0.00					X		191,486.	0.	26,779.
(4) SHARON CHAMBERLAIN	40.00									
CEO	0.01			Х				187,937.	0.	17,746.
(5) AIMEE HARTER	40.00							1.00.000	0	
PHYSICIAN	0.00					X		166,862.	0.	32,785.
(6) MARIA GORGONA	40.00							152 260	0	15 640
PHYSICIAN (7) MARK CRUMBY	0.00					X		153,360.	0.	15,642.
	40.00							140 117	0	14 576
PHARMACIST (8) IVY SPADONE	0.00					X		149,117.	0.	14,576.
COO	0.01			x				128,794.	0.	9,421.
(9) DEBRA DE VAY	40.00			~				120,194.	0.	9,421.
CFO	0.00			х				117,655.	0.	21,484.
(10) TERESA WILCOX-MOONEY	40.00									
CHRO (THROUGH MARCH 2021)	0.00			х				108,405.	0.	22,112.
(11) KRISTEN DAVIS-COEHLO	40.00							,		· · ·
СВНО	0.00			х				107,731.	0.	20,236.
(12) DOUG BREWER, CFP	1.00									
PRESIDENT	0.01	Х		Х				0.	0.	0.
(13) SCOTT BRENNEKE	1.00									
VICE PRESIDENT	0.01	Х		Х				0.	0.	0.
(14) CHRIS BOSSE, CPA	1.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(15) ABIGAIL STEPHENSON	1.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(16) STEPHEN ALLEN	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(17) BRUCE BRESLOW	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
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Form 990 (2020) EDUCATION	I AND SE	IRV	/IC	ES	5				86-08	<u>65</u>	357	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average			Pos	itior			Reportable	Reportable		Estima	
	hours per	(do not check						compensation	compensation	,	amour	
	week					or/trus		from	from related		othe	
	(list any	ctor						the	organizations	.	compens	
	hours for	direc				-		organization	(W-2/1099-MIS		from t	
	related	ee 01	Istee			nsat		(W-2/1099-MISC)	-		organiza	ation
	organizations	trus	nal tru		oyee	a mo					and rela	ated
	below	Individual trustee or director	Institutional trustee	er	ample	est c loyee	ner				organiza	tions
	line)	Indiv	Insti	Officer	Key employee	Highest compensated employee	Former					
(18) TOM DURANTE, LCSW	1.00											
BOARD MEMBER	0.00	Х						0.		0.		0.
(19) TODD FELTS, ED.D.	1.00											_
BOARD MEMBER	0.00	Х						0.		0.		0.
(20) PATRICIA GALLIMORE	1.00											
BOARD MEMBER	0.00	Х						0.		0.		0.
(21) DR. TRUDY LARSON	1.00											
BOARD MEMBER	0.01	X						0.		0.		0.
(22) KAREN MASSEY, MHA, FACMPE, CPMS	1.00											
BOARD MEMBER	0.00	x						0.		0.		Ο.
(23) THERESA NAVARRO	1.00											
BOARD MEMBER	0.00	х						0.		0.		Ο.
(24) PAR TOLLES	1.00											
BOARD MEMBER	0.00	x						0.		0.		Ο.
(25) KAREN WITHEROW	1.00											
BOARD MEMBER	0.00	x						0.		0.		Ο.
1b Subtotal								1,711,506.		0.	244,2	244.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								1,711,506.		0.	244,2	
2 Total number of individuals (including but no										<u> </u>	/	
compensation from the organization		030	1310	u ac		<i>,</i> , , , , , , , , , , , , , , , , , ,	010					11
											Yes	
2 Did the exception list on former officer	disactor truct	I				~ ~ ~	hia	haat componented amp		ſ		
3 Did the organization list any former officer,				•							-	v
line 1a? If "Yes," complete Schedule J for su											3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150											4 X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich i	bers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest con	•	•							•	ensat	ion from	
the organization. Report compensation for t	he calendar ye	ear e	endin	ig w	rith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)		~	(C)	
Name and business	address							Description of s			ompensati	on
TIM MILTON CONSTRUCTION								CONSTRUCTION	/GENERAL			
716 W 6TH STREET, RENO, N							_	CONTRACTOR		_1	<u>,615,</u>	577 .
LABORATORY CORPORATION OF AMERICA								PROCESS AND 1	READ			
PO BOX 12140, BURLINGTON,	NC 272	16						PATIENTS LAB	S		258,8	320.
2 Total number of independent contractors (ir	ncluding but no	ot lin	nitec	d to t		-	ted	above) who received mo	ore than			
\$100.000 of compensation from the organiz	ation 🕨				2	2						

\$100,000 of compensation from the organization

Form 990 (2020)

032008 12-23-20

NORTHERN NEVADA HIV OUTPATIENT PROGRAM EDUCATION AND SERVICES

			2020) EDUCATION AND	SERVICES	5		86-0865	357 Page 9
Pa	rt \	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any line		(D)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
is is	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
Amo Amo		с	Fundraising events 1c					
ar <i>I</i>		d	Related organizations 1d					
s, G		е	Government grants (contributions) 1e	10,384,461.				
r Si		f	All other contributions, gifts, grants, and					
but			similar amounts not included above 1f	2,421,404.				
d O		g	Noncash contributions included in lines 1a-1f	211,539.				
ano		h	Total. Add lines 1a-1f	▶	12,805,865.			
				Business Code				
e	2	а	NET PATIENT SERVICE REVENUES	621400	29,281,280.	29,281,280.		
e vic		b						
i Se		с						
ram Jeve		d						
Program Service Revenue		е						
Ā		f	All other program service revenue					
		g	Total. Add lines 2a-2f		29,281,280.			
	3		Investment income (including dividends, intere		10.051			
			other similar amounts)		49,861.			49,861.
	4		Income from investment of tax-exempt bond p	Г				
	5		Royalties					
			(i) Real	(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
	-		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	'	а						
		L	assets other than inventory 7a Less: cost or other basis					
Ð		D						
evenue		~	and sales expenses 7b Gain or (loss) 7c					
leve			Net gain or (loss)					
Other R	8		Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
		Ŀ.	Part IV, line 18					
	0		Net income or (loss) from fundraising events Gross income from gaming activities. See					
	9	d	Part IV, line 19					
		h	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
		u	and allowances10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
		2		Business Code				
snc	11	а	MISCELLANEOUS REVENUE	900099	80,567.			80,567.
nec	,	b			·			
ella		с						
Miscellaneous Revenue		d	All other revenue					
2			Total. Add lines 11a-11d		80,567.			
	12		Total revenue. See instructions	▶	42,217,573.	29,281,280.	0.	130,428.
03200	9 12	-23-	20					Form 990 (2020)

9

NORTHERN NEVADA HIV OUTPATIENT PROGRAM EDUCATION AND SERVICES Part IX Statement of Functional Expenses

