making the promise a reality
AIDS United’s mission is to end the AIDS epidemic in the United States.

We seek to fulfill our mission through strategic grantmaking, capacity building, policy/advocacy, technical assistance, and formative research.
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We are at a seminal moment in time.

MICHAEL KAPLAN
President & CEO
Message from the President & CEO

By marrying HIV medical advancements, surveillance data, workforce development, policy, and a national charge, we are at a seminal moment in time and, indeed, in the history of HIV.

AIDS United is dedicated to harnessing this momentum and staying focused on our charge to end AIDS within the United States. A promise, by definition, declares that something can be done as well as a commitment for making it so. Here at AIDS United, making the promise of the end of AIDS a reality is more than our annual report theme; it’s germane to everything we do.

The data we have today not only shows a more comprehensive picture of HIV in America than ever before, it also enables us to focus our efforts in a way that can truly achieve results.

We have the science, technology, and tools needed to curtail this epidemic, as well as the communication channels to disseminate and arm our grantees and partners. We have medication that, when taken consistently, can offer decades of extended life and improved health outcomes for those of us infected while also reducing future transmissions by more than 96%. We understand the power of viral suppression through treatment for both those living with HIV and those at risk. We also understand the steps to viral suppression where we must make up ground, from knowing one’s status to linkage and retention in care.

AIDS United has one of the most extensive HIV networks in America with which to carry out this work. That means a presence nationally, in communities most in need of our services, the ability to mobilize staff including AmeriCorps members as new outbreaks arise, and a consistent presence on Capitol Hill influencing policy so that our gains can have the broadest reach and longest-lasting impact.

With every investment, 90 cents on the dollar goes directly to communities across the country. That means every investor in AIDS United—whether big or small—knows that they too are helping fulfill this promise and moving us ever closer to an AIDS-free reality.

MICHAEL KAPLAN
We’ve never been closer.

KATY CALDWELL
Board Chair
Message from the Board Chair

The HIV epidemic is fueled by stigma, discrimination, and ignorance and continues to impact gay men, trans women, people of color, and the poor disproportionately. Today, one out of every 300 Americans lives with HIV and almost 50,000 people become newly infected each year. Ending the AIDS epidemic won’t be easy, but we’ve never been closer to making the promise a reality.

For almost 30 years, AIDS United has worked at the critical intersection of innovative policy and advocacy, capacity building, and strategic grant making. Annually, AIDS United grants more than $6 million to support local efforts, working in partnership with several hundred organizations from across the country. AIDS United’s work—from helping AIDS-service organizations modernize through Sector Transformation, unifying and amplifying the voices of our community on Capitol Hill and at the White House, evaluating and spreading innovative models to improve access and retention to care—is critical to achieving the end of the AIDS epidemic.

Having first served on the AIDS Action Board in 1997, which later merged with the National AIDS Fund to form AIDS United, I was honored to be elected Chair of the AIDS United Board of Trustees in 2013. AIDS United is special because no other funder, program, or agency is more successful at aligning community-driven response with sound federal policy and advocacy.

On behalf of AIDS United’s Board of Trustees, I’m proud to highlight some of the amazing stories and results from our work through this Annual Report.

Thank you for your continued support and dedication to our mission. Together, we will make the promise of an AIDS-free generation a reality.

KATY CALDWELL
AIDS United: perfectly positioned
AIDS UNITED: PERFECTLY POSITIONED

For almost three decades, AIDS United has supported community-driven responses to the HIV epidemic around the country that reach the nation’s most disproportionately affected people, including gay and bisexual men, communities of color, women, people living in the Deep South, people struggling with substance abuse, those living in poverty, and people living with HIV/AIDS.

To date, our strategic grantmaking initiatives have directly funded more than $91 million to local communities, and have leveraged more than $115 million in additional investments for programs that range from access to care for people living with HIV, capacity building for community-based organizations, HIV prevention, advocacy, syringe access, and more.

Not only does AIDS United identify and fund innovative models, we develop tools and share those with the field to create a multiplying effect and move us ever closer—and ever faster—to making the promise of an AIDS-free future a reality. And AIDS United is perfectly positioned to lead this charge.

To meet this promise requires...

Reach. AIDS United has one of the largest networks in the country.

Representation. From its grantees and members to its projects and initiatives, AIDS United is focused on the critical issues in HIV and is present in the communities most impacted by the disease.

Results. Arming communities with tools and resources they need most to making legislative victories that affect us all, AIDS United achieves results.

Join us and invest in our promise at www.aidsunited.org/donate. Every donation, big or small, puts us that much closer to ending AIDS in America.
AIDS UNITED operates with a singular focus: a mission to end the HIV/AIDS epidemic within the United States.

Help us make that promise a reality. Donate today at www.aidsunited.org/donate

Map depicts concentration of persons living with an HIV or AIDS diagnosis, 2011, courtesy of AIDSvu.org
AIDS United operates with a singular focus: a mission to end the HIV/AIDS epidemic within the United States.

Help us make that promise a reality. Donate today at www.aidsunited.org/donate
Grantmaking: advancing the care continuum
The AIDS United Access to Care (A2C) initiative removes barriers to facilitate access to care and supportive services for thousands of low-income, marginalized people living with HIV. The initiative leverages public-private partnerships between the Corporation for National and Community Service’s Social Innovation Fund (SIF) and 14 private funders. A2C grantees focus on innovative, evidence-based, collaborative programs and activities that create tangible results and ultimately help advance vulnerable communities along the care continuum.

Expanding access to high-quality, life-extending care, free from stigma and discrimination is a critical part of the end of the AIDS epidemic.
Across Access2Care cohort participants . . .

All projects supported by Access to Care have seen increases in mean CD4 from baseline to 12 months.

Across all SIF projects, we see an increase in percent suppressed viral load among participants with data available at baseline and 12 months.

Among those with 12-month data . . .

73% were retained in care
62% were on treatment

. . . far exceeding national averages.

NATIONAL SPOTLIGHT

Dr. Vignetta Charles, Senior Vice President at AIDS United and a member of the Presidential Advisory Council on HIV/AIDS (PACHA), participated in a conversation with HHS Secretary Burwell and other leading experts on key developments and priorities in HIV. The panel was part of the White House’s 2014 World AIDS Day event.

