

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**

December 31, 2018

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**Prepared For:**

AIDS United  
1101 14th street, nw No. 300  
Washington, DC 20005

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**Prepared By:**

TATE & TRYON  
2021 L ST NW  
Washington, DC 20036

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**Amount Due or Refund:**

Not applicable

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

Not applicable

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AIDS UNITED</b>		<b>D</b> Employer identification number <b>52-1706646</b>
	Doing business as		<b>E</b> Telephone number <b>202-408-4848</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>17,883,207.</b>
	<b>1101 14TH STREET, NW</b>	<b>300</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20005</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>JESSE MILAN JR.</b> <b>SAME AS C ABOVE</b>			If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.AIDSunITED.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1990</b> <b>M</b> State of legal domicile: <b>OH</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>AU'S MISSION IS TO END THE AIDS EPIDEMIC WITHIN THE US. WE SEEK TO ACHIEVE OUR MISSION THROUGH</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>45</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>27</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>19,132.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>12,085,459.</b>	<b>Current Year</b> <b>15,734,731.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>284,409.</b>	<b>532,691.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>124,539.</b>	<b>98,435.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>8,753.</b>	<b>7,172.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12,503,160.</b>	<b>16,373,029.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>8,488,013.</b>	<b>9,240,582.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>2,652,057.</b>	<b>3,357,648.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>166,725.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,914,436.</b>	<b>3,104,947.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>14,054,506.</b>	<b>15,703,177.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-1,551,346.</b>	<b>669,852.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>10,134,091.</b>	<b>End of Year</b> <b>11,348,027.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,848,375.</b>	<b>3,701,528.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>7,285,716.</b>	<b>7,646,499.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>JESSE MILAN JR., PRESIDENT &amp; CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>R MICHAEL SORRELLS</b>	Preparer's signature <i>R Michael Sorrells CPA</i>	Date <b>11/5/2019</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00001737</b>
	Firm's name ▶ <b>TATE &amp; TRYON</b>	Firm's EIN ▶ <b>52-1855942</b>		Phone no. (202) <b>293-2200</b>	
Firm's address ▶ <b>2021 L ST NW</b>		<b>WASHINGTON, DC 20036</b>			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 3,609,968. including grants of \$ 2,924,070. ) (Revenue \$ 0. ) SOUTHERN HIV IMPACT FUND: FOCUSES ON THE NEEDS OF INDIVIDUALS AND COMMUNITIES AFFECTED BY HIV IN TWO PRIMARY AREAS: SERVICE PROVISION AND POLICY, ADVOCACY AND MOVEMENT BUILDING. SERVING NINE STATES IN THE U.S. SOUTH (ALABAMA, FLORIDA, GEORGIA, LOUISIANA, MISSISSIPPI, NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE, & TEXAS), THIS INITIATIVE FOCUSES ON INCREASING CROSS-SECTIONAL WORK AMONG TRADITIONALLY HIV-FOCUSED ORGANIZATIONS AND THOSE WITH LITTLE OR NO PRIOR HIV EXPERIENCE, BUT WITH A HISTORY OF WORKING TO ADVANCE SOCIAL JUSTICE AND/OR CIVIL RIGHTS. ORGANIZATIONS WORKING IN THE INTERSECTING FIELDS OF RACIAL AND SOCIAL JUSTICE, GENDER EQUALITY AND REPRODUCTIVE RIGHTS, LGBTQ, IMMIGRATION, DETENTION AND MASS INCARCERATION, AMONG OTHERS ARE WELL-POSITIONED TO POSITIVELY IMPACT THE SOCIAL DETERMINANTS OF HEALTH