86-0865357 Page 10

Secti	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							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	755,391.	755,391.					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
	trustees, and key employees	1,062,195.	57,867.	1,004,328.				
6	Compensation not included above to disqualified		,					
•	persons (as defined under section $4958(f)(1)$) and							
	never described in section $40\Gamma0(s)(0)(D)$							
7	Other salaries and wages	10,953,408.	9,889,276.	762,002.	302,130.			
8	Pension plan accruals and contributions (include		-,,-	,				
0	section 401(k) and 403(b) employer contributions)	366,189.	325,436.	30,799.	9,954.			
9	Other employee benefits	1,831,578.	1,589,013.	194,186.	48,379.			
		847,435.	707,216.	118,727.	21,492.			
10	Payroll taxes	047,400.	101,210.	110,121.	41,474.			
11	Fees for services (nonemployees):							
	Management	2 0 6 7		2 067				
b	Legal	3,067.		3,067.				
	Accounting	48,743.		48,743.				
	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25,				1 - 110			
	column (A) amount, list line 11g expenses on Sch 0.)	629,681.	499,462.	82,801.	47,418.			
12	Advertising and promotion							
13	Office expenses	470,348.	333,016.	130,176.	7,156.			
14	Information technology	485,088.	315,307.	164,930.	4,851.			
15	Royalties							
16	Occupancy	1,699,382.	1,475,044.	222,069.	2,269.			
17	Travel	226.	147.	77.	2.			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	49,388.	32,102.	16,792.	494.			
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	372,996.	352,228.	20,768.				
23	Insurance	135,307.		135,307.				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)							
а	MEDICAL SUPPLIES	17,409,318.	17,334,422.	25,187.	49,709.			
b					,			
c								
d								
	All other expenses	6,618.	6,618.					
25	Total functional expenses. Add lines 1 through 24e	37,126,358.		2,959,959.	493,854.			
26	Joint costs. Complete this line only if the organization			_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
20	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.							
	Check here The infollowing SOP 98-2 (ASC 958-720)							

032010 12-23-20

Form 990 (2020)

16540421 131839 032-209750-00

Form 990 (2020)

10

Form 990 (2020) Part X Balance Sheet

NORTHERN NEVADA HIV OUTPATIENT PROGRAM EDUCATION AND SERVICES

86-0865357 Page 11

Part	. ^	Balance Sneet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,672,717.	1	2,684,851.
	2	Savings and temporary cash investments	2,962,104.	2	2,450,920.		
	3	Pledges and grants receivable, net			1,628,093.	3	1,723,462.
	4	Accounts receivable, net			1,394,336.	4	2,582,556.
	5	Loans and other receivables from any current or			· · ·		
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit	•			_	
		under section 4958(f)(1)), and persons described		6			
<i>"</i>	7	Notes and loans receivable, net		Г		7	
Assets	8	Inventories for sale or use			505,087.	8	380,495.
As	9		153,204.	9	260,922.		
		Land, buildings, and equipment: cost or other	I I			-	,
		basis. Complete Part VI of Schedule D	10a	5,092,066.			
	h	Less: accumulated depreciation	10b	1,035,968.	1,864,841.	10c	4,056,098.
	11	Investments - publicly traded securities			_,	11	_,,
	12	Investments - other securities. See Part IV, line 1	7,973,000.	12	10,177,721.		
	13	Investments - program-related. See Part IV, line	.,	13			
	14	Intangible assets	0.	14	18,766.		
	15	Other assets. See Part IV, line 11	•••	15			
	16	Total assets. Add lines 1 through 15 (must equa			20,153,382.	16	24,335,791.
	17	Accounts payable and accrued expenses			6,219,155.	17	7,025,556.
	18	Grants payable	.,,	18	.,,		
	19	Deferred revenue	98,165.	19	27,668.		
	20	Tax-exempt bond liabilities	,	20			
	21	Escrow or custodial account liability. Complete I				21	
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
bili		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela	-	F		23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·	1,615,090.	24	0.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			7,932,410.	26	7,053,224.
		Organizations that follow FASB ASC 958, che	ck here	► X	· · ·		
es		and complete lines 27, 28, 32, and 33.		·			
anc	27				11,332,412.	27	16,505,926.
Bal	28	Net assets with donor restrictions		F	888,560.	28	776,641.
P		Organizations that do not follow FASB ASC 9					
Ъ.		and complete lines 29 through 33.					
۶	29	Capital stock or trust principal, or current funds		29			
Sets	30	Paid-in or capital surplus, or land, building, or ec				30	
Ast	31	Retained earnings, endowment, accumulated in				31	
÷	32	Total net assets or fund balances		F	12,220,972.	32	17,282,567.
_	33	Total liabilities and net assets/fund balances			20,153,382.	33	24,335,791.
					•		Form 990 (2020

