Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Summary	<u>~</u>			lendar year, or tax year beg			, and e	nding				
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Summary Briefly describe the organization's mission or most significant activities: Jis House provides comprehensive services and advocacy for women, families, and communities infected with and affected by HIV/AIDS while simultaneously providing prevention and advocation, services for our clients and advocacy for women, families, and communities infected with and affected by HIV/AIDS while simultaneously providing prevention and advocation, services for our clients and advocacy for women, families, and communities infected with and affected by HIV/AIDS while simultaneously providing prevention and advocation, services for our clients and advocacy for women and advocation services for our clients and advocacy for mission and services for our clients and advocacy for mission and services for the governing body (Part VI), line 1a) 3 6 6 6 6 6 6 6 6 6	к	Form of	organization	X Corporation Trust	Association Co	ikas b	1.36	N. 9				
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14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 0 0 0 0 0 0	Shirt and the same of the same		rotal fev						3,330,209		8,3	75,061
Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10). 16a Professional fundraising fees (PartiX, column (A), line 11e). 17 Other expenses (PartiX, column (A), line 11e). 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 21 Total liabilities (Part X, line 26). 22 Total liabilities (Part X, line 26). 23 Signature Block Under penaltes of perjury, I declare that (have examined this return, including accompanying schedules and stalements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 29 Signature of officer 20 Firm's name by JACKSON FRIDAY CPA, LLC 21 Firm's name by JACKSON FRIDAY CPA, LLC 22 Firm's address by 32 BROADWAY, STE 1408, NEW YORK, NY 10004 May the IRS discuss this return with the preparer shown above? See instructions.		1	Grants a	and similar amounts paid (Part IX, column (A), Iir	nes 1-3)			0			0
Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10). 16a Professional fundraising fees (PartiX, column (A), line 11e). 17 Other expenses (PartiX, column (A), line 11e). 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 21 Total liabilities (Part X, line 26). 22 Total liabilities (Part X, line 26). 23 Signature Block Under penaltes of perjury, I declare that (have examined this return, including accompanying schedules and stalements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 29 Signature of officer 20 Firm's name by JACKSON FRIDAY CPA, LLC 21 Firm's name by JACKSON FRIDAY CPA, LLC 22 Firm's address by 32 BROADWAY, STE 1408, NEW YORK, NY 10004 May the IRS discuss this return with the preparer shown above? See instructions.			Benefits	paid to or for members (P	art IX, column (A), line	e 4)		0			0	
total fundraising eses (Part X, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 25) 22 Net assets or fund balances. Subtract line 21 from line 20 33 1,231,647 4,523,962 24 Seginning of Current Year 5,406,188 6,046,069 1,231,647 1,616,670 4,174,541 4,429,399 25 Signature Block 10 Voter expenses. Subtract line 21 from line 20 4,174,541 4,429,399 10 Total assets (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 4,174,541 4,429,399 27 Signature of officer that (have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer 1NGRID FLOYD Type or print name and title Paid Proparer's signature Prim's name P JACKSON FRIDAY CPA, LLC Firm's address P 32 BROADWAY, STE 1408, NEW YORK, NY 10004 May the IRS discuss this return with the preparer shown above? See instructions. 2 Signature of officer with the preparer shown above? See instructions. 2 Signature of officer with the preparer shown above? See instructions.	8	15	Salanes,	. Other compensation, emplo	vee benefits (Part IX, co	olumn (A), line	s 5-10)	1,650,980			3.5	96.241
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total assets (Part X, line 16). 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Net assets or fund balances. Subtract line 21 from line 20. 24 Lotal liabilities (Part X, line 25). 25 John 18 Gould 18 Gould 19 Gould	2	162	Professi	ional fundraising fees (Part	XX column (A) lina 1	141						0
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total assets (Part X, line 16). 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Net assets or fund balances. Subtract line 21 from line 20. 24 Lotal liabilities (Part X, line 25). 25 John 18 Gould 18 Gould 19 Gould	×	b	lotal fur	idraising expenses (Pait)	(, ččiumn (D), line 25)		112 602					
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 3,711,684 8,120,203	ш	1 11	Other ex	kpenses (Part IX, column (A) lines 11a-11d, 11f	-24e)		2,060,704			4.5	23.962