4b (Code: ) (Expenses \$ 3,356,597. including grants of \$ 2,833,623. ) (Revenue \$ 0. ) HRSA ITAC: THE IMPLEMENTATION AND TECHNICAL ASSISTANCE CENTER IS SUPPORTED BY A FOUR-YEAR COOPERATIVE AGREEMENT WITH HRSA'S SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE (SPNS) AND IS FOCUSED ON REPLICATION AND EVALUATION OF FOUR PREVIOUSLY-IMPLEMENTED SPNS INITIATIVES. AIDS UNITED IS CHARGED WITH SELECTING, FUNDING AND PROVIDING TRAINING AND TECHNICAL ASSISTANCE TO TWELVE PERFORMANCE SITES AROUND THE COUNTRY. THE END GOAL OF THE INITIATIVE IS TO PRODUCE FOUR EVIDENCE-INFORMED CARE AND TREATMENT INTERVENTIONS (CATIS) THAT ARE REPLICABLE; COST-EFFECTIVE; CAPABLE OF PRODUCING OPTIMAL HIV CARE CONTINUUM OUTCOMES; AND EASILY ADAPTABLE TO THE CHANGING HEALTH CARE ENVIRONMENT.

4c (Code: ) (Expenses \$ 2,906,726. including grants of \$ 2,121,217. ) (Revenue \$ 0. ) HRSA CCTA: THE COORDINATION CENTER FOR TECHNICAL ASSISTANCE IS SUPPORTED BY A FOUR-YEAR SUBCONTRACT WITH THE FENWAY INSTITUTE, WHICH IS FUNDED DIRECTLY BY HRSA'S HIV/AIDS BUREAU. THIS INITIATIVE IS FOCUSED ON IMPLEMENTING AND EVALUATING ELEVEN EVIDENCE-INFORMED INTERVENTIONS IN FOUR FOCUS AREAS: IMPROVING HIV HEALTH OUTCOMES FOR MSM OF COLOR, IMPROVING HIV HEALTH OUTCOMES FOR TRANSGENDER WOMEN, IDENTIFYING AND ADDRESSING TRAUMA FOR PEOPLE LIVING WITH HIV AND INTEGRATING BEHAVIOR HEALTH IN HIV CARE. AIDS UNITED IS CHARGED WITH THE SELECTION, FUNDING AND MONITORING OF THE 26 FUNDED SUBRECIPIENTS, ORGANIZING AND IMPLEMENTING TWO LEARNING SESSIONS PER YEAR AND PROVIDING TECHNICAL ASSISTANCE.

4d Other program services (Describe in Schedule O.) (Expenses \$ 4,200,618. including grants of \$ 1,361,672. ) (Revenue \$ 532,691. )

4e Total program service expenses 14,073,909.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>X</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		45
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		7d
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		N/A
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		N/A
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	N/A	10a
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	N/A	11a
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		12a
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?		N/A
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b
<b>c</b>	Enter the amount of reserves on hand		13c
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (17), 1b (17), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AZ, CA, CO, CT, FL, GA, IL, KS, ME, MD, MA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 202-408-4848 1424 K STREET NW SUITE 200, WASHINGTON, DC 20005