032011 12-23-20

NORTHERN	NEVADA	HIV	OUTPATIENT	PROGRAM

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI I 1 Total revenue (must equal Part VIII, column (A), line 12) 1 42,217,573 2 Total expenses (must equal Part IX, column (A), line 25) 2 37,126,358 3 Revenue less expenses. Subtract line 2 from line 1 3 5,091,215 4 12,220,972 4 12,220,972 5 -39,939 6 10,319 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 17,282,567 Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X Were the organization via financial statem	Forr	1 990 (2020) EDUCATION AND SERVICES	86-0	865357	Pa	ge 12	
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 42,217,573 2 37,126,358 3 Revenue less expenses. Subtract line 2 from line 1 3 5,091,215 4 12,220,972 5 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 12,220,972 5 Net unrealized gains (losses) on investments 5 -39,939 6 Donated services and use of facilities 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 17,282,567 Part XIII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2 Wer					14	go	
1 Total revenue (must equal Part VIII, column (A), line 12) 1 42, 217, 573 2 Total expenses (must equal Part IX, column (A), line 25) 2 37, 126, 358 3 Revenue less expenses. Subtract line 2 from line 1 3 5, 091, 215 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 12, 220, 972 5 Net unrealized gains (losses) on investments 5 -39, 939 6 Donated services and use of facilities 7 7 Investment expenses 6 10, 319 7 Investment expenses 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 17, 282, 567 Part XII Financial Statements and Reporting X Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 th							
2 Total expenses (must equal Part IX, column (A), line 25) 2 37, 126, 358 3 Revenue less expenses. Subtract line 2 from line 1 3 5, 091, 215 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 12, 220, 972 5 Net unrealized gains (losses) on investments 5 -39, 939 6 Donated services and use of facilities 7 7 Investment expenses 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 17, 282, 567 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 X 1 Mere the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2 X X 1 <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>							
2 Total expenses (must equal Part IX, column (A), line 25) 2 37, 126, 358 3 Revenue less expenses. Subtract line 2 from line 1 3 5, 091, 215 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 12, 220, 972 5 Net unrealized gains (losses) on investments 5 -39, 939 6 Donated services and use of facilities 7 7 Investment expenses 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 17, 282, 567 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 X 1 Mere the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2 X X 1 <th>1</th> <th>Total revenue (must equal Part VIII. column (A), line 12)</th> <th>1</th> <th>42,21</th> <th>7,5</th> <th>73.</th>	1	Total revenue (must equal Part VIII. column (A), line 12)	1	42,21	7,5	73.	
3 Revenue less expenses. Subtract line 2 from line 1 3 5,091,215 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 12,220,972 5 Net unrealized gains (losses) on investments 5 -39,939 6 Donated services and use of facilities 6 10,319 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 17,282,567 Part XIII Financial Statements and Reporting X Yes Net 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Mere the organization's financial statements compiled or reviewed by an independent accountant?	2		2				
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 12,220,972 5 Net unrealized gains (losses) on investments 5 -39,939 6 Donated services and use of facilities 6 10,319 7 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 17, 282, 567 Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Yes Net Indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X <th>3</th> <th></th> <th>3</th> <th></th> <th></th> <th></th>	3		3				
5 Net unrealized gains (losses) on investments 5 -39,939 6 Donated services and use of facilities 6 10,319 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 17, 282, 567 Yes Yes <td colspa<="" th=""><th>4</th><th></th><th>4</th><th>12,22</th><th>0,9</th><th>72.</th></td>	<th>4</th> <th></th> <th>4</th> <th>12,22</th> <th>0,9</th> <th>72.</th>	4		4	12,22	0,9	72.
6 Donated services and use of facilities 6 10,319 7 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 0 Part XII Financial Statements and Reporting 10 17, 282, 567 Part XII Financial Statements and Reporting Yes Net Check if Schedule O contains a response or note to any line in this Part XII X Yes Net 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 1 2a X	5		5	-3	9,9	39.	
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 17, 282, 567 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash 1 Accounting financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	6		6	1	0,3	19.	
 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 17, 282, 567 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual 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, or both: 	7		7				
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 17, 282, 567 Part XII Financial Statements and Reporting 10 17, 282, 567 Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Compile Co	8		8				
column (B)) 10 17,282,567 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X Yes Nutrition 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves Nutrition 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves Nutrition 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	9		9			0.	
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes Notestain in Schedule O. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za Yes Notestain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Za	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes Yes		column (B))	10	17,28	2,5	67.	
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Second	Pa	rt XII Financial Statements and Reporting					
 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X	
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? 2a 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:					Yes	No	
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
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:		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
separate basis, consolidated basis, or both:	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
		separate basis, consolidated basis, or both:					
		Separate basis Consolidated basis Both consolidated and separate basis					
b Were the organization's financial statements audited by an independent accountant?	b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	X		
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
consolidated basis, or both:							
Separate basis X Consolidated basis Both consolidated and separate basis		Separate basis					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
review, or compilation of its financial statements and selection of an independent accountant?				<u>2c</u>	X		
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a		gle Audit				
Act and OMB Circular A-133? 3a X		Act and OMB Circular A-133?		<u>3a</u>	X		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b						
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

Form **990** (2020)

032012 12-23-20

SCHEDULE A		Dublic Cha	rity Status an	d Dub	lic Si	innort		OMB No. 1545-0047
(Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section		2020					
Department of the Treasury		4947(a)(1) nonexempt charitable trust.						2020
			Attach to Form 990 or F					Open to Public Inspection
			/Form990 for instruction				Employer	-
Name of the organizat		ATION AND	A HIV OUTPAT:	LENT. F	ROGRA	71vī		identification number 6-0865357
Part I Reason			All organizations must c	omploto th	vic part) S			0-0003337
· · · · ·							15.	
Ē.	-		For lines 1 through 12, cl n of churches described	•		I // A //;)		
			Attach Schedule E (Form			·)(A)(i)•		
			anization described in se			i)		
	-		njunction with a hospital			-)(iii). Enter	the hospital's name.
city, and stat	+		,				<i>/</i>	·····,
		or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
· •	•	Complete Part II.)	0 ,	•	, 0			
			nental unit described in	section 17	'0(b)(1)(A)	(v).		
7 X An organizat	ion that norma	ally receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
section 170	b)(1)(A)(vi). (C	Complete Part II.)		-			•	
8 A community	trust describ	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9 🗌 An agricultur	al research or	ganization described	in section 170(b)(1)(A)(i x) operate	ed in conju	inction with a	land-grant	college
or university	or a non-land-	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
university:								
10 An organizat	ion that norma	ally receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membersh	ip fees, and	d gross receipts from
activities rela	ted to its exer	npt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of it	s support fr	om gross investment
income and	unrelated busi	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
		omplete Part III.)						
11 An organizat	ion organized	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).		
-	-	-	vely for the benefit of, to				•	-
		-	d in section 509(a)(1) o					Check the box in
	-	• •	f supporting organizatior				-	
			upervised, or controlled	• • • •	-			
	-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	pporting
		complete Part IV, Se		:		al averaginatio	··· (-)	
			or controlled in connect			0		•
	•	st complete Part IV,	anization vested in the sa	arrie persor	ns that co	ntroi or mana	ge the supp	onted
	()	• • •	g organization operated	in connoct	ion with a	and functional	lly intograto	d with
). You must complete I				ily integrate	u with,
	•	.,.	orting organization oper			-	ted organiz	ration(s)
			ation generally must sat				0	()
			nplete Part IV, Sections				i un uttontiv	
			written determination from				II. Type III	
			nally integrated supporti			<i>J</i>	, ,,	
f Enter the number		organizationa	, , , , , , , , , , , , , , , , , , , ,					
g Provide the follow	ing informatio							
(i) Name of supp	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount o		(vi) Amount of other
organizatio	1		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total								
Total	duction Act	Notice sec the last	uctions for Form 990 or	990.57	022001 01	1 05.01 Coho	dulo A (Ecr	m 990 or 990-EZ) 2020
		vouce, see the instri	1010115 101 FULITI 990 01	330-EZ.	032021 01-	20-21 SCHE	uule A (FO	11 330 01 330-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 EDUCATION AND SERVICES

86-0865357 Page 2

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.)

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	6206553.	7110275.	8214088.	9498040.	12805865.	43834821.	
2	Tax revenues levied for the organ-							
	ization'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	6206553.	7110275.	8214088.	9498040.	12805865.	43834821.	
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)						586,486.	
	Public support. Subtract line 5 from line 4.						43248335.	
	ction B. Total Support				[
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 4	6206553.	7110275.	8214088.	9498040.	12805865.	43834821.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,		F7 F11	100 000	1 - 4	40.001		
_	and income from similar sources	4,751.	57,511.	122,920.	154,582.	49,861.	389,625.	
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	E1 010	15 401	07 252	20 626	00 567	262 705	
	assets (Explain in Part VI.)	51,819.	15,421.	87,352.	28,626.		<u>263,785.</u> 44488231.	
	Total support. Add lines 7 through 10						,202,954.	
12	Gross receipts from related activities, First 5 years. If the Form 990 is for th		,				,202,994.	
13	-	•						
Sec	organization, check this box and stor ction C. Computation of Publi							
	Public support percentage for 2020 (I			column (f))		14	97.21 %	
	Public support percentage from 2019		•			15	99.08 %	
	33 1/3% support test - 2020. If the c							
	stop here. The organization qualifies							
b	33 1/3% support test - 2019. If the c		•					
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact							
	meets the facts-and-circumstances te			-	-			
b	10% -facts-and-circumstances test	-		• • •	-			
	more, and if the organization meets th							
	organization meets the facts-and-circu						▶□	
18	Private foundation. If the organizatio	n did not check a l	<u>oox on line 13, 16a</u>	a, <u>16b, 17a, or 1</u> 7b	, check this box a	nd see instructions	s >	
	Schedule A (Form 990 or 990-EZ) 2020							