Revenue less expenses. Subtract line 18 from line 12. 381,475 254,858 Beginning of Current Year 5,406,188 6,046,069 1,231,647 1,616,670 1,231,647 1,616,670 1,231,647 1,616,670 1,231,647 1,616,670 1,231,647 1,616,670 1,231,647 1,616,670 1,231,647 1,616,670 1,231,647 1,616,670 1,231,647 1,616,670 1,231,647 1,616,670 1,231,647 1,616,670 1,231,647 1,616,670 1,231,647 1,616,670 1,231,647 1,616,670 1,231,647 1,616,670			Iotal ex	penses. Add lines 13-17 (i	nust equal Part IX. co	lumn (A), lin	e 25)	3,711,684			THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	
Beginning of Current Year End of Year			Revenu	e less expenses. Subtract	line 18 from line 12.							
Part Signature Block Under penalties of perjury, I declare that (have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer	B OF			(// A				Beginning of C		-		Annual Section 1
Part Signature Block Under penalties of perjury, I declare that (have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer	and a	20	Total as	sets (Part X, line 16)								
Part Signature Block Under penalties of perjury, I declare that (have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer	A P	21	Total lial	bilities (Part X, line 26)				8-1 538 383		+		-
Signature Block Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Signature of officer Date INGRID FLOYD Type or print name and title Preparer's name Preparer's signature Preparer's signature FRIDAY OVIAWE, CPA Firm's name JACKSON FRIDAY CPA, LLC Firm's eddress 32 BROADWAY, STE 1408, NEW YORK, NY 10004 May the IRS discuss this return with the preparer shown above? See instructions. X Yes No For Paperwork Reduction Act Notice, see the separate instructions.	žŽ	22	Net asse	ets or fund balances. Subtr	ract line 21 from line 2	.0		UTA		-		
Under penalties of perjury, I declare that thave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here NGRID FLOYD	Pa	art II	Sig	nature Block					4,114,041		7,7	25,555
Sign Here NGRID FLOYD Date	Und	er penalt	les of perjur	y, I declare that I have examined the	tis return, including accompa	anving schedule	s and statements	and to the best o	f my knowlade	-		
Sign Here Signature of officer Date	and	belief, it i	is true, corre	ed, and complete. Declaration of p	reparer (other than officer) is	based on all in	formation of while	h preparer has an	v knowledge.	go.		
Here INGRID FLOYD Type or print name and title Paid Preparer Use Only Film's name ▶ JACKSON FRIDAY CPA, LLC Film's eddress ▶ 32 BROADWAY, STE 1408, NEW YORK, NY 10004 May the IRS discuss this return with the preparer shown above? See instructions. Type or print name and title Preparer's signature Signature Officer EXECUTIVE DIRECTOR Check X if PTIN P00081294 Phone no. (212) 513-0103 X Yes No For Paperwork Reduction Act Notice, see the separate instructions.				*					1			
NGRID FLOYD EXECUTIVE DIRECTOR			7	Signature of officer								
Paid Preparer Use Only Film's name JACKSON FRIDAY CPA, LLC Film's name JACKSON FRIDAY CPA, LLC Film's name JACKSON FRIDAY CPA, LLC Film's address 32 BROADWAY, STE 1408, NEW YORK, NY 10004 May the IRS discuss this return with the preparer shown above? See instructions. Type or print name and little PrimI/Type preparer's name Preparer's signature 5/6/2021 self-employed Po0081294 Film's EIN 27-0414084 Phone no. (212) 513-0103 Type or print name and little	116	16		INGRID FLOYD			FXE	CUTIVE DIRE				
Paid Preparer Use Only FRIDAY OVIAWE, CPA Firm's name JACKSON FRIDAY CPA, LLC Firm's eddress 32 BROADWAY, STE 1408, NEW YORK, NY 10004 May the IRS discuss this return with the preparer shown above? See instructions. To Paperwork Reduction Act Notice, see the separate instructions.				Type or print name and title				OUTITE DINE	JOION			
Preparer Use Only Film's name JACKSON FRIDAY CPA, LLC Film's Elin Z7-0414084 Film's elik-employed P00081294 Film's Elin Z7-0414084 Film's		***************************************	Prin		Preparer's si	cpature ~		Date		1.	DTINE	
Preparer Use Only FRIDAY OVIAWE, CPA 5/6/2021 self-employed P00081294	Pa	id		and out restaurabled fire!				- ane	Check	X "	1119	
Use Only Firm's name ► JACKSON FRIDAY CPA, LLC Firm's address ► 32 BROADWAY, STE 1408, NEW YORK, NY 10004 May the IRS discuss this return with the preparer shown above? See instructions			FRI	DAY OVIAWE, CPA		DV14	,VV	5/6/2021			20008129	14
Firm's address ➤ 32 BROADWAY, STE 1408, NEW YORK, NY 10004 Phone no. (212) 513-0103 May the IRS discuss this return with the preparer shown above? See instructions				is name > JACKSON FR	IDAY CPA, LLC							500 F
May the IRS discuss this return with the preparer shown above? See instructions	_					ORK NY 10	004				02	
For Paperwork Reduction Act Notice, see the separate instructions.	Ma	v tha IS						Phone	no. (212			
For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)							5				Yes	No
	FOI HTA	rapen	work Red	ucuon Act Notice, see the	separate instructions.						Form 99	0 (2020)