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT HILLIARD, JR. CHAIR	2.00	X		X				0.	0.	0.
(2) GLEN PIETRADONI, R.PH. VICE CHAIR	2.00	X		X				0.	0.	0.
(3) KATY CALDWELL TREASURER	2.00	X		X				0.	0.	0.
(4) GAIL CROCKETT SECRETARY	2.00	X		X				0.	0.	0.
(5) CECILIA CHUNG TRUSTEE	2.00	X						0.	0.	0.
(6) DUANE CRAMER TRUSTEE	2.00	X						0.	0.	0.
(7) ERIC DUBE, PHD. TRUSTEE	2.00	X						0.	0.	0.
(8) AMY FLOOD TRUSTEE	2.00	X						0.	0.	0.
(9) DEBRA FRASER-HOWZE TRUSTEE	2.00	X						0.	0.	0.
(10) JUNE GIPSON, PHD. TRUSTEE	2.00	X						0.	0.	0.
(11) MARJORIE HILL, PHD. TRUSTEE	2.00	X						0.	0.	0.
(12) DAVID HOLTGRAVE, PHD. TRUSTEE	2.00	X						0.	0.	0.
(13) NAINA KHANNA TRUSTEE	2.00	X						0.	0.	0.
(14) EDGAR MENDEZ TRUSTEE	2.00	X						0.	0.	0.
(15) DAVID MUNAR TRUSTEE	2.00	X						0.	0.	0.
(16) JAMIE NESBITT, PHD. TRUSTEE	2.00	X						0.	0.	0.
(17) CRAIG THOMPSON TRUSTEE	2.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JESSE MILAN, JR. PRESIDENT & CEO	40.00			X				211,913.	0.	28,697.
(19) JOHN E. ROANE, JR. VP OPERATIONS	40.00			X				138,219.	0.	24,652.
(20) VALERIE ROCHESTER VP OF PROGRAMS	40.00			X				138,433.	0.	11,015.
(21) WILLIAM MCCOLL VP OF POLICY	40.00			X				129,748.	0.	14,742.
(22) CARL BALONEY, JR. DIRECTOR OF GOVERNMENT AFFAIRS	40.00					X		115,994.	0.	13,365.
(23) ERIN NORTRUP DIRECTOR OF PROGRAMS	40.00					X		101,565.	0.	15,030.
<b>1b Sub-total</b>								835,872.	0.	107,501.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								835,872.	0.	107,501.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MEETING MASTERS INC. 15 TALLY HO DRIVE, FREDERICKSBURG, VA 22405	MEETINGS PLANNING AND LOGISTICS	170,741.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 7,795.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 7,695,991.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 8,030,945.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....						15,734,731.
<b>Program Service Revenue</b>	<b>2 a</b> MEMBERSHIP DUES .....	<b>Business Code</b> 900099	489,450.	489,450.			
	<b>b</b> FEE FOR SERVICE .....	900099	27,300.	27,300.			
	<b>c</b> REGISTRATION FEE .....	900099	15,941.	15,941.			
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		532,691.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		74,713.			74,713.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	3,600.				
		(ii) Personal	0.				
		Less: rental expenses .....	3,600.				
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	1,533,900.				
		(ii) Other					
		Less: cost or other basis and sales expenses .....	1,510,178.				
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> OTHER INCOME .....	900099	3,572.				3,572.	
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						3,572.
<b>12 Total revenue.</b> See instructions .....		16,373,029.	532,691.	0.	105,607.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,240,582.	9,240,582.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	707,588.	524,036.	158,682.	24,870.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,201,882.	1,630,702.	493,789.	77,391.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	75,284.	55,755.	16,883.	2,646.
<b>9</b> Other employee benefits	174,438.	129,188.	39,119.	6,131.
<b>10</b> Payroll taxes	198,456.	146,976.	44,505.	6,975.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	3,250.		3,250.	
<b>c</b> Accounting	157,791.	115,686.	42,105.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,012,911.	885,711.	96,007.	31,193.
<b>12</b> Advertising and promotion	726.	90.	636.	
<b>13</b> Office expenses	139,959.	70,905.	67,881.	1,173.
<b>14</b> Information technology	148,516.	31,358.	111,807.	5,351.
<b>15</b> Royalties				
<b>16</b> Occupancy	256,366.		256,366.	
<b>17</b> Travel	644,661.	627,821.	16,277.	563.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	401,191.	408,444.	-7,753.	500.
<b>20</b> Interest	1,522.		1,522.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	66,633.		66,633.	
<b>23</b> Insurance	11,134.	354.	10,780.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>HONORARIA</b>	84,925.	84,925.		
<b>b</b> <b>DUES, SUBSCRIPTIONS &amp; P</b>	40,174.	33,778.	5,705.	691.
<b>c</b> <b>PROMOTION</b>	36,620.	34,926.	90.	1,604.
<b>d</b> <b>BAD DEBT</b>	31,875.	31,875.		
<b>e</b> All other expenses	66,693.	20,797.	38,259.	7,637.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	15,703,177.	14,073,909.	1,462,543.	166,725.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	259,770.	<b>1</b>	90,832.
	<b>2</b> Savings and temporary cash investments .....	5,035,652.	<b>2</b>	2,656,460.
	<b>3</b> Pledges and grants receivable, net .....	1,532,635.	<b>3</b>	5,681,324.
	<b>4</b> Accounts receivable, net .....	132,338.	<b>4</b>	21,529.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	64,759.	<b>9</b>	84,351.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 736,146.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 227,874.		
	<b>11</b> Investments - publicly traded securities .....	574,905.	<b>10c</b>	508,272.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,462,551.	<b>11</b>	2,217,604.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	71,481.	<b>14</b>	87,655.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	10,134,091.	<b>15</b>	11,348,027.	
<b>17</b> Accounts payable and accrued expenses .....	202,851.	<b>16</b>	934,244.	
<b>18</b> Grants payable .....	1,862,413.	<b>17</b>	1,892,252.	
<b>19</b> Deferred revenue .....	42,312.	<b>18</b>	29,049.	
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>		
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	740,799.	<b>24</b>	845,983.	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	2,848,375.	<b>25</b>	3,701,528.	
<b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		<b>26</b>		
<b>27</b> Unrestricted net assets .....	854,392.	<b>27</b>	906,543.	
<b>28</b> Temporarily restricted net assets .....	5,009,447.	<b>28</b>	5,318,079.	
<b>29</b> Permanently restricted net assets .....	1,421,877.	<b>29</b>	1,421,877.	
<b>30</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	7,285,716.	<b>33</b>	7,646,499.	
<b>34</b> Total liabilities and net assets/fund balances .....	10,134,091.	<b>34</b>	11,348,027.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,373,029.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,703,177.
3	Revenue less expenses. Subtract line 2 from line 1	3	669,852.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,285,716.
5	Net unrealized gains (losses) on investments	5	-309,069.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,646,499.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2018)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization **AIDS UNITED** Employer identification number **52-1706646**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	10672026.	11167132.	8875339.	12085459.	15734731.	58534687.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	10672026.	11167132.	8875339.	12085459.	15734731.	58534687.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						16284543.
<b>6 Public support.</b> Subtract line 5 from line 4.						42250144.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	10672026.	11167132.	8875339.	12085459.	15734731.	58534687.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	249,027.	74,749.	70,704.	86,383.	78,313.	559,176.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		35,401.	72,646.	2,530.	3,572.	114,149.
<b>11 Total support.</b> Add lines 7 through 10						59208012.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	580,282.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	71.36 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	65.34 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	▶ <input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