Schedule A (Form 990 or 990-EZ) 2020 EDUCATION AND SERVICES Part III Support Schedule for Organizations Described in Section 509(a)(2)

86-0865357 Page 3

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

Sec	ction A. Public Support			•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	L					
4	Tax revenues levied for the organ-						
	ization'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						
7a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons 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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(a) 2010	(0) 2017	(0) 2018	(u) 2019	(e) 2020	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's fi	rst. second. third.	fourth, or fifth tax	vear as a section 5	i01(c)(3) organizatio	on.
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				, L
	Public support percentage for 2020 (I			column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage			· · · ·	
17	Investment income percentage for 20)20 (line 10c, colur	nn (f), divided by l	line 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17 _			18	%
19a	33 1/3% support tests - 2020. If the	organization did r	ot check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	-			•••••		
b	33 1/3% support tests - 2019. If the	•			-	-	
	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	n did not check a	box on line 14, 19	9a, or 19b, check t			
03202	23 01-25-21		15	5	Sch	edule A (Form 990	0 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 EDUCATION AND SERVICES

86-0865357 Page 4

1

2

3a

3b

3c

4a

4b

4c

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

16

032024 01-25-21

5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2020

16540421 131839 032-209750-00

Schedule A (Form 990 or 990 EZ) 2020 EDUCATION AND SERVICES Part IV Supporting Organizations (continued)

86-0865357 Page 5

Yes No

11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	-		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s)			110
2	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NU
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Jec				
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	·).		
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	<u>is).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
032025	i 01-25-21 Schedule A (Form		0-EZ	2020
	17	_, 50	,	

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Sche	edule A (Form 990 or 990-EZ) 2020 EDUCATION AND SERVICES	-		6-0865357 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on I	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	1
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Sche	chedule A (Form 990 or 990-EZ) 2020 EDUCATION AND SERVICES 86-0865357 Page 7							
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continue}	ed)				
Secti	on D - Distributions				Current Yea	ar		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3				
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution: Pre-2020	s	(iii) Distributab Amount for 2			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
a	From 2015							
b	From 2016							
C	From 2017							
d	From 2018							
e	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i	Carryover from 2015 not applied (see instructions)							
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2016							
b	Excess from 2017							
с	Excess from 2018							
d	Excess from 2019							
е	Excess from 2020							

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

NORTHERN NEVADA HIV OUTPATIENT PROGRAM Schedule A (Form 990 or 990-EZ) 2020 EDUCATION AND SERVICES

86-08<u>65357</u> Page 8

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

Schedule A (Form 990 or 990-EZ) 2020

032028 01-25-21

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

86-0865357

NORTHERN	NEVAD	A HIV	OUTPATIENT	PROGRAM
EDUCATION	N AND	SERVI	CES	

 Organization type (check one):

 Filers of:
 Section:

 Form 990 or 990-EZ
 X
 501(c)(3) (enter number) organization

 4947(a)(1) nonexempt charitable trust not treated as a private foundation
 527 political organization

 Form 990-PF
 501(c)(3) exempt private foundation

 4947(a)(1) nonexempt charitable trust treated as a private foundation

 501(c)(3) exempt private foundation

 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

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

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Name of organization

NORTHERN NEVADA HIV OUTPATIENT PROGRAM EDUCATION AND SERVICES

Employer identification number

86-0865357

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>7,148,339.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>878,687.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,615,090.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>265,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$468,627.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

16540421 131839 032-209750-00

023452 11-25-20

Name of organization

NORTHERN NEVADA HIV OUTPATIENT PROGRAM EDUCATION AND SERVICES

Employer identification number

86-0865357

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

23 2020.05093 NORTHERN NEVADA HIV OUTPA 032-2091

2.0

Schedule B	(Form 990,	990-EZ, or	990-PF)	(2020)
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Name of organization

NORTHERN NEVADA HIV OUTPATIENT PROGRAM EDUCATION AND SERVICES

Employer identification number

86-0865357

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				
023453 11-25-	-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)			

16540421 131839 032-209750-00

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of or	-		Employer identification number
	CRN NEVADA HIV OUTPATIE	NT PROGRAM	
EDUCA'I	ION AND SERVICES	tions to organizations described in s	86 - 0865357 section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
i art m	from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	a) through (e) and the following line er charitable, etc., contributions of \$1,000 or	ntry. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	
_	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
	Transferee's name, address, a	(e) Transfer of gi	ift Relationship of transferor to transferee
F			
023454 11-25-	20		Schedule B (Form 990, 990-EZ, or 990-PF) (2020

25

16540421 131839 032-209750-00

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
•	n 990)	Complete if the org Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		2020 Open to Public
	ment of the Treasury I Revenue Service		90 for instructions and the latest informati	ion.	Inspection
Nam	e of the organizati		V OUTPATIENT PROGRAM		identification number
		EDUCATION AND SERV			6-0865357
Par		-	d Funds or Other Similar Funds or	r Accounts.	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin		<u> </u>	
			(a) Donor advised funds	(b) Funds an	d other accounts
1		nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advised exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be us		
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose cor	nferring	
	impermissible priva	ate benefit?			Yes No
Par	t II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	rt IV, line 7.	
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).		
	Preservation	n of land for public use (for example, recrea	tion or education) Preservation of a	historically impo	rtant land area
	Protection o	f natural habitat	Preservation of a	certified historic	structure
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation e	asement on the last
	day of the tax year	r.		Held	at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b					
с	Number of conserv	vation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conserv	vation easements included in (c) acquired a	after 7/25/06, and not on a historic structure		
	listed in the Nation	nal Register		2d	
3	Number of conservent	vation easements modified, transferred, rel	eased, extinguished, or terminated by the or	ganization during	g the tax
	year 🕨				
4		where property subject to conservation eas			
5	Does the organization	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enf	orcement of the conservation easements it	holds?		Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser-	vation easements	s during the year
	▶				
7		es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation	n easements dur	ing the year
	▶\$				
8			e satisfy the requirements of section 170(h)(
					Yes No
9		-	on easements in its revenue and expense sta		
			note to the organization's financial statement	s that describes	the
Da		ounting for conservation easements.	Art, Historical Treasures, or Othe	or Similar As	eate
Fai					5013.
		f the organization answered "Yes" on Form			
та	0	, 1	8, not to report in its revenue statement and		
			blic exhibition, education, or research in furth	ierance of public	
	· •		ncial statements that describes these items.		f
D	-		8, to report in its revenue statement and bal		
			exhibition, education, or research in further	ance of public se	a vice,
	•	ng amounts relating to these items:		•	
				. .	
0	.,		asuros, or other similar assots for financial or		
2	-		asures, or other similar assets for financial ga	airi, provide	
-	-	unts required to be reported under FASB A	-	•	
			for Form 990		dule D (Form 990) 2020
		eduction Act Notice, see the Instructions	, IOI 1'UIIII 330.	Sche	aale D (FUIII 390) 2020
03203	12-01-20		26		