A2C grantee Christie’s Place was highlighted in the White House’s Update on Efforts to Address the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities report. Christie’s Place provides trauma-informed care and universal screening for all women to identify trauma-related barriers to engaging in HIV care.

As federal, state, and local programs work to leverage the promise of the Affordable Care Act for better health outcomes, using approaches that facilitate greater access to affordable, quality HIV care and treatment like Peer Navigators is essential. To share A2C lessons learned and arm community-based organizations with these best practices, AIDS United released the Best Practices for Integrating Peer Navigators into HIV Models of Care guide.

Best Practices

May 2015

Presented By

Best Practices
for Integrating Peer Navigators Into HIV Models of Care

GRANTMAKING: ADVANCING THE CARE CONTINUUM
A2C grantee ActionAIDS in Philadelphia began working with a client who suffered a long history of homelessness, disengagement from medical care, and ongoing involvement with the corrections system. “The ability to understand the true history and needs of our clients requires time, patience, and trust,” explains Program Coordinator Cody J. Poerio.

Through intensive support from the ActionAIDS Care Coach program, this client began attending his medical appointments consistently and, as a result, his health improved dramatically and his viral load is now undetectable. He has been able to address his legal issues and is currently on the path to stable housing for the first time in many years.

“This program has afforded us the opportunity to work longer with our clients, helping us to provide consistent, client-centered, and trauma-informed support,” explains Poerio.

The result? Improved health outcomes.
Retention in Care (RiC) initiative, done in partnership with the M·A·C AIDS Fund, focuses on—and rigorously evaluates—emerging and promising strategies and models of care. The initiative uses a national evaluation framework that works hand-in-hand with local evaluators to document the ability of programs to improve individual health, affect systems change, and measure cost effectiveness.

RiC grantees focus on communities that often experience significant barriers to improved health outcomes. The grantees implement programs to address a multitude of barriers to retention in care, addressing one of the largest drop-off points along the HIV care continuum.

If we are to achieve the promise to end AIDS and stop new infections then expanding access to and retention in care for people living with HIV is crucial. RiC is making that possible.
Sharing **lessons learned** and replicating **proven, effective models of care** represent important ways to curtail this epidemic and is critical to making the promise a reality.

**RETENTION IN CARE GRANTEES**

- Mazzoni Center    PHIADELPHIA, PA
- Christie’s Place   SAN DIEGO, CA
- University of Virginia  CHARLOTTESVILLE, VA
- BOOM!Health       BRONX, NY
- Institute for Public Health Innovation  WASHINGTON, DC
- The Open Door, Inc.  PITTSBURGH, PA
- AIDS Alabama       BIRMINGHAM, AL

**Framework**

18% increase in **viral suppression** among RiC clients over a 6-month period.

**SUPPORTED WITH FUNDING BY**

MAC AIDS FUND
The Open Door, Inc. uses a harm-reduction model to provide housing and related services to improve the health of high-risk, chronically homeless people living with HIV. One unique aspect of The Open Door’s work is their representative payee service, meaning they offer to manage clients’ social security/employer benefits free of charge to clients who are living with HIV and homeless or at risk for homelessness.

The representative payee service helps secure client housing by managing client income, paying their rent and bills, providing clients with their requested amount in spending, and helping them save money. This has been found to reduce stress and chaos in their client lives and allows them to prioritize medical care and treatment.

As part of their RiC grant, The Open Door has funded two sub-grantees to replicate their harm reduction housing model. The Ursuline HIV/AIDS Ministry in Youngstown, OH, and Prevention Point Philadelphia, in Philadelphia, PA were the recipients of these $20,000 awards. Technical assistance and training activities are underway, including site visits, monthly structured conference calls, weekly informal check-ins, and support on demand.

To help spread this innovative model even further, AIDS United collaborated with The Open Door to create Housing Is Healthcare H2 Toolkit based on their innovative model. The toolkit includes valuable resources for organizations hoping to start or enhance their own housing-first, harm-reduction approach to effectively serve people who are chronically homeless and living with HIV/AIDS.

Among Open Door clients utilizing the representative payee service:

- 89% said it helped them maintain housing
- 70% said it helped them adhere to treatment
- 60% said it helped them control drug and alcohol use

Clients also saw vastly improved viral load suppression:

- Upon program entry, 18% of clients had an undetectable viral load
- At six-month follow-up, 61% of clients had an undetectable viral load
Grantmaking & Programs: addressing health disparities
Gay, bisexual, and other men who have sex with men (MSM) are more disproportionately impacted by HIV in the United States than any other community. Through a cooperative agreement with the Centers for Disease Control and Prevention (CDC), AIDS United launched m2MPOWER. The initiative works to re-energize and re-engage the LGBTQ community in our nation’s response to HIV and AIDS.
Collaboration with LGBTQ partners and their re-commitment to the charge is necessary to effectively fight this epidemic. Through the Creating Change Conference, AIDS United—alongside their strategic partner the National LGBTQ Task Force—encouraged development of HIV-focused content. This included 16 workshops on HIV/AIDS, an HIV testing campaign, a plenary session with some of the country’s leading HIV experts, and a keynote address by AIDS United President & CEO Michael Kaplan.

AIDS United provided HIV-associated trainings to two national LGBTQ organizations—GLAAD and the GLSEN. This work involves staff educational sessions on key HIV epidemic data, including its impact on the LGBTQ community. Given the disproportionate burden of HIV on this community, research LGBTQ groups are doing may offer important lens and lessons through which to examine barriers, address stigma, and curtail the epidemic. And, together, we can solidify this promise and see it to fruition.

Other ways AIDS United is rekindling a movement is through its annual “PrideinPrevention” campaign. This year, users were encouraged to create an Instagram image that encouraged community-based organizations serving the broader LGBTQ community to jumpstart the conversation and increase awareness around HIV among gay and bisexual men.

AIDS United is also raising awareness of HIV in the media. In collaboration with GLAAD and The Elizabeth Taylor AIDS Foundation, AIDS United helped to develop HIV & AIDS in the News: A Guide for Reporting in a New Era of Prevention & Treatment, focused on accurate reporting of HIV.

HIV Among MSM


72% of new HIV infections among people 13-24 occur among young gay and bisexual men.

Nearly one in five MSM diagnosed with HIV infection were not linked to care.

MSM represent...

63% of new HIV infections in the United States.

... but an estimated 2% of the population.
“GLSEN’s work with AIDS United came at a critical moment — the nation is waking up to the devastation that the epidemic is having upon young men, and so many more of the youth that GLSEN serves.