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

MISCELLANEOUS RELATED OR EXEMPT FUNCTION INCOME

2015 AMOUNT: \$ 35,401.

2016 AMOUNT: \$ 72,646.

2017 AMOUNT: \$ 2,530.

2018 AMOUNT: \$ 3,572.



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

**AIDS UNITED**

Employer identification number

**52-1706646**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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**

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

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

**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 <b>AIDS UNITED</b>	Employer identification number <b>52-1706646</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>3,488,514.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>3,171,339.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>2,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,530,311.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>1,036,139.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>AIDS UNITED</b>	Employer identification number  <b>52-1706646</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 403,336.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>AIDS UNITED</b>	Employer identification number  <b>52-1706646</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization <b>AIDS UNITED</b>	Employer identification number <b>52-1706646</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.  
 ► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

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

Name of organization <b>AIDS UNITED</b>	Employer identification number <b>52-1706646</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ► \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ► \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b>	Lobbying nontaxable amount				
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column(e))				
<b>c</b>	Total lobbying expenditures				
<b>d</b>	Grassroots nontaxable amount				
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))				
<b>f</b>	Grassroots lobbying expenditures				

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		8,767.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			8,767.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

**PART I-A, LINE 1:**

AIDS UNITED STAFF HAD DIRECT CONTACT WITH MEMBERS OF THE US CONGRESS AND THEIR STAFF TO LOBBY SEEKING INCREASED FEDERAL APPROPRIATIONS FOR DOMESTIC HIV PROGRAMS, PROTECTION OF THE RYAN WHITE PROGRAM, MEDICAID AND MEDICARE, OPPOSING REPEAL OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, MAINTAINING CURRENT LANGUAGE ALLOWING THE USE OF FEDERAL

**Part IV** Supplemental Information (continued)

FUNDS FOR SYRINGE ACCESS PROGRAMS, AND IN SUPPORT OF THE REPEAL HIV DISCRIMINATION ACT. AIDS UNITED STAFF MET WITH COVERED ADMINISTRATION OFFICIALS TO DISCUSS CONTINUED IMPLEMENTATION OF THE NATIONAL HIV/AIDS STRATEGY AND THE FEDERAL BUDGET RELATED TO HIV.