SCHEDULE A (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 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

IRIS	HO	USE - A CENTER FOR WOME	N LIVING WITH HIS	/ INC			12.20	99201
Pa	rt I	Reason for Public Char	rity Status. (All o	rganizations must co	omplete	this nart	See instructions	99201
The	orge	nization is not a private founda	tion because it is: (F	or lines 1 through 12.	check onl	v one hoy) Oce manachons.	
1		A church, convention of church	nes, or association o	of churches described	n section	170(b)(1)	AYD.	
2		A school described in section					A 4(-)-	
3	「	A hospital or a cooperative hos					т .	
4	Ħ	A medical research organization						
	-	hospital's name, city, and state	sir operated at conje s:	inction with a nospital t	rescribed	ın secnor	1 1/U(D)(1)(A)(III). EI	nter the
5		An organization operated for fr section 170(b)(1)(A)(iv). (Con	ne benefit of a collec	ge or university owned	or operate	ed by a go	vernmental unit des	cribed in
6		A federal, state, or local govern		ntal unit described in so	ection 17	በ/ኩነ/ተነ/ልነ	fut.	
7	X	An organization that normally redescribed in section 170(b)(1)	eceives a substanti	al part of its support fro	m a gove	rnmental	unit or from the gene	eral public
8		A community trust described in			11.1			
9	П	An agricultural research organi				d in conju	notion with a land ar-	ant callage
		university:	nt college of agricult	ture (see instructions).	Enter the	name, city	y, and state of the co	llege or
10	Ш	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt function	ons—subject to certain ted business taxable in	exception come (les	ns, and (2)	I no more than 33 1/3	20% of the
11		An organization organized and						
12		An organization organized and	operated exclusive	ly for the benefit of to	nerform #	a function	se of orto corp. out	he numoses
		Check the box in lines 12a thro	ted organizations de ough 12d that descri	escribed in section 50 9 bes the type of suppor	9(a)(1) or ting organ	section 5 nization an	09(a)(2). See section d complete lines 12e	n 509(a)(3). e, 12f, and 12g.
а	Ĺ	Type I. A supporting organization(the supported organization(organization. You must cor	s) the bower to real	llariv appoint or elect a	by its supporting of	ported org of the dire	anization(s), typically ctors or trustees of th	y by giving ne supporting
b		Type II. A supporting organic control or management of the	ization supervised o ne supporting organi	r controlled in connectization vested in the sa	ion with its	s supporte	ed organization(s), by entrol or manage the	having supported
C	Г	organization(s). You must (complete Part IV, S	ections A and C.				
G	L	Type III functionally integr its supported organization(s	ated. A supporting () (see instructions)	organization operated i	n connect	tion with, a	and functionally integ	rated with,
đ	ſ	Type III non-functionally in	itegrated. A suppor	ting organization oper:	ted in co	nnection v	ith its supported or .	anization(a)
	_	that is not functionally integr	atec. I ne organizal	tion generally must sati	isfv a distr	ribution re	duirement and an aif	anizauon(s) entiveness
_	г	requirement (see instruction	is). You must comp	piete Part IV, Sections	A and D	. and Pari	V.	
е	L	Check this box if the organiz	zation received a wr	itten determination from	n the IRS	that it is a	Type I, Type II, Typ	e III
f		functionally integrated, or Ty Enter the number of supported	organizations Organizations	iliy integrated supportii	ng organiz	ation.		
g		Provide the following information	n shout the support	ed organization(e)				0
	(i) f	Name of supported organization	(ii) EIN	(iii) Type of organization	(Iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	listed in you	ur governing ment?	support (see	other support (see
				anora (ano siduadana))	4000	erentr's	Instructions)	instructions)
					Yes	No		
(A)								
(B)								
(2)								
(C)								
(D)		XXX 11.2						
				Marie and the second				
(E)								
Tota								

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.)

<u>Sect</u>	tion A. Public Support	1000				- w 11555 w	
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,819,574	5, 4 71,441	6,472,609	3,188,123	7,818,795	27,770,542
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	.,010,011	5,471,171	0,412,000	0,100,120	7,010,700	21,770,542
	The value of services or facilities furnished by a governmental unit to the						
	organization without charge	4.040.574	F 474 444	0.470.000	0.400.400	T 0/0 70F	0
5	Total. Add lines 1 through 3	4,819,574	5,471,441	6,472,609	3,188,123	7,818,795	27,770,542
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	Public support, Subtract line 5 from line 4						27,770,542
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	4,819,574	5,471,441	6,472,609	3,188,123	7,818,795	27,770,542
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar sources	6	1				7
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	218,434	206,751	342,943	142,086	556,266	1,466,480
11	Total support. Add lines 7 through 10.	210,404	200,101	042,540	142,000	330,200	29,237,029
12	Gross receipts from related activities, etc. (s	ee Instructions)				12	20,207,020
13	First 5 years. If the Form 990 is for the organization, check this box and stop here	enization's first, sec	ond, third, fourth, c	r fifth tax year as a	section 501(c)(3)		▶ □
	tion C. Computation of Public Su						e of believes to
14	Public support percentage for 2020 (line 6,					14	94.98%
15 16a	Public support percentage from 2019 Sched 33 1/3% support test—2020. If the organiz and stop here. The organization qualifies a	ration did not check	the box on line 13	, and line 14 is 33	1/3% or more, che	15 ck this box	95.70%
b	33 1/3% support test—2019. If the organization qualification and stop here. The organization qualification qualifi	zation did not check	a box on line 13 o	r 16a, and line 15 i	s 33 1/3% or more	, check this	
17a	10%-facts-and-circumstances test—202 10% or more, and if the organization meets Part VI how the organization meets the facts organization	the facts-and-circur s-and-circumstance	nstances test, che s test. The organiz	ck this box and sto ation qualifles as a	p here. Explain in publicly supported	1	▶ [7]
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization n in Part VI how the organization meets the fa organization.	neets the facts-and- icts-and-circumstan	circumstances tes ces test. The organ	t, check this box an nization qualifies as	d stop here. Expl a publicly suppor	ain ted	p
18	Private foundation. If the organization did instructions						▶□