At the same time, there is new hope for prevention to stem the tide. For nearly 25 years, GLSEN has been dedicated to LGBT issues in K-12 schools, including affirming and inclusive health curriculum that provides potentially life-saving information to youth.

Our partnership with AIDS United has led us to be more thoughtful and forceful about including information about HIV/AIDS in our curricula materials, in our resources for educators and in our professional development with educators.”

- Eliza Byard, Ph.D., GLSEN Executive Director

M2MPower National Partners

Campus Pride
GLAAD
GLSEN
Human Rights Campaign (HRC)
National LGBTQ Task Force

SUPPORTED WITH FUNDING BY

CDC
In 2014, with funding from Gilead Foundation, AIDS United launched the Positive Organizing Project (POP). Under this project AIDS United funded three demonstration sites in Seattle, Detroit, and Houston, along with the United States People Living with HIV Caucus, in an effort to better mobilize and further engage people living with HIV in
• building community
• combatting stigma, and
• improving policy environments that impact people living with and at risk for HIV.
The latest advances of the HIV-response has placed an increasing amount of focus on medical solutions, and in many ways, the traditional HIV response that was built upon community organizing with strong engagement of many people living with HIV, has weakened.

Yet, there is value and worth in having people living with HIV involved in the design of their services—and this inclusion positively affects their health outcomes, as well as their sense of autonomy navigating services.

Through POP, AIDS United reignites the strategies so successful in first establishing a response to HIV/AIDS and encourages more meaningful involvement of people living with HIV.

BUILDING A LEGACY

Legacy Community Health engaged 300 people living with HIV through their POP activities. These ranged from outreach events, community projects, trainings, and broader non-HIV civic engagements too, underscoring the importance of community involvement at large.

POP participants took part in Legacy Community Health’s World AIDS Day activities, helped secure a World AIDS Day Proclamation from the City of Houston, and hosted a local event in support of the National Day of Action to End Violence Against Women with HIV. The POP project increased not only local involvement, but created local leaders too:

- 15 people living with HIV enrolled in Legacy Community Health’s intensive six-week comprehensive training;
- Two-thirds participated in the Texas Advocacy Day;
- two participants were named to the Ryan White Planning Council—one of whom was elected Vice President of the Council; and
- the POP Coordinator, a woman living with HIV, has been hired fulltime at Legacy Community Health—the first time a person living with HIV has organized the statewide Texas HIV/AIDS Taskforce advocacy group.

Engaged 980 people living with HIV

Meaningful Involvement

Authenticity

Power of Community Organizing

- Empowered to accept HIV status
- Developed deeper understanding of HIV stigma
- Became more meaningfully involved
- Improved health outcomes
- Increased sense of self worth
- Increased community involvement
- Increased opportunities
As a Legacy Community Health member explains, “[This] framework ensures that those most likely to be impacted by policies and programs are at the forefront in prioritizing, envisioning, and designing those programs and policies.” And that is the power of the POP.

“Meaningful involvement of people living with HIV/AIDS is more than involving people with HIV—it requires meaningfully involving folks from the communities most impacted by HIV in leadership and in decision making,” explains Naina Khanna, Executive Director of Positive Women’s Network and AIDS United Trustee. “Making an organizational commitment to this engagement provides a framework to ensure that those most likely to be impacted by policies and programs are at the forefront in prioritizing, visioning, and designing those programs and policies.”

“People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health.”
–World Health Organization, 1986
The South is home to 7 of the top 10 states with the highest rates of HIV diagnoses. The myriad challenges across this region highlight a stark need for stronger HIV infrastructure. Creating the political will, as well as the capacity to address these challenges requires sustained strategic and effective advocacy led by and for Southerners.

SOUTHERN REACH

1 CDC. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Atlas. Data are estimates from all 50 states, the District of Columbia, and five U.S. dependent areas.
AIDS United has led the charge to identify and eliminate HIV-related health disparities in the South. We have built an unparalleled advocacy infrastructure by managing more than $11 million invested by the Ford Foundation in communities throughout the South through our Southern REACH (Regional Expansion of Access and Capacity to Address HIV/AIDS) initiative. This represents one of the largest non-governmental funding sources for HIV policy and advocacy in the South, and is made possible through generous support by the Ford Foundation.

The promise cannot become a reality without addressing HIV in the South.

The program taps into all the strengths of AIDS United—from strategic grantmaking that can truly effect change, to work in policy and technical assistance. “REACH helps us serve the most vulnerable people in our area,” explains Soreé Finley of Legal Services of Southern Piedmont. “It’s a population that is often misjudged and overlooked, and without this critical funding, they would have nowhere else to go.”

**TURNING CRISIS INTO COLLABORATION**

Research shows that a lack of affordable housing leads to poorer health outcomes for people living with HIV. And unfortunately, three-quarters of the nearly 7,000 individuals living with HIV in greater New Orleans experience one or more indicators of housing instability. Collaborative Solutions Inc. (CSI), an AIDS United Southern REACH grantee, started working in New Orleans right after Hurricane Katrina hit in August of 2005. With so many people displaced from their homes and falling out of care, “it was an unbelievable explosion of misery,” explains Crystal Pope, CSI’s senior technical assistance manager.

**AIDS UNITED LAUNCHES SOUTHERN REACH WEBSITE**

Celebrating 10 years of work in the South, AIDS United invites you to visit the newly launched Southern REACH website: southernreach.aidsunited.org

The website examines the HIV epidemic in the South, AIDS United’s work in removing policy, political, legal, and systemic barriers to ensure health, human rights, and dignity for people living with HIV. Grantee case studies outline frontline developments and why more work continues to be needed in the South.
What’s more, the city’s housing market has never fully rebounded — the number of available units is still low, rents are 30% to 40% higher than before, and average income for people living with HIV has fallen dramatically. “So the group that we brought together early on to provide relief has developed over the years into the organization we call the CHANGE [Coalition of HIV/AIDS Nonprofits and Governmental Entities] Coalition,” says Pope.