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018 Open to Public Inspection

Name of the organization AIDS UNITED Employer identification number 52-1706646

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements at the end of the tax year, and questions about monitoring and expenses.

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

Form with questions (1a, 1b, 2) regarding reporting of art and historical treasures, including checkboxes and dollar amount fields for revenue and assets.



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,426,492.	2,038,568.	1,941,460.	2,037,891.	1,971,737.
b Contributions	0.	6,025.	5,581.	3,301.	3,127.
c Net investment earnings, gains, and losses	-234,231.	490,124.	198,751.	-163.	152,995.
d Grants or scholarships			99,184.	91,575.	82,208.
e Other expenditures for facilities and programs	112,465.				
f Administrative expenses	10,714.	108,225.	8,040.	7,994.	7,760.
g End of year balance	2,069,082.	2,426,492.	2,038,568.	1,941,460.	2,037,891.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  0.56 %
  - b Permanent endowment  68.72 %
  - c Temporarily restricted endowment  30.72 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes                      | No                                  |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 3b
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		584,136.	75,864.	508,272.
d Equipment		152,010.	152,010.	0.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				508,272.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT AND LEASE INCENTIVE	723,916.
(3) EMPLOYEE DEDUCTIONS FOR BENEFITS	122,067.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	845,983.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	16,063,960.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-309,069.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-309,069.	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	16,373,029.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	16,373,029.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	15,703,177.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	15,703,177.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	15,703,177.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

AIDS UNITED DISBURSES INCOME GENERATED BY THE ENDOWMENT FUNDS TO SUPPORT GRANTS FOR CHARITABLE PURPOSES UNDER TERMS OF THE FUND AGREEMENTS AND ARE NOT ORGANIZATIONAL ENDOWMENTS OF AIDS UNITED.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **AIDS UNITED** Employer identification number **52-1706646**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ABOUNDING PROSPERITY 2311 MARTIN LUTHER KING JR. BLVD DALLAS, TX 75215	20-3746990	501C3	115,500.	0.			SOUTHERN COLLABORATIVE FUND/SECTOR TRANSFORMATION
ABOVE THE STATUS QUO, INC. 811 JUNIPER STREET, NE UNIT 121 ATLANTA, GA 30308	47-5172430	501C3	25,000.	0.			SOUTHERN COLLABORATIVE FUND
AFFINITY HEALTH CENTER 500 LAKESHORE PARKWAY ROCK HILL, SC 29730		501C3	70,000.	0.			SOUTHERN COLLABORATIVE FUND
AIDS ALABAMA 3529 7TH AVENUE SOUTH BIRMINGHAM, AL 35222	58-1727755	501C3	62,500.	0.			SOUTHERN COLLABORATIVE FUND/SECTOR TRANSFORMATION/SYRING ACCESS FUND
AIDS CARE GROUP 2304 EDMONT AVENUE CHESTER, PA 19013-5038	23-2965785	501C3	271,737.	0.			ITAC HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
AIDS FOUNDATION HOUSTON, INC. 6260 WESTPARK DRIVE SUITE 100 HOUSTON, TX 77057	76-0073661	501C3	32,500.	0.			SOUTHERN COLLABORATIVE FUND/SECTOR TRANSFORMATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 129.**
- 3** Enter total number of other organizations listed in the line 1 table **▶ 6.**