16540421	131839	032-209750-00
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^{2020.05093} NORTHERN NEVADA HIV OUTPA 032-2091

		N NEVADA H			ENT PRO	GRAM			C - 2 - 7		0
		ON AND SER				<u> </u>			<u>65357</u>		ige Z
Par	t III Organizations Maintaining C								continu	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing that	make sigr	nificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit of		-						_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on F	orm 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for c	contributions	s or other ass	ets not ind	cluded		_		_
	on Form 990, Part X?							🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
									Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						?		Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo	rm 990, Part	IV, line 10					
		(a) Current year		rior year	(c) Two year			ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
Ũ	and programs										
f	Administrative expenses										
2	End of year balance Provide the estimated percentage of the cur		l o (lino 1 o	n column (a)) hold as:						
2	Board designated or quasi-endowment	•		j, column (a)	neiu as.						
а ь			_%								
U a	Permanent endowment	%									
С		_%									
•	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	t are held ar	nd administer	ed for the	organiza	tion	Б		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere			/, line 11a. S	ee Form 990,						
	Description of property	(a) Cost or c		• •	or other	• •	cumulate	d	(d) Book	value	Э
		basis (investr	ment)		(other)	depr	eciation				
1a	Land				0,702.				340		
	Buildings				9,040.		26,03		1,623		
с	Leasehold improvements				4,222.		77,66		326	, 5!	<u>59.</u>
	Equipment				9,566.	92	24,19		1,295		
	Other			47	8,536.		8,08	80.	470	, 4	56.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X. colum	nn (B), line 1	0c.)	<u></u>			4,056	, 0	98.
					-			Schedule	D (Form	990)	2020

032052 12-01-20

NORTHERN NEVADA HIV OUTPATIENT PROGRAM EDUCATION AND SERVICES

Part VII			
	Complete if the organization answered "Yes"		
a) Descript	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
	Il derivatives		
	held equity interests		
Other			0007
~ /	TEREST RATE INVESTMENTS	10,177,721.	COST
<u>(B)</u>			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
	b) must equal Form 990, Part X, col. (B) line 12.) ▶	10,177,721.	
art VIII	Investments - Program Related.		
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) tal. (Col. (b	o) must equal Form 990, Part X, col. (B) line 13.)		
(9)	Other Assets.		
(9) tal. (Col. (b	Other Assets. Complete if the organization answered "Yes" of		
(9) tal. (Col. (t Part IX	Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15. (b) Book value
(9) ial. (Col. (b art IX (1)	Other Assets. Complete if the organization answered "Yes" of		
(9) tal. (Col. (t Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes" of		
(9) tal. (Col. (t) 'art IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" of		
(9) tal. (Col. (b part IX) (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" of		
(9) tal. (Col. (t part IX) (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" of		
(9) tal. (Col. (tr part IX) (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" of		
(9) tal. (Col. (tr Part IX) (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" of		
(9) tal. (Col. (b) part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" of		
(9) tal. (Col. (t) part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) (a)	Description	(b) Book value
(9) tal. (Col. (b part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colui	Other Assets. Complete if the organization answered "Yes" of	Description	(b) Book value
(9) tal. (Col. (t) part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line	Description	(b) Book value
(9) (al. (Col. (b art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colui	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description	(b) Book value
(9) (al. (Col. (b) art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Coluination of the second of the s	Other Assets. Complete if the organization answered "Yes" ((a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (Description	(b) Book value (b) Book value
(9) al. (Col. (b art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colui art X)	Other Assets. Complete if the organization answered "Yes" ((a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description	(b) Book value (b) Book value
(9) al. (Col. (b art IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (2) (1) Fed (2)	Other Assets. Complete if the organization answered "Yes" ((a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description	(b) Book value (b) Book value
(9) al. (Col. (b art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colui art X) (1) Fed	Other Assets. Complete if the organization answered "Yes" ((a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description	(b) Book value (b) Book value
(9) al. (Col. (f art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Col()) tal. (Col()) (3) (1) Fed (2) (3)	Other Assets. Complete if the organization answered "Yes" ((a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description	(b) Book value (b) Book value
(9) al. (Col. (t art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colui art X (9) tal. (Colui (3) (1) Fedd (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" ((a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description	(b) Book value (b) Book value
(9) al. (Col. (b art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Coluination (Columnation (Columnatio))))))))	Other Assets. Complete if the organization answered "Yes" ((a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description	(b) Book value (b) Book value
(9) al. (Col. (t art IX) (1) (2) (3) (4) (5) (6) (7) (8) (7) (8) (9) tal. (Colui art X) (1) Fed (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" ((a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description	(b) Book value (b) Book value
(9) (al. (Col. (b) (art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colun (7) (8) (9) tal. (Colun (7) (8) (9) tal. (Colun (4) (2) (3) (4) (5) (6) (7) (6) (7)	Other Assets. Complete if the organization answered "Yes" ((a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description	(b) Book value (b) Book value

Schedule D (Form 990) 2020

032053 12-01-20

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 EDUCATION AND SERVICES			age 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b			
•	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With Expens	es per Return.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With Expens	es per Return.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With Expens	es per Return.	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With Expens	es per Return.	
5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With Expens	es per Return.	
5 Ра 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With Expens	es per Return.	
5 Ра 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents With Expens	es per Return.	
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	es per Return.	
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	es per Return.	
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	2e	
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	2e	
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	2e	
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	2e	
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	2e 3	
5 Pa 1 2 d b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	2e 3 4c	

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

PART X, LINE 2:

HOPES HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A NON-PROFIT
COPORATION AS DESCRIBED IN SEC. 501(C)(3) OF THE INTERNAL REVENUE CODE
(IRC) AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME
PURSUANT TO SEC 501(A) OF THE IRC AND NEVADA INCOME TAXES UNDER NEVADA
LEGISATURE NRS 82.021. ACCORDINGLY, NO PROVISION FOR INCOME TAX IS
INCLUDED IN THE FINANCIAL STATEMENTS. MANAGEMENT EVALUATED HOPES' TAX
POSITION AND CONCLUDED THAT HOPES HAD TAKEN NO UNCERTAIN TAX POSITIONS
THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE
PROVISIONS OF TOPIC 740 OF THE ACCOUNTING STANDARDS CODIFICATION. HOPES'
FEDERAL EXEMPT ORGANIZATION INCOME TAX RETURNS (FORM 990) ARE SUBJECT TO
EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS
032054 12-01-20 Schedule D (Form 990) 2020 29
16540421 131839 032-209750-00 2020.05093 NORTHERN NEVADA HIV OUTPA 032-209