Part III

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		DOLO HOLCO DOL	W. Diease Con	piete Fait II.)		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	[(a) 2020 [∕0 T-4-I
1	Gifts, grants, contributions, and membership fees			(6) 2010	(u) 2013	(e) 2020	(f) Total
	received. (Do not include any "unusual grants.")						_
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						<u>_</u>
4	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	0					0
	Amounts included on lines 1, 2, and 3 received from disqualified persons	U	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified						0
	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	0	0				0
8	Public support (Subtract line 7c from line 6.)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0	0	0	0
Sec	tion B. Total Support	L.	Charles All All and All and				0
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 0040 T	/12/20/20		
	Amounts from line 6.	(a) 2010 0	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gross income from interest, dividends,			0	0	0	0
	payments received on securities loans, rents,						
	royalties, and income from similar sources			1			
b	Unrelated business taxable income (less						0
	section 511 taxes) from businesses						
	acquired after June 30, 1975					}	
c	Add lines 10a and 10b.	0	0	0			0
11	Net income from unrelated business		<u> </u>		0	0	0
	activities not included in line 10b, whether						
	or not the business is regularly carried on .			- 1			
12	Other income. Do not include gain or						0
	loss from the sale of capital assets						
	(Explain in Part VI.)	F07800000A-000000-1985	1				
13	Total support (Add lines 9, 10c, 11,						0
	and 12.)	ol	0	ol	o	ام	
14	First 5 years. If the Form 990 is for the organ	ization's first, secon	nd third fourth or	fifth tay year as a	codion E01/a)/3\	0	0
	organization, check this box and stop here.			1 1 1 1 1 1 1	2001011 001(0)(0)		
<u>Sec</u>	tion C. Computation of Public Sup	port Percentac	16				
15	Public support percentage for 2020 (line 8, co	lumn (f), divided by	line 13. column (f)		15	0.000/
16	Public support percentage from 2019 Schedul	le A. Part III. line 15			* * * * * *	16	0.00%
3 e C	uon D. Computation of investment	: Income Perce	ntage			**	0.00%
17	Investment income percentage for 2020 (line	10c, column (f), divi	ded by line 13. co	umn (fi)		17	0.009/
10	investment income percentage from 2019 Sch	redule A. Part III. Iir	ne 17.			49	0.00%
ıya	33 1/3% support tests—2020. If the organization	ation did not check	the box on line 14	and line 15 is mo	re than 33 1/3% a	nd line 17 le	0.00%
b	33 1/3% support tests—2019. If the organize	op here. The organ ation did not check :	iization qualifies a: a box on line 14 o	s a publicly suppor	ted organization .	3 1/3% and	▶ 🔲
	mie 10 iz Hortingie man 23 1/3%, check tilla bi	ox and stop here. T	The organization o	ualifies as a public	dy supported organ	nization	
20	Private foundation. If the organization did no	A check a box on fir	ne 14, 19a, or 19b,	check this box an	d see instructions		

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	Organization	8
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- 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.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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 disqualified 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.)

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Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, alther alone or together with persons described in lines 11b and 11b check with governing body of a supported organization? A ASSN controlled entity of a person described in line 11e above? A ASSN controlled entity of a person described in line 11e above? A SSN controlled entity of a person described in line 11e above? A SSN controlled entity of a person described in line 11e above? A SSN controlled entity of person described in line 11e above? A SSN controlled entity of person described in line 11e above? A SSN controlled entity of person described in line 11e above? A SSN controlled entity of person described in line 11e above? A SSN controlled entity of person described in line 11e above? A SSN controlled entity of person described in line 11e above? Did the organization by the during the tax years of the person described or organization of the controlled the organization entity of the organization's offence, described organization of the supported organization entitles are all the controlled organization of the person or estitictions, if any, applied to such powers during the tax year. 2 Did the organization operated carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization? If Yes' explain in Part V how providing such harenful carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization or supported organization of the supported organization of the complex of the organization of supported organizations. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations, by the last deport provided during the prior fax year, (i) a vortice organization's supported organization's provided organization's lines organizati	Part	le A (Form 990 or 990-EZ) 2020 IRIS HOUSE - A CENTER FOR WOMEN LIVING WITH HIV, INC. 13-369: Supporting Organizations (continued)	9201	Р	age 5
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organiz	ations	099201 Page 6
Check here if the organization satisfied the Integral Part Test as a qualify instructions. All other Type III non-functionally integrated supporting organization.	ina trust c	on Nov. 20, 1970 /explain	in Part VI). See
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
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	grigari sona evid gros etiani, lici equipated orgin ta Pers VIII, Sce methicus	es en lleinario e Escala desposa
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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		
h Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		- 10 10 10 10 10 10 10 10 10 10 10 10 10
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	o o	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount		O.	Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		<u> </u>
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		oru grissenesi o
7 Check here if the current year is the organization's first as a non-functional instructions.	ally integr	ated Type III supporting o	organization (see

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Excess distributions carryover to 2021. Add lines 3j

Breakdown of line 7: a Excess from 2016. b Excess from 2017.

c Excess from 2018.

Excess from 2019.

Excess from 2020.

Part VI	Supplemental Information Provide the provider the provider the provider that the provider the provider the provider that the provider the provider that the provider the provider that the provi	13-3699201	Page 8
raitvi	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1	7a or 17b; Part	150 100 500
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Pa	rt 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 2h	
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and P	art V Section E	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	art v, decuon Z,	
	any deduction in difficulties (1966 insulations,)	CE SCIENCE VOICE VIOLE I CO	
			a de la cons
- H	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		


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

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

2020

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

IRIS HOUSE - A CENTER FOR WOMEN LIVING WITH HIV, INC. 13-3699201 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) 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 X 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 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) filling 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 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).

Name of organization IRIS HOUSE - A CENTER FOR WOMEN LIVING WITH HIV, INC.