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

Schedule I (Form 990) (2018)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS PARTNERSHIP MICHIGAN 3011 W. GRAND BLVD SUITE 230 DETROIT, MI 48202	38-2464851	501C3	11,384.	0.			CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
AIDS SERVICES COALITION, INC. 121 COLLEGE STREET HATTIESBURG, MS 39401	14-1855167	501C3	28,778.	0.			SOUTHERN COLLABORATIVE FUND
AIDS TASKFORCE OF GREATER CLEVELAND - 2829 EUCLID AVENUE - CLEVELAND, OH 44115	34-1433612	501C3	94,389.	0.			CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
ALAMO AREA RESOURCE CENTER, INC. 303 N. FRIO SAN ANTONIO, TX 78207	74-2583211	501C3	60,000.	0.			SOUTHERN COLLABORATIVE FUND
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM - 4000 AMBASSADOR DRIVE - ANCHORAGE, AK 99508	92-0162721	501C3	17,992.	0.			CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
ALL UNDER ONE ROOF LGBT ADVOCATES 838 E. CLARK STREET POCATELLO, ID 83201	90-0805959	501C3	22,500.	0.			POSITIVE ORGANIZING PROJECT
ATLANTA HARM REDUCTION COALITION INC - P.O. BOX 92670 - ATLANTA, GA 30314	58-2227958	501C3	65,000.	0.			SOUTHERN COLLABORATIVE FUND
BASIC NWFL, INC. 432 MAGNOLIA AVENUE P.O. BOX 805 PANAMA CITY, FL 32401	59-2994863	501C3	80,000.	0.			SOUTHERN COLLABORATIVE FUND
BATON ROUGE BLACK ALCOHOLISM COUNCIL - 950 EAST WASHINGTON STREET - BATON ROUGE, LA 70802	72-1135608	501C3	70,000.	0.			SOUTHERN COLLABORATIVE FUND

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRMINGHAM AIDS OUTREACH 205 32ND STREET SOUTH BIRMINGHAM, AL 35233	63-0948495	501C3	156,160.	0.			CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE/SOUTHERN COLLABORATIVE FUND
BLACK AIDS INSTITUTE 1833 W. 8TH ST. SUITE 200 LOS ANGELES, CA 90057	95-4742741	501C3	21,000.	0.			SECTOR TRANSFORMATION
BROWARD HOUSE INC 1726 SE 3RD AVE FT. LAUDERDALE, FL 33316	59-2913416	501C3	121,537.	0.			CCTA HIV/HOUSE SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE/SOUTHERN COLLABORATIVE FUND
CAL-PEP, INC. 2811 ADELINE STREET OAKLAND, CA 94606	94-2971732	501C3	71,640.	0.			CCTA HIV/HOUSE SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE/SOUTHERN COLLABORATIVE FUND
CAPITOL AREA REENTRY PROGRAM, INC. PO BOX 74772 BATON ROUGE, LA 70874	06-1793810	501C3	70,000.	0.			SOUTHERN COLLABORATIVE FUND
CARESOUTH CAROLINA INC. P.O. BOX 1090 HARTSVILLE, SC 29551	57-0664826	501C3	6,000.	0.			SOUTHERN COLLABORATIVE FUND
CENTRO ARARAT, INC. 8169 CALLE CONCORDIA SUITE 412 PONCE, PR 00717-1567	66-0604909	501C3	301,859.	0.			CCTA/ITAC HIV/HOUSE SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE/SOUTHERN
THE BRIDGING GROUP 4096 PIEDMONT AVE #710 OAKLAND, CA 94611	26-2583229	501C3	17,933.	0.			G2ZERO
CHICAGO WOMEN'S AIDS PROJECT 6363 N BROADWAY CHICAGO, IL 60660	36-3813588	501C3	54,297.	0.			CCTA HIV/HOUSE SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE/SOUTHERN COLLABORATIVE FUND