Over the years, CHANGE has worked with the city to develop New Orleans’ five-year plan outlining priorities for federal housing assistance programs (as required by the U.S. Department of Housing and Urban Development). From improved access to housing for people living with HIV, public awareness campaigns, and other legislative gains, this Southern REACH grantee underscores what’s possible when need, political will, and necessary funding meet. As Pope summarizes, “[The CHANGE Coalition model] is relevant anywhere. But it’s particularly relevant in the South, where the challenges are just so much greater in terms of the level of poverty, the amount of community resources that are available, and the growing prevalence of HIV.” (To read more about CSI, other grantee case studies, and the Southern REACH project, visit southernreach.aidsunited.org.)
Whether in large urban centers or quiet rural Midwest towns, injection drug use and its associated risk of infection and overdose do not discriminate. That’s why the Syringe Access Fund (SAF) remains as pertinent today as it did 10 years ago when the program was born.
The country’s largest private supporter of syringe exchange programs (SEPs), the Syringe Access Fund was created in 2004 to support syringe exchange and public policy activities to reduce the risk of HIV infection, hepatitis C and other blood-borne pathogens among injection drug users and their sexual partners through expanded access to sterile syringes. To date, the SAF has awarded more than $15.1 million.

The Syringe Access Fund awarded two-year grants for a total of $2.4 million. Through this collaboration, AIDS United directly funds a subset of the organizations supported by resources from the Irene Diamond Fund, Levi Strauss Foundation, Open Society Foundations, and Tides Foundation. These grantees are noted with an asterisk (*) on the following page. The remaining grantees are funded directly under the Elton John AIDS Foundation.

SAF uses scientifically proven syringe exchange practices and leverages public policy to make real and meaningful strides to prevent HIV, hepatitis C, and other blood-borne pathogens. In 2014, SAF supported nearly half of all new syringes used for syringe exchange programs. To date, it is the country’s largest private supporter of syringe exchange programs (SEPs).

TURNING POINT

“Joseph’s” story is one of change. Of promise. Of hope. And of second chances.

In 2010, Joseph was addicted to heroin and was out of and resistant to accessing medical care. Enter SAF grantee, Family Health Centers of San Diego. Staff knew Joseph from their Safe Point, San Diego program—the only city-sanctioned syringe exchange program. By 2013, staff had begun to meet Joseph on a weekly basis to create short-term, achievable goals. Within three months, Joseph re-engaged into care for his HIV infection and mental health. In 2014, Joseph decided to stop using drugs and enter a detoxification facility. Thanks to strong working relationships Safe Point, San Diego staff have with local treatment facilities, Joseph was able to enroll into a program within a week. And with Family Health Centers of San Diego’s help, Joseph not only graduated from his detox program but subsequently from an outpatient treatment program too and, now, hopes to have a different kind of graduation altogether: college.
Today, Joseph is enrolled at a local community college, has a steady job, and stable housing. Joseph has reconnected with his family. He’s someplace he never could have imagined just four short years ago, but here he is.

Joseph’s story is a reminder that ending AIDS and reducing the risks that fuel transmissions is possible. It starts with one, and it ends with none.

**SUPPORTED WITH FUNDING BY**

- [Elton John AIDS Foundation](https://www.ajfhfc.org)
- [Irene Diamond Fund](https://www.irenediamondfund.org)
- [TIDES](https://www.tides.org)

**SYRINGE ACCESS FUND GRANTEES**

Asterisks indicate programs directly funded by AIDS United; all others funded by Elton John AIDS Foundation.

- **People's Harm Reduction Alliance** SEATTLE, WA
- **Sonoma County Hepatitis AIDS Risk Reduction Program** SANTA ROSA, CA
- **Down East AIDS Network, Inc.** ELLSWORTH, ME
- **Chicago Recovery Alliance** CHICAGO, IL
- **Needle Exchange Program of Asheville** ASHEVILLE, NC
- **Clean Needles Now/ LA Community Health Outreach Project** LOS ANGELES, CA
- **Bethany Place** BELLEVILLE, IL
- **Any Positive Change Inc.** LOWER LAKE, CA
- **South Jersey Against AIDS, Inc. (DBA South Jersey AIDS Alliance)** ATLANTIC CITY, NJ
- **Venice Family Clinic** VENICE, CA
- **Harm Reduction Services, Inc.** SACRAMENTO, CA
- **NO/AIDS Task Force** NEW ORLEANS, LA
- **The Phoenix Center** SPRINGFIELD, IL
- **Mendocino County AIDS/Viral Hepatitis Network** UKIAH, CA
- **Clark County Public Health** VANCOUVER, WA
- **Harm Reduction Coalition** NEW YORK, NY
- **Southern Arizona AIDS Foundation** TUCSON, AZ

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**Needle Exchange Emergency Distribution** BERKELEY, CA
**Reading Risk Reduction** READING, PA
**El Punto en la Montaña** SAN JUAN, PR
**Alaskan AIDS Assistance Association** ANCHORAGE, AK
**Fresno Needle Exchange Program** FRESNO, CA
**HIPS** WASHINGTON, DC
**St. James Infirmary** SAN FRANCISCO, CA
**Bienestar Human Services, Inc.** LOS ANGELES, CA
**Migrant Health Center, Inc.** MAYAGUEZ, PR
**Interior AIDS Association** FAIRBANKS, AK
**AIDS NETWORK INC** MADISON, WI
**Family Health Centers of San Diego** SAN DIEGO, CA
**Prevention Point Pittsburgh** PITTSBURGH, PA
**Homeless Youth Alliance/San Francisco Needle Exchange** SAN FRANCISCO, CA
**Colorado Nonprofit Development Center** DBA Harm Reduction Action Center DENVER, CO
**Housing Works, Inc.** BROOKLYN, NY
**Blue Mountain Heart to Heart** WALLA WALLA, WA
**Harm Reduction Coalition** NEW YORK, NY
**Santa Fe Mountain Center** TESUQUE, NM
**Casa Segura HEPPAC** OAKLAND, CA
**Community Health Awareness Group** DETROIT, MI
**Project SAFE** PHILADELPHIA, PA
**Camden Area Health Education Center** CAMDEN, NJ
**Point Defiance AIDS Project** TACOMA, WA
**Westminster Presbyterian Church (START at Westminster)** WASHINGTON, DC
**AIDS Taskforce of Greater Cleveland, Inc.** CLEVELAND, OH
**New York City AIDS Housing Network (NYCAHN)** BROOKLYN, NY
**North Carolina Harm Reduction Coalition, Inc (NCHRC)** DURHAM, NC
**Women With a Vision, Inc.** NEW ORLEANS, LA
**University of Miami** MIAMI, FL
**Washington AIDS Partnership** WASHINGTON, DC
**Minnesota AIDS Project** MINNEAPOLIS, MN
**Atlanta Harm Reduction Coalition, Inc.** ATLANTA, GA
Effectively curtailing HIV infections and fulfilling the promise to end AIDS means proactively addressing areas most disproportionately affected. That includes leveraging resources to Puerto Rico, where the U.S. territory has some of the highest rates of health disparities in the United States, including HIV. In fact, HIV infection rates, progression to AIDS, and HIV-associated deaths are all significantly higher in Puerto Rico than national averages.
AIDS United, in collaboration with funding from the Elton John AIDS Foundation, H. Van Amerigen Foundation, Johnson & Johnson, and the M·A·C AIDS Fund, provide increased support for people living with HIV in Puerto Rico, as well as the agencies that serve them.