Employer identification number 13-3699201

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_1	GILEAD SCIENCES 333 LAKESIDE DR. FOSTER CITY CA 94404	\$ 15,000	Person X Payroll Noncash
	Foreign State or Province: Foreign Country:		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	COSTCO WHOLESALE 999 LAKE DRIVE ISSAQUAH WA 98027 Foreign State or Province: Foreign Country:	\$	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	VIV HEALTHCARE 1050 K STREET NW, SUITE 800 WASHINGTON DC 20001 Foreign State or Province: Foreign Country:	\$ 90,000	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
4	BROADWAY CARES/EQUITY FIGHT AIDS 165 WEST 46TH STREET, STE 1300 NEW YORK NY 10036 Foreign State or Province: Foreign Country:	\$ 25,000	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
5	ORASURE TECHNOLOGIES, INC. 220 EAST FIRST STREET BETHLEHEM PA 18015 Foreign State or Province: Foreign Country:	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ELMCOR YOUTH AND ADULT ACTIVITIES INC 107-20 NORTHERN BLVD CORONA NY 11368 Foreign State or Province: Foreign Country:	\$ 10,269	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of ord	ganization SE - A CENTER FOR WOMEN LIVING WITH HIV, INC.		Employer identification number 13-3699201
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is	· · · · · · · · · · · · · · · · · · ·
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MERCK & COMPANY INC 351 N. SOMNEYTOWN PIKE NORTH WALES PA 19454 Foreign State or Province: Foreign Country:	\$60,000	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
8	MAC AIDS FUND 130 PRINCE STREET, 4TH FL NEW YORK NY 10012 Foreign State or Province: Foreign Country:	\$15,000	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
9	ROBERT MAPPLETHORPE FOUNDATION INC 477 MADISON AVENUE FL 15 NEW YORK NY 10022 Foreign State or Province: Foreign Country:	\$10,000	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
_ 10	THE KEITH HARING FOUNDATION 676 BROADWAY NEW YORK NY 10012 Foreign State or Province: Foreign Country:	\$40,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for nancash contributions.)

Name of organization
IRIS HOUSE - A CENTER FOR WOMEN LIVING WITH HIV, INC.

Employer identification number
13-3699201

Part II	Noncash Property (see Instructions). Use duplicate	e copies of Part II it additional space	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(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
***********		**************************************	201 St.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
*******		\$	pourt s. 15T

Schedule 8 (Form 990,	990-EZ,	or 990-PF)	(2020)
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Name of org			Employer identification number
IRIS HOUS	SE - A CENTER FOR WOMEN LIVING WITH HI	V, INC.	13_3600201
Partit	Exclusively religious, charitable, etc., cont (10) that total more than \$1,000 for the year the following line entry. For organizations com- contributions of \$1,000 or less for the year. (E Use duplicate copies of Part III if additional sp	from any one contributor. Con pleting Part III, enter the total of inter this information once. See	mplete columns (a) through (e) and
(a) No.		440 10 110 CC 2.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

	Transferee's name, address, and ZIP	(e) Transfer of gift	onship of transferor to transferee
	For. Prov. Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
60 Alb 60 Mg Anh yan agar agar .			
	Transferee's name, address, and ZIP	(e) Transfer of gift	onship of transferor to transferee
(a) No.	For. Prov. Country		
from Part I	(b) Purpose of gift	(¢) Use of gift	(d) Description of how gift is held
 .			
	Transferee's name, address, and ZIP	(e) Transfer of gift	enship of transferor to transferee
	For Day.		
(a) No. from	For. Prov. Country (b) Purpose of gift	(a) Use of 184	
Part I	(b) raipose a gar	(c) Use of gift	(d) Description of how gift is held
			
	Transferee's пате, address, and ZIP -	(e) Transfer of gift	
	and all and	Relatio	nship of transferor to transferee
	For. Prov. Country		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

	OUSE - A CENTER FOR WOMEN LIVING WIT		13-3699201
art			
	Complete if the organization answere		
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and dono		
	funds are the organization's property, subject to Did the organization inform all grantees, donors only for charitable purposes and not for the ben	s, and donor advisors in writing that gra refit of the donor or donor advisor, or fo	nt funds can be used r any other purpose
	conferring impermissible private benefit?		Yes
art	Conservation Easements.		Expression Comments
	Complete if the organization answere	d "Yes" on Form 990, Part IV, line	7. Person and president and the
I	Purpose(s) of conservation easements held by	the organization (check all that apply).	SERVER WAYS PROVING
Ļ	Preservation of land for public use (for example	e, recreation or education) Preserva	ation of a historically important land area
_ [Protection of natural habitat	Preserva	ation of a certified historic structure
ſ	Preservation of open space		
•	Complete lines 2a through 2d if the organizatio	n held a qualified conservation contribu	tion in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Ta
	Total number of conservation easements		
	Total acreage restricted by conservation easen		
	Number of conservation easements on a certifi		
	Number of conservation easements included in		
	historic structure listed in the National Register		
	Number of conservation easements modified, t		
	the tax year	ransierred, released, extinguished, or t	erminated by the organization during
			The second section of the second section of the second section
	Number of states where property subject to co		· · · · · · · · · · · · · · · · · · ·
	Does the organization have a written policy reg violations, and enforcement of the conservation		
	Staff and volunteer hours devoted to monitoring, ins	pecting, handling of violations, and enforci	ng conservation easements during the year
	Amount of expenses incurred in monitoring, inspect \$		The test set of the
	Does each conservation easement reported or		
	and section 170(h)(4)(B)(ii)?		
	In Part XIII, describe how the organization repo		
	balance sheet, and include, if applicable, the te		financial statements that describes the
	organization's accounting for conservation eas		grand vinación had the the
arţ	Organizations Maintaining Collectic Complete if the organization answere		
3	If the organization elected, as permitted under		
	works of art, historical treasures, or other similar		
L	public service, provide in Part XIII the text of th		
D	If the organization elected, as permitted under		
	works of art, historical treasures, or other similar		cation, or research in furtherance of
	public service, provide the following amounts r	elating to these items:	
	(i) Revenue included on Form 990, Part VIII, li	ne 1	▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of ar following amounts required to be reported under		
а	Revenue included on Form 990, Part VIII, line		
	Accete included in Form 800 Dort V	The second of Bull Base system and	