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHOICES 1726 POPULAR AVENUE MEMPHIS, TN 38104		501C3	70,000.	0.			SOUTHERN COLLABORATIVE FUND
COALICION DE CAOLICIONES PRO PERSONAS SIN HOGAR DE PR, INC. - 44 ISABEL STREET - PONCE, PR 00730	66-0635464	501C3	25,000.	0.			HURRICANE RELIEF FUND
COLLABORATIVE SOLUTIONS, INC. P.O. BOX 130159 BIRMINGHAM, AL 35213-0159	85-0485864	501C3	100,000.	0.			SOUTHERN COLLABORATIVE FUND
COMMUNITY ACTION FOR SOCIAL JUSTICE - 601 VETERANS MEMORIAL HIGHWAY SUITE 140 - HAUPPAUGE, NY 11788	46-2223038	501C3	15,000.	0.			SECTOR TRANSFORMATION
CHANGE HAPPENS! 3353 ELGIN STREET HOUSTON, TX 77004	76-0297531	501C3	17,000.	0.			HURRICANE RELIEF FUND
COOPER UNIVERSITY HOSPITAL EIP THREE COOPER PLAZA CAMDEN, NJ 08103	21-0634462	501C3	253,474.	0.			ITAC HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
EAST TEXAS CARES RESOURCES CENTER 427 OAKLAND AVENUE TYLER, TX 75702	75-2316322	501C3	25,000.	0.			SOUTHERN COLLABORATIVE FUND
EQUALITY FLORIDA INSTITUTE, INC, PO BOX 13184 ST PETERSBURG, FL 33713	59-3435235	501C3	80,000.	0.			SOUTHERN COLLABORATIVE FUND
EQUALITY FOUNDATION OF GEORGIA 1530 DEKALB AVENUE SUITE A ATLANTA, GA 30307	58-2346744	501C3	239,000.	0.			POSITIVE ORGANIZING PROJECT/SOUTHERN COLLABORATIVE FUND

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREEDOM FUND NETWORK, INC. 50 FOSTER STREET NEW HAVEN, CT 06511	82-2069282	501C3	39,000.	0.			SOUTHERN COLLABORATIVE FUND/SOUTHERN HIV IMPACT FUND
GENDER BENDERS 201 LUY ACRES DRIVE PIEDMONT, SC 29673	46-3989884	501C3	60,000.	0.			SOUTHERN COLLABORATIVE FUND
GENDER HEALTH CENTER 2020 29TH STREET SUITE 201 SACRAMENTO, CA 95817	26-3839452	501C3	7,500.	0.			SECTOR TRANSFORMATION
GRADY HEALTH SYSTEM 341 E PONCE DE LEON AVENUE ATLANTA, GA 30308	26-2037695	501C3	221,423.	0.			ITAC HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
GREATER LAWRENCE FAMILY HEALTH CENTER - 1 GRIFFIN BROOK DRIVE SUITE 101 - METHUEN, MA 01844	04-2708824	501C3	96,842.	0.			CCTA HIV/HOUSE SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE / SOUTHERN COLLABORATIVE FUND
MINISTERIO EN JEHOVA SERAN PROVISTOS, INC. - PO BOX 141486 - ARECIBO, PR 00614	66-0529242	501C3	50,000.	0.			HURRICANE RELIEF FUND
HAWAI'I HEALTH & HARM REDUCTION CENTER - 677 ALA MOANA BLVD SUITE 226 - HONOLULU, HI 96813	99-0284222	501C3	11,250.	0.			TRANSGENDER LEADERSHIP INITIATIVE
HEALTH EMERGENCY LIFELINE PROGRAMS 1726 HOWARD STREET DETROIT, MI 48216	38-2719621	501C3	81,777.	0.			CCTA HIV/HOUSE SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE / SOUTHERN COLLABORATIVE FUND
HELPING EVERYONE RECEIVING ONGOING EFFECTIVE SUPPORT - PO BOX 1258 - COLUMBIA, LA 71418	72-1446886	501C3	70,000.	0.			SOUTHERN COLLABORATIVE FUND