Programs funded in Puerto Rico are diverse and tailor-fit to the communities they serve. From peer outreach for young MSM, use of art as means to boost self confidence and resilience, syringe exchange, HIV testing and education, and more, organizations are connecting to—and informing—people most at risk and bringing them into care and services.

In 2014, AIDS United made an investment in strategic female leadership development. Representatives from 10 organizations from across the island participated in the AIDS United “Emerging Female Leaders Workshop” event. Representatives all had managerial or executive experience at community-based organizations, as well as demonstrated passion and commitment to addressing HIV in Puerto Rico. The intensive two-day workshop was conducted in Spanish with topics including self-care, emotional intelligence, strategic planning, leadership development, and strength through collaboration.

Health Disparities in Puerto Rico

Fulfilling the promise of an AIDS-free generation means targeting efforts where need is highest.

Puerto Rico is . . .

**TOP 10** in AIDS case rates across all U.S. states and territories

**4x** higher in the **HIV death rate** than national average

**TOP 10** in estimated diagnoses of HIV infection


PUERTO RICO GRANTEE

- **Taller Salud, Inc.**  LOIZA, PR
- **Casa del Peregrino Aguadilla Inc.**  AGUADILLA, PR
- **Puerto Rico CoNCRA**  SAN JUAN, PR
- **Migrant Health Center, Inc.**  MAYAGUEZ, PR
Capacity Building
The AIDS United AmeriCorps program is the first and broadest-reaching national AmeriCorps program focusing specifically on HIV prevention, testing, and care. The AmeriCorps program is creating the next generation of public health leaders through intensive training and hands-on experience as HIV testers, health educators, care navigators, and in other direct service roles.

Washington, DC AmeriCorps team members celebrated the 20th anniversary of AmeriCorps at the White House where both President Obama and President Clinton gave addresses.
The AmeriCorps program allows people entering the workforce to become fully immersed into the field of HIV/AIDS—an experience that will continue to shape their careers and create lifelong advocates for HIV, public health, and national service.

The AmeriCorps program delivers big impact for low cost. The inclusion of AmeriCorps members greatly increases capacity of local agencies and assists with interagency collaboration. Additionally, AmeriCorps members bring new voices, new ideas, and fresh energy to the fight against HIV. As Lauren Wine of Team Indianapolis summarizes, “Being an AmeriCorps member has already made a huge impact on my life. I am the most involved in my community than I ever have been and I have found that helping others is the best way I can help myself.”

CONFIDENCE, CLARITY, AND CONFIRMATION

When “David” came into The Free Clinic of Greater Cleveland for an HIV test, he was rattled. A friend had just confided to him that they tested HIV positive and David was worried he might too. HIV was no longer something other people had—it was real now.

Jim Alsop, an AmeriCorps member serving at The Free Clinic of Greater Cleveland, sat down with David and began to discuss HIV and David’s concerns. Over the course of the conversation, David opened up. Jim commended David for his safer behaviors and provided information about ways to further reduce his HIV risk. When David’s test came back, he learned that he was HIV negative and decided to make his own risk reduction plan.

Relieved, David thanked Jim profusely and committed to coming back in three months to get retested.

Jim recalls the experience:

“Making such a positive impact on someone’s life was more satisfying than any other job I’ve ever had.”
SectoR tRAnSfoRMAtion

Why Sector Transformation? Because healthy organizations make for healthy clients.

The health care landscape is changing, should you? That’s a question AIDS United’s Sector Transformation initiative helps organizations answer. Change may mean specialized technical assistance about the health care marketplace, the integration of new services, merging entities, developing strategic new partnerships, or initiating a new business model. But the fact is clear: the HIV care and services field is evolving faster than ever. To best support people living with HIV, health care reform needs to be leveraged to its full potential, and that means organizations critically examining how they do business.

SECTOR TRANSFORMATION

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The Affordable Care Act. Evolving funding streams. Greater emphasis on HIV biomedical approaches. Integrating health care systems. It’s a brave new world—and it can be a complicated one to navigate. Thanks to support from Johnson & Johnson, along with a recent $1 million investment from Bristol-Myers Squibb, AIDS United is available to partner with organizations to do just that.

**Evolving Care Communities**

Flexible. Proactive. Agile.

These can all be used to describe the work of AIDS Resource Center of Wisconsin (ARCW) and AIDS Network. Leaders from both organizations came together to discuss how they could create more integrated, comprehensive care and social support services to best meet the increasing needs of people living with HIV in Wisconsin.

Through an AIDS United Sector Transformation grant, ARCW and AIDS Network participated in a 9-month evaluation, at the end of which the two entities decided to merge. The merger will ensure continuity of care for patients. What’s more, the merged organizations expect to now serve 4,000 people living with HIV throughout the state annually, keeping all employees intact, and increasing the number of staff to meet demand. “There have been tremendous advances made in the fight against AIDS that position us better than ever to defeat the epidemic,” says Gifford. “Our merger, along with stronger and closer relationships with key partners...will be critical to achieving that goal.”

“In the new era of HIV prevention and health reform, HIPS knew we needed to change in order to help sex workers and drug users in leading healthy, self determined lives. HIPS adopted a new strategic plan that expanded its mission and direction. The new plan allowed us to grow by moving forward with the construction of our Center for Health and Achievement – bringing together harm reduction, mental health, behavioral health, and medical services under one roof. Sector Transformation support from AIDS United allowed us to dedicate the time and attention necessary to make this plan a reality.”