/	NORTHERN NEVADA HIV OUTPATIENT PROGRAM	06 0065257	
Schedule D (Form 990) 2020 Part XIII Supplemental Infor	EDUCATION AND SERVICES mation (continued)	86-0865357	Page 5
AFTER THEY WERE FIL	ED.		
032055 12-01-20		Schedule D (Form 9	990) 2020

30

SCHEDULE I (Form 990)			rants and Oth vernments, an						OMB No. 1	545-0047 20
Department of the Treasury Internal Revenue Service		Comple	ete if the organization ► Go to www.ir	n answered "Yes" Attach to For s.gov/Form990 fo	m 990.				CD Open to Inspec	
Name of the organizati	on NORTHERN		/ OUTPATIEN	•				Employer	identificatio 86-086	
Part I General Ir	nformation on Grants a	nd Assistance								
criteria used to a	zation maintain records t ward the grants or assis	tance?							X Yes	🗌 No
	IV the organization's pro								fa., a.a.,	
	d Other Assistance to I hat received more than \$	-				anization answered "Y	es" on Form 990, Par	(IV, line 21,	for any	
1 (a) Name and ac	Idress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		Purpose of g or assistance	
3 Enter total numb	per of section 501(c)(3) and the section 501 (c)(3) and the section section (c)(3) and the	listed in the line 1	table					►		

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

Schedule I (Form 990) 2020

EDUCATION AND SERVICES

86-0865357

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					BUS PASSES, TAXIS, GAS
TRANSPORTATION ASSISTANCE	150	0.	37,207.	ESTIMATED VALUE	VOUCHERS
					HOUSING ASSISTANCE AND
HOUSING	161	416,897.	0.	N/A	UTILITIES ASSISTANCE
					HOUSEHOLD ITEMS, STORAGE,
HOUSEHOLD ITEMS	87	0.	21,632.	ESTIMATED VALUE	CLOTHING, AND LAUNDRY
FOOD	288	0.	71,162.	ESTIMATED VALUE	FOOD PANTRY
	827			AMOUNT PAID	PAYMENT FOR RX PRESCRIPTIONS

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

PART I, LINE 2:

PAYMENTS ARE MADE DIRECTLY TO THE LANDLORD, UTILITY, CREDITOR, ETC. FOOD

PASSES AND BUS PASSES ARE GIVEN IN LIEU OF CASH TO ENSURE THEY'RE USED FOR

APPROPRIATE PURPOSES.

(Form 990) For certain Officers, Directors, Trustes, Kay Employees, and Highest Dependence of the organization answered "Ves" on Form 990, Part IV, line 23. Name of the organization Image of the organization provide any of the following to or for a person listed on Form 990, Part VI, Secton A, line 12. Complete Part III to provide any relevant information regarding these items. Image of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reintibutement or provision of all of the expense sectored boxes of line 0.1 and the expense sectored boxes on line 1a. 2 1 1 2 1 2 1 2 1 1 2 1 1 1 1 2 1 2 1 2 1 2 2 3 <	SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
Compensate Employees Compensat	(Fo	rm 990)	-	-		00	
Degentered the preserve in the say of comband of the say of the s	\	···· · · · · · · · · · · · · · · · · ·	Compensated Employees		ZU	ZU	J
Description Log to www.irs.gov/Forn090 for instructions and the latest information. Inspection Name of the organization NORTHERN NEVADA HIV OUTPATIENT PROGRAM Employer identification number BUCATION AND SERVICES Employer identification number 86-0865357 Part I Questions Regarding Compensation Yes No. ************************************					Open to	Publ	ic
Name of the organization NORTHERN NEVADA HIV OUTPATIENT PROGRAM Employer identification number 86-0865357 Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Part I Check the appropriate box(es) if the organization provided any of the following to or for a personal isted on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Part I Check the appropriate box(es) if the organization provide any relevant information regarding these items. Part VII, Section A, line 1a. Complete Part III to previde any other boxes on ine ta are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expanses desorbed above? If 'Nv.' complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following to organization used to establish the compensation committee Written employment contract 2 Compensation committee Written employment contract							
Part 1 Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Payments for business use of personal residence Payments for business use of personal residence Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, cheri) Ib b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation or the corganization to establish compensation committee Written employment contract 2 Compensation committee Written employment contract Compensation committee Written employment contract 4a X 4 During the year, did any person listed on Form 990, Part VII, Sect				Employer i	dentificatio	on nui	mber
a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence or personal residence Part VII, Section and gross-up payments Personal services (such as maid, chauffeur, cher) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or relimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 1b 3 Indicate which, if any, of the following the organization used to establish the compensation or mittee momentation consultant Compensation committee 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: a Reaceive a severance payment from a supplemental nonqualified retirement plan? dec A participate in or receive payment from a supplemental nonqualified retirement plan? dec A participate in or receive payment from a supplemental nonqualified retirement plan? dec X approval			EDUCATION AND SERVICES	86-0	86535	7	
a Check the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Payments for business use of personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, cher) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation ormitte Compensation committe Witten employment contract Witten employment contract 1d Col/Executive Director, but supplemental nonqualified retirement plan? Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?	Pa	rt I Question	s Regarding Compensation				
Part VII, Section À, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 2 1 Independent compensation consultant Compensation survey or study 2 Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X 4 During the year, did any person isted on Form 900, Part VII, Section A, line 1a, with respect to the filing organization or a related payment from a supplemental anonqualified retirement plan? <td></td> <td></td> <td></td> <td></td> <td></td> <td>Yes</td> <td>No</td>						Yes	No
First class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Taxiel for companions Payments for business use of personal residence Taxiel for companions Personal services (such as maid, chauffeur, cheft) b If any of the boxes on line 1 a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committe Written employment contract 2 Indicate which, if any, of the following the organization used to establish the compensation to the CEO/Executive Director, but explain in Part III. 2 Compensation committe Written employment contract 4a Indicate which, and y person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a Participate in or receive payment from an equity-based compensation arrangement? 4a <	1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Personal services (such as maid, chauffeur, chef) Discretionary spending account Personal services (such as maid, chauffeur, chef) D If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee Written employment contract Imdependent compensation consultant Compensation committee 4a Approval by the board or compensation committee 4a X Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X b Participate in or receive payment from an equity-based compensation arrangement? 4a X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5a X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5a X		Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
Tax indemnification and gross up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 1 Independent compensation consultant Compensation survey or study 5 Form 990 of other organization: Approval by the board or compensation committee 4a 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 4a X Participate in or receive payment from a supplemental nonqualified retirement plan? 4c X Participate in or receive payment from a supplemental nonqualified retirement plan? 5a X For persons listed on Form 990, Part VII, Section A, l		First-class or d	harter travel Housing allowance or residence for perso	nal use			
Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1 a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 2 Independent compensation consultant Compensation survey or study Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X b Participate in or receive payment from as supplemental nonqualified retirement plan? 4a X C persons listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 5a X dc X 4b X 5b X 4a X 5b X 5b X		Travel for com	panions Payments for business use of personal re-	sidence			
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2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee 2 4 Compensation committee Written employment contract 1 Independent compensation consultant Compensation survey or study 2 Form 990 of other organization: 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 During the year, did any person s and provide the applicable amounts for each item in Part III. 4a X 4 During the year, did any persons and provide the applicable amounts for each item in Part III. 4a X 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the reterunes of: 5a X <tr< td=""><td>b</td><td>If any of the boxes</td><td>on line 1a are checked, did the organization follow a written policy regarding payment or</td><td></td><td></td><td></td><td></td></tr<>	b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
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3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5a X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5a X 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X 5	2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
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If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X contingent on the net earnings of: a The organization? 5a X b Any related organization? 5b X contingent on the net earnings of: 6a X b Any related organization? 5a X contingent on the net earnings of: 5b X a The organization? 5a X b Any related organization? 5a X		-	· · · · · · · · · · · · · · · · · · ·				
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. Image: Complex	С	-			4c		X
 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? contingent on the net earnings of: a The organization? b Any related organization? contingent on the net earnings of: a The organization? b Any related organization? contingent on the net earnings of: a The organization? b Any related organization? contingent on the net earnings of: a The organization? contingent on the net earnings of: a The organization? contingent on the net earnings of: a The organization? contingent on the net earnings of: a The organization? contingent on the net earnings of: a The organization? contingent on the net earnings of: a The organization? contingent on the net earnings of: contingent on t		If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
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If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization?							
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b Any related organization?		-	-				v
IT "Yes" ON IINE 64 OF 65, DESCRIDE IN PART III.	a				60		
The Francisco Fishel on Francisco Deut VII. On the Annual Alling the state of the s	_						
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7	-			_		v
not described on lines 5 and 6? If "Yes," describe in Part III 7 X	~				7		
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8						v
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X	~				<u>8</u>		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9						
Regulations section 53.4958-6(c)? 9 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2020						000	2020