Sche	dule D (Form 990) 2020 IRIS HOUSE - A CEN	NTER FOR WOMEN LIVIN	IG WITH HI	V INC	42 200	3004		
Par	Organizations Maintaining Co	lections of Art. Histo	rical Trea	eitres or Ot	13-3699	9201		Page 2
3	Using the organization's acquisition, according the organization's acquisition, according to the organization of the organizat	ession, and other records,	check any	of the following	that make significant	use of it	<i>nuea)</i> s	
a	Public exhibition	d 🗌	Loan or e	exchange progr	am			
b	Scholarly research	e	-		~ = = = = = = = = = = = = = = = = = = =			
c	Preservation for future generations		36 0			******	*******	
4	Provide a description of the organization XIII.	s collections and explain h	ow they fur	ther the organiz	zation's exempt purpo	ose in Pa	irt	
5	During the year, did the organization solid assets to be sold to raise funds rather that	cit or receive donations of an to be maintained as par	art, historica t of the orga	al treasures, or anization's colle	other similar	☐ Ye	. F	No
Par	Complete if the organization and 990, Part X, line 21.	ements.		.1				1 110
1a	Is the organization an agent, trustee, cus	todian or other intermediar	y for contril	outions or other	assets not			
b	included on Form 990, Part X? If "Yes," explain the arrangement in Part.	XIII and complete the follo	wing table:			Ye	:s	No
_	Basissias hataus					mount		
d	Beginning balance				1c		1 12	0
e	Additions during the year	• • • • • • • • • • •		· · · · ·	1d			
f	Distributions during the year Ending balance				10			
2a					_1f			0
b	Did the organization include an amount o	n rom 990, Par X, line 2	1, for escro	w or custodial a	occount liability?	Ye	s X	No
9	If "Yes," explain the arrangement in Part	XIII. Check here if the expl	anation has	s been provided	on Part XIII			
Part								
	Complete if the organization ans		990, Part I					
4-	Desiruing of the state of the s		or year	(c) Two years bac	k (d) Three years back	(e) For	ur years	back
1a b	Beginning of year balance	0	0		0 (0		0
e E	Contributions Net investment earnings, gains,							
•	and losses							
d	Grants or scholarships							
e	Other expenditures for facilities			-				
_	and programs					1		
f	Administrative expenses				 			
g	End of year balance	o						
2	Provide the estimated percentage of the		0		0 (0
a	Board designated or quasi-endowment	•	ime ig, colu	ımn (a)) neki as	S.			
b	Permanent endowment	<u>%</u>						
c	Term endowment ▶ %							
	The percentages on lines 2a, 2b, and 2c:							
3a	Are there endowment funds not in the pos	ssession of the omanizatio	n that are h	old and admini	otomal for the			
	organization by:	or o	ti nint tio ii	ed and edinin	stered for the	Г	Yes	Ma
	(i) Unrelated organizations						res	No
	(ii) Related organizations					3a(i)		
b	If "Yes" on line 3a(ii), are the related orga	nizations listed as required	on Schedu	ile R?		3a(ii)		
4	Describe in Part XIII the intended uses of	the organization's endown	nent funds.			<u> </u>		
Part	VI Land, Buildings, and Equipme	ent.	A THE LAND OF	·····				
	Complete if the organization ans	wered "Yes" on Form 9	90. Part I	V. line 11a. S	ee Form 990 Part	X line	10	
	Description of property	(a) Cost or other basis	(b) Cost or		(c) Accumulated		ok value	
		(investment)	(ath		depreciation	fet nor	rujuG	
1a	Land			0				0
b	Buildings	0		4,875,699	1,624,834		3.25	0,865
C	Leasehold improvements		Land Market	143,420	117,661			5,759
d	Equipment			502,323	490,377			1,946
<u>e</u>	Other	0		238 552	197,979			0,573
otal	Add lines 1a through 1e. (Column (d) mus	st equal Form 990, Part X,	column (B),	line 10c.)	. , <u>, , ,</u> ,			9,143

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

275,770

Schedu	IRIS HOUSE - A CENTER FOR WOMEN LIVING WITH HIV, INC.	13-3699201	Page 4
Par			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	2.4500	
1	Total revenue, gains, and other support per audited financial statements	1	8,375,061
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	3		
þ	Donated services and use of facilities		
C	Recoveries of prior year grants ,		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	8,375,061
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
_	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	_ 5	8,375,061
Pan	Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	8,120,203
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
d	Other losses		
e			- 2
3	Add lines 2a through 2d	2e	0
4		3	8,120,203
* a	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		
b			
	Other (Describe in Part XIII.)		•
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c 5	0 400 000
SECTION 1	XIII Supplemental Information.	5	8,120,203
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 2b; Part IV, lines 1b and 2b; Part IV,	-414 fr 4. D.	
7: Da	the trie descriptions required for Part II, lines 3, 5, and 9, Part III, lines 12 and 4; Part IV, lines 16 and 2b; Part IV, lines 16 and 2b; Part IV, lines 2d and 4b. Also complete this part to provide any additional inform	int V, line 4; Pa	π X, line
2, 1 0	it Al, mies 20 and 45, and it at All, mies 20 and 45. Also complete this part to provide any additional import	auon.	