– Cyndee Clay, Executive Director, HIPS

**Sector Transformation Grantees**

Of 10 total Sector Transformation grantees in 2014, those highlighted in this report include:

- AIDS Partnership Michigan   Detroit, MI
- AIDS Resource Center of Wisconsin   Milwaukee, WI
- HIPS   Washington, DC

**The Transformative Power of the Sector Transformation Initiative**

**2014 Highlights**

10 new organizations 6 new communities

**SUPPORTED WITH FUNDING BY**

- Johnson & Johnson
- Bristol-Myers Squibb
First funded by the CDC in April 2014, Getting to Zero (G2Zero) is a 5-year cooperative agreement focused on building capacity among community-based organizations (CBOs). Managed by highly experienced HIV prevention staff, the AIDS United team is responsive to the communities most disproportionately affected by the HIV epidemic. With boots-on-the-ground experience and the broadest-reaching network of experts in the field, the G2Zero team is able to tailor-fit their approach to meet unique CBO-specific geographic, population, and organizational needs to yield high-impact results and improve organizational sustainability.
G2Zero work is critical to meeting the goals of the National HIV/AIDS Strategy and in fulfilling the AIDS United mission and promise of the end of AIDS.

G2Zero staff are partners with the CBOs they serve, working together through strategic planning and implementation of high-impact interventions focused on:

- HIV-positive populations
- high-risk HIV-negative populations, and in
- organizational development, program management, and sustainability.

G2Zero capacity-building assistance is available to any CBO engaged in HIV prevention work and is not exclusive to CDC-funded organizations. Quick and nimble, G2Zero was up and running and filling requests within a few short months after funding. To date, the team has fulfilled 41 requests—a third of which have been in the South, a region severely impacted by HIV.

By working together through strategic planning and implementation of high-impact, harm-reduction interventions, CBOs can improve and refine their work while empowering their employees. As a G2Zero recipient explains,

“Working with the AIDS United capacity building team was a great experience. We were able to move from big ideas to concrete action more quickly.”

– G2Zero CBA Recipient

G2Zero’s goals are directly aligned to the National HIV/AIDS Strategy:

SUPPORTED WITH FUNDING BY

AIDS UNITED CAPACITY BUILDING

National Center for Innovation in HIV Care

Building on our success and lessons learned expanding access to and retention in care for people living with HIV, we have joined with the Fenway Institute and AIDS Resource Center of Wisconsin to form the National Center for Innovation in HIV Care.

The Center, funded through a HRSA/HAB cooperative agreement with the Fenway Institute, provides further support to Ryan White-funded AIDS service organizations and community-based organizations to develop strategies to improve operational effectiveness, and implement best practices to optimize outcomes along the continuum of HIV care.
Policy Activities
UNIFYING THE HIV COMMUNITY + MOBILIZING ADVOCATES

AIDS United advocates with and on behalf of people living with or affected by HIV/AIDS and the organizations that serve them. AIDS United houses the most seasoned, connected, and respected domestic AIDS policy team in Washington, DC, which has been instrumental in the development and implementation of major public health policies that improve the quality of life for people living with or affected by HIV/AIDS.

AIDS United’s Public Policy Committee (PPC) is the largest and longest running community-based HIV/AIDS coalition in the country. In 2014 alone, the PPC grew by 20%. Beyond sheer size, however, is AIDS United’s strength as a major power player in the policy and advocacy field. It is through tireless commitment, unwavering passion, and subject-matter expertise that AIDS United’s policy staff—along with the PPC—achieved critical legislative wins in 2014 and continues to be the “go to” source on domestic HIV policy.

Through individual Hill visits, PPC coalition work, social media campaigns, AIDSWatch Hill advocacy day, congressional briefings, White House meetings, and budgetary and congressional legislative wins, 2014 was as busy as it was successful.

“Joining the AIDS United Public Policy Committee (PPC) was a critical step in our policy agenda to ensure that women and girls living with HIV/AIDS are an integral part of local, national, and global discussions about issues that affect their lives. We believe the AU PPC is ‘the table’ to be at and are grateful to be part of it.”

– Martha Sichone-Cameron, Director of Policy & Advocacy Programs, The Women’s Collective
AIDSWatch is hosting 300+ participants from 27 states, Puerto Rico, and Washington, DC, with nearly 222 congressional meetings.

"Too often, as people living with HIV, I think that we believe that our voice is not as important as others. By being here [at AIDSWatch] and speaking truth to power, we amplify our voice, and that is a beautiful thing."

– AIDSWatch 2014 Participant

AIDS United has brought together organizations from all regions of the country to find true consensus on important but complicated issues. To make the promise of an end of AIDS a reality requires both individual and collective participation and, for that, AIDS United is always here to help, and always here to champion.

Help us make the promise a reality. Donate today at www.aidsunited.org/donate

AIDSWatch is hosted in partnership with the Treatment Access Expansion Project and the US People Living with HIV.

Policy Campaign

Shifting dialogue about PrEP implementation with broad, unified statement released by entire PPC membership in tandem that showed support for PrEP but also addressed critical barriers to full implementation.

#PrEPWorks

Social media campaign launched by AIDS United to raise awareness, increase uptake of pre-exposure prophylaxis (PrEP), and shift dialogue towards action, because as the science shows #PrEPWorks.

Over 500 people and organizations from all parts of the United States participated in the campaign!

Policy Action Center

AIDS United launched the Policy Action Center. The Center covers important HIV issues, helps users find and track legislation, connect with their congressional representatives, and access tools to be successful HIV advocates. The Center also facilitates AIDS United’s engagement of its advocacy network on specific issues.

aidsunited.org/actioncenter

AIDSWatch is hosted in partnership with the Treatment Access Expansion Project and the US People Living with HIV.
AIDS United policy staff are “go to” sources on domestic HIV policy.

With Congressional offices from both sides of the aisle with, and on behalf of, our member organizations.

115 visits

After relentless advocacy and coalition work, AIDS United was able to secure stable domestic HIV funding.

Making Drug Prices Fair

AIDS United worked with Congress to develop legislative language to establish cost-sharing limits, paving the way to eliminate the unfair cost-sharing practices that lead to unnecessary out-of-pocket spending on life-saving medications, including those for HIV.

10% Administration Clarification from HRSA, which relieved hardships on HIV-serving agencies whose direct program expenses fell under the previously overly-restrictive interpretation—hinder their ability to best serve people living with HIV.