032111 12-07-20

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) NATALIE VOGEL	(i)	205,004.	0.	0.	8,705.	28,922.	242,631.	0.
СМО	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JENNIFER EDWARDS MD	(i)	195,155.	0.	0.	8,090.	17,746.	220,991.	0.
PHYSICIAN/MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) URVASHI GOSWAMI	(i)	191,486.	0.	0.	7,881.	18,898.	218,265.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHARON CHAMBERLAIN	(i)	187,937.	0.	0.	0.	17,746.	205,683.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AIMEE HARTER	(i)	166,862.	0.	0.	7,145.	25,640.	199,647.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARIA GORGONA	(i)	153,360.	0.	0.	6,159.	9,483.	169,002.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARK CRUMBY	(i)	149,117.	0.	0.	5,967.	8,609.	163,693.	0.
PHARMACIST	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

Page 2

86-0865357

NORTHERN NEVADA HIV OUTPATIENT PROGRAM EDUCATION AND SERVICES

Schedule J (Form 990) 2020

Part III Supplemental Information

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

Schedule J (Form 990) 2020

	HEDULE M		Nonc	ash Contr	ibutions			OMB No.	545-004	7
(Fo	rm 990)							20	20	
		Complete if the org	anizations a	answered "Yes" o	n Form 990, Part IV, lines 2	9 or 3	30.	20	ΖU	
	ment of the Treasury Revenue Service	Attach to Form 990.						Open to		ic
					the latest information.			Inspe		
Name	e of the organizatior	nonun nen			SNT PROGRAM			identificati		nber
Par		EDUCATION AND Property	D SERV	ICES			80	5-0865	357	
Fai		Гюрену	(a)	(b)	(c)			(d)		
			Check if	Number of	Noncash contribution		Method	of determin	ing	
			applicable	contributions or	amounts reported on		noncash coi	ntribution a	nount	s
	Art Marks of ort		x	1 1	Form 990, Part VIII, line 1g 23,455.	гмч	7			
1 2		sures			25,455.		v			
2		erests								
4		tions								
5		ehold goods	x		12,533.	EST	TMATE) VALU	E	
6		nicles						· · · · · · · · · · · · · · · · · · ·	-	
7										
8		±y								
9		y traded								
10		/ held stock								
11	Securities - Partner									
12	Securities - Miscell	aneous								
13	Qualified conserva									
	Historic structures									
14	Qualified conserva	tion contribution - Other								
15	Real estate - Resid	ential								
16	Real estate - Comr	nercial								
17	Real estate - Other									
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26 27	Other ► ()				-				
27 28	Other ► ())				-				
<u>20</u> 29			l zation during	l the tax year for o						
23		nization completed Form 82	•						0	
	for million the organ		oo, i ait i, z	inter interaction					Yes	No
30a	During the year, di	d the organization receive by	v contributio	on any property rep	orted in Part I, lines 1 throug	ıh 28.	that it			
					which isn't required to be us					
		for the entire holding period?								Х
b		he arrangement in Part II.								
31		•	policy that re	equires the review o	of any nonstandard contribut	tions?	?	31	Х	
32a	Does the organizat	tion hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?							32a		X
b	If "Yes," describe i	n Part II.								
33	If the organization	didn't report an amount in c	olumn (c) fo	r a type of property	r for which column (a) is cheo	cked,				
	describe in Part II.									
								ula M (Cau		0000

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

Schedule M (Form 990) 2020

032141 11-23-20

<u>Schedule </u> N	(Form 990) 2020 EDUCATION AND SERVICES 86-0865357 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
2142 11-23-;	Schedule M (Form 990) 202
	37

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. NORTHERN NEVADA HIV OUTPATIENT PROGRAM



86-0865357

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

EDUCATION AND SERVICES

CENTER COMBINES PRIMARY CARE, MEDICAL SPECIALTIES, BEHAVIORAL HEALTH

AND PREVENTION WITH A TEAM OF EXPERIENCED PROFESSIONALS WHO ARE

COMMITTED TO HIGH QUALITY CARE.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

HOPE SPRINGS IS OUR NEW BRIDGE HOUSING PROGRAM THAT OPENED IN MARCH

2021. THERE ARE 30 TINY HOMES TO HOUSE HOMELESS HOPES PATIENTS. WHILE

AT HOPE SPRINGS, HOPES PROVIDES THESE PATIENTS A 6 MONTH PROGRAM WHOSE

GOAL IS TO ASSIST THEM IN FINDING EMPLOYMENT AND PERMANENT HOUSING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND PEOPLE EXPERIENCING HOMELESSNESS AND POVERTY. HOPES ACCEPTS MOST