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Schedule D (Fo		IRIS HOUSE - A	CENTER FOR W	OMEN LIVING V	MITH HIV, INC.	1	3-3699201	Page 5
Part XIII	Suppleme	ntal Informatio	n (continued)					
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#### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

IRIS HOUSE - A CENTER FOR WOMEN LIVING WITH HIV, INC. 13-3699201 Part I **Questions Regarding Compensation** 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b 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 2 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 X Form 990 of other organizations X Approval by the board or compensation committee 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: Receive a severance payment or change-of-control payment? 4a Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X Participate in or receive payment from an equity-based compensation arrangement? . . . 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?...... 5a X b Any related organization?...... 5b X If "Yes" on line 5a or 5b, describe in Part III. 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: The organization?...... X 6b X If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

13-3699201

Schedule J (Form 990) 2020 RIS HOUSE - A CENTER FOR WOMEN LIVING WITH HIV, INC.

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

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.

	200		The total amount of the	2	מוסובלים יומי משונים ומי	and (a) mining and	Color A, mile 18, applicable column (b) and (c) amounts to mat mandala	Ulwidual.
		(b) Breakdown or	(b) breakdown of VV-2 and/or 1099-MISC compensation	SC compensation	(C) Rethement and	(D) Nontaxable		(F) Compensation
(A) Name and Title		(l) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(v)(a)	In column (B) reported as deferred on prior Form 990
INGRID FLOYD	ε!	208,585			***************************************	777,7	216,36	
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							Sched	Schedule J (Form 990) 2020

Page 3

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number

	HOUSE - A CENTER FOR WOME	N LIVING W	ITH HIV, INC.	13-36992	201		
Pai	Types of Property	1					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	terminin	ng Journts
1	Art—Works of art			Tomi 350, Fait VIII, line Ty			
2	Art—Historical treasures						
3	Art—Fractional Interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded						
10	Securities—Closely held stock						-
11	Securities-Partnership, LLC,						
	or trust interests						
12	Securities Miscellaneous						
13	Qualified conservation						
	contribution—Historic						
	structures						
14	Qualified conservation						-
	contribution-Other	L,					
15	Real estate—Residential						
16	Real estate—Commercial		44				
17	Real estate—Other						
18	Collectibles						
19	Food inventory	Х	13,695	137 959	DONOR ESTIMA	TED	***************************************
20	Drugs and medical supplies		.0,000	101,939	DONOR ESTIMA	MED	
21	Taxidermy ,						
22	Historical artifacts					-	
23	Scientific specimens						
24	Archeological artifacts		The state of the s			-	***************************************
25	Other ▶ ()						
26	Other ► ()						
27	Other ► ()						
28	Other ▶ (						
29	Number of Forms 8283 received b	y the organ	ization during the tax year fo	or contributions for		***************************************	
	which the organization completed	Form 8283,	Part V, Donee Acknowledg	ement	29		
						Yes	No
30a		on receive b	by contribution any property	reported in Part I. lines 1 thr	ough		
	28, that it must hold for at least thr	ee years fro	m the date of the initial cont	ribution, and which isn't requ	uired		
	to be used for exempt purposes for	r the entire	holding period?		30a		-
b	If "Yes," describe the arrangement	t in Part II.				E S	
31	Does the organization have a gift a	acceptance	policy that requires the review	w of any nonstandard			
	contributions?			* * * * * * * * * * * * * * * * * * * *	31	-	х
32a	Does the organization hire or use to	third parties	or related organizations to :	solicit, process, or sell			<u> </u>
	noncash contributions?			* * * * * * * * * * * * * * * * * * * *	32a		х
b	If "Yes," describe in Part II.						1000
33	If the organization didn't report an	amount in c	olumn (c) for a type of prope	erty for which column (a) is			
	checked, describe in Part II.			(0)			

Schedule M (F	Form 990) 2020 IRIS HOUSE - A CENTER FOR WOMEN LIVING WITH HIV, INC.	13-3699201	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, an	d 33, and wh	ether
T CO C II	the organization is reporting in Part I, column (b), the number of contributions, the number	of theme were	in cod
	the organization is reporting in Part I, column (b), the number of contributions, the number	OF ITEMS TECE	mveu,
	or a combination of both. Also complete this part for any additional information.		
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### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2020

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury internal Revenue Service Name of the organization

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

Employer identification number IRIS HOUSE - A CENTER FOR WOMEN LIVING WITH HIV, INC. 13-3699201 Form 990, Part III, Line 4d: Program Service Expenses: 445,969, Grants and allocations: 0, Revenue: 0 OTHER PROGRAMS Form 990, Part VI, Section B, Line 11: THE FORM 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS PRIOR TO FILING. THE DRAFT FORM 990 IS REVIEWED BY MANAGEMENT, THEREAFTER, IT IS SENT TO THE BOARD FOR THEIR COMMENTS AND APPROVAL BEFORE FILING. Form 990, Part VI, Section B, Line 12: ALL NEW/POTENTIAL VENDOR RELATIONSHIPS ARE VETTED BY FISCAL DEPARTMENT FOR CONFLICT OF INTEREST BEFORE DOING BUSINESS WITH THEM. Form 990, Part VI, Section B, Line 15: LOCAL AND NATIONAL SALARY SURVEYS FOR SIMILAR SIZED ORGANIZATIONS ARE USED AS A BASIS TO DETERMINE COMPENSATION AND PAY RAISES FOR MANAGEMENT & KEY EMPLOYEES. Form 990, Part VI, Section C, Line 19: IRIS HOUSE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, IRIS HOUSE PUBLISHES THE ANNUAL REPORT WHICH CONTAINS A SUMMARY OF THE FINANCIAL RESULTS. Form 990, Part III, Line 4c: PREVENTION - continued: NJ programs offered an additional 318 HIV tests, and distributed 37,498 male condoms, 47 female condoms and 8,368 packs of lubricant through 11 businesses and 54 outreach events. Our prevention program serves individuals of African and Latin descent who are HIV+ and negative. Our overall population, including testing and community lunch/pantry programs are 56% female, 43% male and 1% transgender, 61% African American and 33% Latinx; and 50% over the age of 50 and 15% under 29. Form 990, Part III, Line 4a: NUTRITION - IH provides nutrition education, cooking classes and healthy movement fitness sessions to at-risk community members both on-site at our Central Harlem location, via Zoom conference, as well as in-person through linkages with nearby CBOs and community partners.