Sponsored Congressional Briefing on the Intersection of Intimate Partner Violence, Women, and HIV that brought together over 35 congressional offices and several federal agencies, community-based organizations, advocates, and more.

Cosponsored the 2014 Congressional Briefing on the Impact of HIV, AIDS, and Viral Hepatitis among Hispanics in the U.S. South and Puerto Rico.

Broadened language and resulted in military review of HIV practices related to criminalization.
Finances
## Statement of Financial Position
December 31, 2014 (with summarized financial information as of December 31, 2013)

### Current Assets

<table>
<thead>
<tr>
<th></th>
<th>12/31/14</th>
<th>12/31/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>2,676,584</td>
<td>5,261,619</td>
</tr>
<tr>
<td>Investments</td>
<td>5,627,597</td>
<td>4,658,041</td>
</tr>
<tr>
<td>Grants and other receivables</td>
<td>725,567</td>
<td>258,382</td>
</tr>
<tr>
<td>Government grants receivable</td>
<td>201,521</td>
<td>315,740</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>21,636</td>
<td>37,159</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>9,252,905</strong></td>
<td><strong>10,530,941</strong></td>
</tr>
</tbody>
</table>

Furniture and Equipment, net of accumulated depreciation of $121,160 and $103,790, respectively

<table>
<thead>
<tr>
<th></th>
<th>12/31/14</th>
<th>12/31/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture and Equipment</td>
<td>57,945</td>
<td>78,113</td>
</tr>
<tr>
<td>Other assets</td>
<td>37,276</td>
<td>89,768</td>
</tr>
<tr>
<td>Investments restricted for long-term purposes</td>
<td>2,024,319</td>
<td>1,958,608</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>11,372,445</strong></td>
<td><strong>12,657,430</strong></td>
</tr>
</tbody>
</table>

### Liabilities and Net Assets

**Current Liabilities**

<table>
<thead>
<tr>
<th></th>
<th>12/31/14</th>
<th>12/31/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable</td>
<td>171,603</td>
<td>228,295</td>
</tr>
<tr>
<td>Accrued salaries and benefits</td>
<td>54,174</td>
<td>53,546</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>5,193</td>
<td>5,912</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>10,563</td>
<td>10,757</td>
</tr>
<tr>
<td>Grants payable</td>
<td>920,544</td>
<td>1,307,237</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>1,162,077</strong></td>
<td><strong>1,605,747</strong></td>
</tr>
</tbody>
</table>

Deposits held

<table>
<thead>
<tr>
<th></th>
<th>12/31/14</th>
<th>12/31/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deposits held</td>
<td>399</td>
<td>18,622</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>1,162,476</strong></td>
<td><strong>1,624,369</strong></td>
</tr>
</tbody>
</table>

### Net Assets

<table>
<thead>
<tr>
<th></th>
<th>12/31/14</th>
<th>12/31/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undesignated</td>
<td>350,325</td>
<td>766,883</td>
</tr>
<tr>
<td>Board designated</td>
<td>13,572</td>
<td>13,129</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>363,897</td>
<td>780,012</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>8,439,102</td>
<td>8,849,207</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td>1,406,970</td>
<td>1,403,842</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td><strong>10,209,969</strong></td>
<td><strong>11,033,061</strong></td>
</tr>
</tbody>
</table>

**Total Liabilities and Net Assets**

<table>
<thead>
<tr>
<th></th>
<th>12/31/14</th>
<th>12/31/13</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td><strong>11,372,445</strong></td>
<td><strong>12,657,430</strong></td>
</tr>
</tbody>
</table>
STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
For the Year Ended December 31, 2014 (with summarized financial information for the year ended December 31, 2013)

<table>
<thead>
<tr>
<th>REVENUE AND SUPPORT</th>
<th>unrestricted</th>
<th>temp. restricted</th>
<th>perm. restricted</th>
<th>2014 total</th>
<th>2013 total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and contributions</td>
<td>175,985</td>
<td>6,926,651</td>
<td>3,128</td>
<td>7,105,764</td>
<td>7,972,479</td>
</tr>
<tr>
<td>Federal grants</td>
<td></td>
<td>3,439,762</td>
<td></td>
<td>3,439,762</td>
<td>2,354,195</td>
</tr>
<tr>
<td>Other income</td>
<td>89,454</td>
<td>77,000</td>
<td></td>
<td>166,454</td>
<td>338,189</td>
</tr>
<tr>
<td>Program service revenue &amp; dues</td>
<td>453,850</td>
<td></td>
<td></td>
<td>453,850</td>
<td>349,850</td>
</tr>
<tr>
<td>Net assets released from restrictions:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfaction of program restrictions</td>
<td>11,005,407</td>
<td>-11,005,407</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL REVENUE AND SUPPORT</td>
<td>11,724,696</td>
<td>-561,994</td>
<td>3,128</td>
<td>11,165,830</td>
<td>11,014,713</td>
</tr>
</tbody>
</table>

| EXPENSES                                                  |              |                  |                  |            |            |
| Program services                                         | 11,596,335   |                  |                  | 11,596,335 | 11,867,659 |
| General and administrative                               |              |                  |                  |            |            |
| Fundraising                                              | 51,214       |                  |                  | 51,214     | 213,254    |
| TOTAL EXPENSES                                           | 11,647,549   |                  |                  | 11,647,549 | 12,080,913 |

| NON-OPERATING ACTIVITY                                    |              |                  |                  |            |            |
| Interest and dividend income                              | 211,131      | 37,896           |                  | 249,027    | 232,368    |
| Realized loss on investments                              | -624,042     |                  |                  | -624,042   | -368,510   |
| Unrealized gain (loss) on investments                     | -80,351      | 113,993          |                  | 33,642     | 407,747    |
| Loss on disposition of assets                             |              |                  |                  | -154       |            |
| TOTAL NON-OPERATING ACTIVITY                              | -493,262     | 151,889          |                  | -341,373   | 271,451    |

| Change in Net Assets, as restated for 2013                | -416,115     | -410,105         | 3,128            | -823,092   | -794,749   |

| NET ASSETS, BEGINNING, as previously reported for 2013   | 780,012      | 8,849,207        | 1,403,842        | 11,033,061 | 14,919,211 |
| Prior-period adjustment                                  |              |                  |                  |            | -3,091,401 |

| NET ASSETS, BEGINNING, as restated                       | 780,012      | 8,849,207        | 1,403,842        | 11,033,061 | 11,827,810 |

| NET ASSETS, ENDING                                       | 363,897      | 8,439,102        | 1,406,970        | 10,209,969 | 11,033,061 |
Our Supporters
## PUBLIC POLICY COMMITTEE (PPC) MEMBERS