COMMERCIAL INSURANCE PLANS AS WELL AS MEDICARE AND MEDICAID, AND HOPES

OFFERS A SLIDING FEE SCALE FOR THOSE WHO QUALIFY. HOPES WELCOMES

PATIENTS WHEREVER THEY ARE IN LIFE AND PROVIDES THEM WITH SAFE AND

NON-JUDGMENTAL SERVICES TO SUPPORT THEIR HEALTH AND WELL-BEING. IN THE

FISCAL YEAR ENDED 6/30/2021, HOPES COMPLETED 44,620 MEDICAL AND

BEHAVIORAL HEALTH VISITS.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO FILING THE, FORM 990 WAS REVIEWED BY THE CFO, THEN BY THE FINANCE

COMMITTEE. A COPY WAS ALSO PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

HOPES REQUIRES THAT ALL EMPLOYEES AND BOARD MEMBERS DISCLOSE IN WRITING

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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16540421 131839 032-209750-00

38

 Schedule O (Form 990 or 990-EZ) 2020
 Page 2

 Name of the organization
 NORTHERN NEVADA HIV OUTPATIENT PROGRAM
 Employer identification number 86-0865357

 UPON APPLICATION TO THE CENTER ALL BUSINESS, PERSONAL AND FAMILY
 RELATIONSHIPS THAT MIGHT POTENTIALLY CREATE A CONFLICT OF INTEREST. THIS

 DISCLOSURE MUST BE UPDATED ANNUALLY BY ALL BOARD MEMBERS, THE CEO, AND
 OTHER KEY STAFF INDICATED BY THE CEO, AS WELL AS BY AN PERSONNEL WHO HAVE A

 NEW POTENTIAL CONFLICT ARISE.
 NEW POTENTIAL CONFLICT ARISE.

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

THE BOARD OF DIRECTORS USES COMPARABILITY DATA TO REVIEW AND APPROVE

COMPENSATION OF THE CEO. THE CEO USES COMPARABILITY DATA TO REVIEW AND

APPROVE COMPENSATION OF ALL OTHER OFFICERS. THE PROCESS WAS LAST COMPLETED

<u>IN 2019.</u>

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990 PART XII, LINE 2C:

THE ORGANIZATION'S PROCESS FOR SELECTING AN INDEPENDENT AUDITOR AND FOR

OVERSEEING THE FINANCIAL STATEMENT AUDIT DID NOT CHANGE DURING THE

YEAR.

032212 11-20-20

SCHEDULE R (Form 990)	► Con	Related Organizations			ô, or 37.	-	OMB No. 1545	0
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990		st information			Open to P Inspecti	ublic
Name of the organiza	tion NORTHERN NEVA EDUCATION ANI	DA HIV OUTPATIENT F		st mormation.		Employer ider 86-086	tification nu	
Part I Identificat	tion of Disregarded Entities. Comp	lete if the organization answered "Yes	" on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state c foreign country)	or (d) Total incol	(e) me End-of-year as	ssets Dire	(f) ct controlling entity]
	tion of Related Tax-Exempt Organi	izations. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34, b	ecause it had one or	more related tax-	exempt	
Nar	(a) me, address, and EIN 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	ent	olled ity?
NNH QALICB - 47- 580 W 5TH STREET RENO, NV 89503		SUPPORT CLINIC OPERATIONS	NEVADA	501(C)(3)	NC	ORTHERN NEVEDA	Yes X	No
NNH SUPPORT - 47 580 W 5TH STREET RENO, NV 89503	-3106111	SUPPORT CLINIC OPERATIONS	NEVADA	501(C)(3)		ORTHERN NEVEDA	x	

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

Schedule R (Form 990) 2020

NORTHERN NEVADA HIV OUTPATIENT PROGRAM EDUCATION AND SERVICES

Schedule R (Form 990) 2020

86-0865357 Page 2

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.

		-					1				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ng ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
											_
										$\left \right $	<u> </u>
	1		1	1		1		L	1	<u> </u>	

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	(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	ent	i) b)(13) rolled tity?
		country)						Yes	No

EDUCATION AND SERVICES

Schedule R (Form 990) 2020

86-0865357 Page 3

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

Puring the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Rift, grant, or capital contribution to related organization(s) Rift, grant, or capital contribution from related organization(s)	1a 1b		X
ift, grant, or capital contribution to related organization(s)			x
ift, grant, or capital contribution to related organization(s)	1b		
			Х
	1c		Х
	1d		Х
	1e		Х
ividends from related organization(s)	1f		Х
	1g		Х
	1h		Х
	1i		Х
ease of facilities, equipment, or other assets to related organization(s)	1j		Х
ease of facilities, equipment, or other assets from related organization(s)	1k	X	
	11		Х
	1m		Х
	1n		Х
haring of paid employees with related organization(s)	10		Х
leimbursement paid to related organization(s) for expenses	1p		Х
leimbursement paid by related organization(s) for expenses	1q		Х
ther transfer of cash or property to related organization(s)	1r		X
ther transfer of cash or property from related organization(s)	1s		X
	ease of facilities, equipment, or other assets from related organization(s)	bans or loan guarantees by related organization(s) 1e ividends from related organization(s) 1f ale of assets to related organization(s) 1g urchase of assets from related organization(s) 1g kohange of assets with related organization(s) 1i ease of facilities, equipment, or other assets to related organization(s) 1j ease of facilities, equipment, or other assets from related organization(s) 1k erformance of services or membership or fundraising solicitations for related organization(s) 1m haring of facilities, equipment, mailing lists, or other assets with related organization(s) 1m haring of paid employees with related organization(s) 1m eimbursement paid to related organization(s) for expenses 1p eimbursement paid by related organization(s) for expenses 1p ther transfer of cash or property to related organization(s) 1f ther transfer of cash or property from related organization(s) 1f ther transfer of cash or property from related organization(s) 1f ther transfer of cash or property from related organization(s) 1f ther transfer of cash or property from related organization(s) 1s	bans or loan guarantees by related organization(s) 1e ividends from related organization(s) 1f ale of assets to related organization(s) 1g urchase of assets from related organization(s) 1f xchange of assets with related organization(s) 1i ease of facilities, equipment, or other assets from related organization(s) 1i ease of facilities, equipment, or other assets from related organization(s) 1i erformance of services or membership or fundraising solicitations for related organization(s) 11 haring of facilities, equipment, mailing lists, or other assets with related organization(s) 1n haring of paid employees with related organization(s) 1n eimbursement paid to related organization(s) for expenses 1p eimbursement paid to related organization(s) for expenses 1p ther transfer of cash or property to related organization(s) 1r ther transfer of cash or property from related organization(s) 1r

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NNH QALICB	K	350,000.	CASH PAID
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
_(6)			

NORTHERN NEVADA HIV OUTPATIENT PROGRAM EDUCATION AND SERVICES

Schedule R (Form 990) 2020

86-0865357 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(i orgs.? Yes N	(f) Share of total income	(g) Share of end-of-year assets	Dispi tioi alloca	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner Yes No	(k) Percentage ownership

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

Part VII Supplemental Information

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

Schedule R (Form 990) 2020

032165 10-28-20