Name of the organization	Page
	Employer identification number
IRIS HOUSE - A CENTER FOR WOMEN LIVING WITH HIV, INC.	13-3699201
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

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

IRIS HOUSE - A CENTER FOR WOMEN LIVING WITH HIV, INC.

Vame of the organization

Parti

OMB No. 1545-0047 2020

Open to Public

Employer Identification number Inspection 13-3699201

(g) Section 512(b)(13) controlled entity? (f) Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had (f) Direct conholling entity (e) End-of-year assets (e) Public charity status (if section 501(c)(3)) (d) Total income (d) Exempl Code section (c) Legal domicile (state or foreign country) (c) Legal domícile (state or foreign country) (b) Primary activity one or more related tax-exempt organizations during the tax year. (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Name, address, and EIN of related organization Part II 8 3 9 3 9 9

Schedule R (Form 990) 2020 For Paperwork Reduction Act Notice, see the Instructions for Form 990. HTA (9) 9 Ð

No

Yes

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N/A

Public Charity

501(c) (3)

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Provides Medical Care

6255 W. Sunset Blvd, 21st Fl, Los Angeles, CA 90025

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(1) AIDS Healthcare Foundation 95-4112121

Page 2

Schedule R (Form 990) 2020

IRIS HOUSE - A CENTER FOR WOMEN LIVING WITH HIV, INC.

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. Part III

Nam.	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total sincome	(g) Share of end-of- year assets			(I) Code V—UBI amount in box 2d of Schedule K-1 (Form 1085)	General or managing partner?		(k) Percentage ownership
(£)									Yes	No No		Yes	Ŷ.	
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(3)									_				1	
(4)														
(5)													-	
(9)														
(B)						-								
Part IV	Identification of F IV, line 34, becaus	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.	ons Taxable e related org	as a Corpora	ition or True	st. Comple	ete if the o or trust dur	rganizatio	n answe x year.	ered "Ye	s" on Fo	ш 990	, Part	
Na.	(s) Name, address, and EIN of related organization	l organization	(b) Primary activity	(c) Legal donicile (state or foreign counity)	midle Direc	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or Inst)	or final)	(f) Share of total Income	(g) Share of end-of-year assets		(h) Percentage ownership		(I) Section 512(b)(13) controlled entity?
(1)					***************************************								Yes	№
(3)														
(3)				- Control of the Cont										
(4)														
(5)														
(9)	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -													
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Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

13-3699201 Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

ž	Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this school is				ŀ	1
-	During the tax year, did the organization engage in any of the following terms of the	;		1	Yes	왿
	Receipt of (il interest, (iii) annuities first managed to fine the control of the	organizations listed in Par	ts - V2			
				1a		×
	CH areas or market produced to lead to 19 and 19 an			16		×
	Considering to capital continuous from related organization(s).			16	×	
				3	+	,
-	Loans or loan guarantees by related organization(s).			2 6	>	
				9	<	
_	Dividends from related organization(s)					H.
4	Sale of assets to related organization(s)			=	+	×
-	Purchase of assets from related organization(s)			10	1	×
	Exchange of assets with related organization(s)			4		×
1	Lease of facilities actions of or other session and accommission.			=		×
•	derposition, or oriest assets to totaled organization(s).			1;		×
7	Lease of facilities, equipment, or other assets from related proprietion(s)					
	Performance of services or membership of fundamining and interest of the contract of the contr	• • • • • • • • • • • • • • • • • • • •		#		×
E		* * * * * * * * * * * * * * * * * * * *		=		×
=	Sharing of facilities parityment mailing lists of the			-tu	_	×
٥	Sharing of paid employees with related grant-to-the assets with related organization(s).			1n	~	
				10	$\hat{\parallel}$	×
٥	Reimbursement paid to related omenination(c) for account.					
. 8	Reimbursement baid by related onsentration(s) for surrounds			1p	×	J
	ממוודמדיין (פ) זמן מעריבון פעריבון פער			19	$\hat{-}$	J
h	Other transfer of cash or property to related organization(s)					
EO.	Other transfer of cash or property from related organization(s)	* * * * * * * * * * * *		+	7	
7	If the answer to any of the above is "Yes" see the instructions for information on the			1s	$\stackrel{\sim}{\dashv}$	ال
	see the final data and transaction throughout the most complete this line, including covered relationships and transaction thresholds.	cluding covered relations	hips and transaction the	hreshold	S.	
	Name of related organization Transaction (b) (c) (type (es)	(c) Amount involved	(d) Method of determining amount involved	g amount in	volved	1
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(2)						1
(3)			2.0			1
						1
(4)			F 4.			
(2)			t eff			1
						1
(9)						
			Schodule B (Form 680) 2626	(Form 86	100	Is
						•

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.

			6			in participation.				
(a) Name, address, and EN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	ers Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(i) General or managing partner?	(k) Percentage ownership
			(4) 0.210 ellower	Yes	To		Yes No		Voe	
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Schedule R (Form 990) 2020

Schedule R (Fo		13-3699201	Page 5
Part VII	Supplemental information		raye u
	Provide additional information for responses to questions on Schedule R. See	Image, aki a	
4.3	See a service of the	instructions.	
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