### Leadership Council Members ($25,000 and above)

<table>
<thead>
<tr>
<th>Logo</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Image]</td>
<td>AIDS Action Foundation of Chicago</td>
</tr>
<tr>
<td>[Image]</td>
<td>APLA AIDS Project Los Angeles</td>
</tr>
<tr>
<td>[Image]</td>
<td>ARCW AIDS Resource Center of Wisconsin</td>
</tr>
<tr>
<td>[Image]</td>
<td>GMHC FIGHT AIDS. LOVE LIFE.</td>
</tr>
<tr>
<td>[Image]</td>
<td>Justice Resource Institute</td>
</tr>
<tr>
<td>[Image]</td>
<td>Legacy Community Health Services</td>
</tr>
<tr>
<td>[Image]</td>
<td>Lifelong San Francisco Foundation</td>
</tr>
<tr>
<td>[Image]</td>
<td>Whitman-Walker Health Community Caring Quality</td>
</tr>
</tbody>
</table>

### Basic Members

| AID Atlanta | Housing Works | Urban Coalition for HIV/AIDS Prevention Services |
| AIDS Action Coalition | IV-CHARIS | Women with a Vision |
| AIDS Alabama | LA County Department of Public Health | Women’s Collective |
| AIDS Arms | Metro Wellness | |
| AIDS Resource Center Ohio | Minnesota AIDS Project | |
| Association of Nurses in AIDS Care | National Alliance for HIV Education and Workforce Development | |
| BOOM!Health | Nashville CARES | |
| Cascade AIDS Project | NO/AIDS Task Force | |
| Christie’s Place | Positive Women’s Network - USA | |
| Collaborative Solutions, Inc. | Project Inform | |
| Delaware HIV Consortium | Southern AIDS Coalition | |
| God’s Love We Deliver | Southern HIV/AIDS Strategy Initiative | |
| Foundation for a Healthy St. Petersburg | Treatment Access Expansion Project | |
DONORS  As of 6/15/15

CORPORATIONS, FOUNDATIONS, GOVERNMENT, ORGANIZATIONS & INDIVIDUALS

$1,000,000 – $3,999,999
Bristol-Myers Squibb Company
Corporation for National and Community Service
The Ford Foundation
Johnson & Johnson

$250,000 – $999,999
Centers for Disease Control and Prevention (CDC)
Elton John AIDS Foundation
Gilead Sciences, Inc.
Janssen Therapeutics
M+A+C AIDS Fund
ViiV Healthcare

$100,000 – $249,999
H. van Ameringen Foundation
Levi Strauss Foundation

$25,000 – $99,999
AbbVie
Broadway Cares/EFA
Chevron Corporation
Elizabeth Taylor AIDS Foundation
Merck & Co., Inc.
Walgreens Co.
Women Deliver Catapult Project

$10,000 – $24,999
Fenway Health
OraSure Technologies, Inc.

$5,000 – $9,999
AIDS Project Los Angeles
amfAR
Amy Flood
David N. Jensen
HealthHIV
Human Rights Campaign Foundation
Jamie Nesbitt
Legacy Community Health Services

$1,000 – $4,999
The Benevity Community Impact Fund
AIDS Foundation of Chicago
Allstate Employee Giving Campaign
Community Education Group
Darren Brown
Gail Crockett
Garry Reinhardt
Granvilette W. Kestenbaum
Hamilton Family Charitable Fund of the Fidelity Charitable Gift Fund
International Association of Physicians in AIDS Care
JustGive.org
Marjorie J. Hill
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National Minority AIDS Council
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Richard Gomez
Stanley and Joanne Kaplan
Tim Armitage
William H. Collier

$500 – $999
The Benevity Community Impact Fund
Craig E. Thompson
Daniel R. Harris
Debra Fraser Howze
Denise M. Clark and Gina D. Martin
Duane Cramer
Employee Charity Organization (ECHO) of Northrop Grumman
Geoffrey Evans
Glen Pietrandoni
John Farnham
Katy Caldwell
Lorraine Jones
Michael Erb
Naina Khanna
Princeton University Chapel
Tam Ho

$499 or less
To see the many other donors and supporters who have contributed at $499 or less, please click here.

AIDS United operates with a singular focus: a mission to end the HIV/AIDS epidemic within the United States. Help us make that promise a reality. Donate today at www.aidsunited.org/donate
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Target Corporation
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ViiV Healthcare
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Duane Cramer Creative

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Bethlehem, PA

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Positive Women’s Network – USA
Oakland, CA

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Patent Agent
Genentech, Inc.
San Francisco, CA

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HIV/AIDS & Hepatitis
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Deerfield, IL

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Foundation for a Healthy St. Petersburg
St. Petersburg, FL

Craig Thompson
Executive Director
AIDS Project Los Angeles
Los Angeles, CA
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Senior Vice President

Ronald Johnson
Vice President of Policy & Advocacy

Matthew J. Kessler, MBA
Vice President of Operations

Michael G. Hogan, CPA, CGMA
Interim Chief Fiscal Officer

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Joseph Drungil
Policy Assistant

Ronald Johnson
Vice President of Policy & Advocacy

William McColl
Director of Health Policy

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Capacity Building Assistance Trainer

Paola Barahona, MPH
Senior Program Manager,
Sector Transformation

Liam Cabal
Program Manager

Vignetta Charles, Ph.D
Senior Vice President

Melissa Donze
Program Associate

Sarah Getachew
Program Associate

Sarah Hashmall
Program Manager

Sonia Huh
Executive Assistant

Angela Knudson
Program Manager

Erin Northrup, MSW
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Access to Care

Maura Riordan
Vice President of Access & Innovation

Kelly Stevens
Program Manager

Monique Tula
Director, Capacity Building

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Communications Coordinator

Scott Brawley, MSW
Grant Writer & Program Liaison

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Finance Manager

Terrence Hamilton
Operations Associate

Michael G. Hogan, CPA, CGMA
Interim Chief Fiscal Officer

Matthew J. Kessler, MBA
Vice President of Operations