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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HENRY FORD HEALTH SYSTEM 2799 WEST GRAND BOULEVARD DETROIT, MI 48202-2689	38-1357020	501C3	98,399.	0.			CCTA HIV/HOUSE SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE / SOUTHERN COLLABORATIVE FUND
HOPE HOUSE DAYCARE, INC 23 S IDLEWILD ST MEMPHIS, TN 38104	62-1579024	501C3	7,500.	0.			SOUTHERN HIV IMPACT FUND
HOUSING WORKS, INC. 57 WILLOUGHBY STREET 2NF FLOOR BROOKLYN, NY 11201	13-3584089	501C3	95,000.	0.			SOUTHERN HIV IMPACT FUND / HURRICANE RELIEF FUND / SYRINGE ACCESS FUND
HOUSTON COUNTY BOARD OF HEALTH 201 SECOND STREET SUITE 1100 MACON, GA 31201	58-1110625	GEORGIA GOVERNME	75,345.	0.			CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
HOWARD BROWN HEALTH CENTER 4025 N SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501C3	195,766.	0.			ITAC HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
HUMBOLDT AREA CENTER FOR HARM REDUCTION - PO BOX 7365 - EUREKA, CA 95502	47-2822261	501C3	7,500.	0.			SYRINGE ACCESS FUND
HYACINTH AIDS FOUNDATION 317 GEORGE STREET SUITE 203 NEW BRUNSWICK, NJ 08901	22-2648820	501C3	20,000.	0.			SYRINGE ACCESS FUND
INDIANA RECOVERY ALLIANCE 315 W DODDS STREET BLOOMINGTON, IN 47403		501C3	7,500.	0.			SYRINGE ACCESS FUND
IOWA HARM REDUCTION COALITION 1639 MORNINGSIDE DRIVE IOWA CITY, IA 52245	82-1864287	501C3	39,000.	0.			SYRINGE ACCESS FUND

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON MEDICAL MALL FOUNDATION 350 W. WOODROW WILSON AVENUE SUITE JACKSON, MS 39213	64-0865274	501C3	70,000.	0.			SOUTHERN COLLABORATIVE FUND
JUSTICE NOW 1322 WEBSTER ST. SUITE 210 OAKLAND, CA 94612	42-1559699	501C3	11,250.	0.			TRANSGENDER LEADERSHIP INITIATIVE
KECK SCHOOL OF MEDICINE USC 1640 MARENGO STREET SUITE 300A LOS ANGELES, CA 90033	95-1642394	501C3	156,864.	0.			ITAC HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
LA CLINICA DEL PUEBLO. INC. CALLE GAUTIER BENITEZ #66 URB FLORA SAN JUAN, PR 00917	52-1942551	501C3	109,289.	0.			CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE / SECTOR TRANSFORMATION
LATINO COMMISSION ON AIDS INC 24 WEST 25TH ST. 9TH FLOOR NEW YORK, NY 10010	13-3629466	501C3	75,000.	0.			SOUTHERN COLLABORATIVE FUND
MAVEN LEADERSHIP COLLECTIVE 1951 NW 7TH AVENUE, SUITE 600 MIAMI, FL 33136	81-3828531	501C3	17,500.	0.			SOUTHERN COLLABORATIVE FUND
MED CENTRO PO BOX 220 MERCEDITA, PR 00715-0220	66-0292961	NA	30,287.	0.			CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE / SECTOR TRANSFORMATION
MEHARRY MEDICAL COLLEGE 2001 ALBION STREET, SUITE 612 NASHVILLE, TN 37208	62-0488046	501C3	202,825.	0.			ITAC HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
MICHIGAN ORGANIZATION ON ADOLESCENT SEXUAL HEALTH - 3105 S MARTIN LUTHER KING BLVD #125 - LANSING, MI 48910	26-3566862	501C3	11,250.	0.			TRANSGENDER LEADERSHIP INITIATIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS MEDICAL BRANCH - GALVESTON - 301 UNIVERSITY BLVD - GALVESTON, TX 77555	74-6000949	501C3	15,000.	0.			HURRICANE RELIEF FUND
VICTORIA COUNTY PUBLIC HEALTH DEPARTMENT - 2805 N. NAVARRO - VICTORIA, TX 77901	74-6002448	GOVERNMENT ENTIT	15,000.	0.			HURRICANE RELIEF FUND
MISSISSIPPI CENTER FOR JUSTICE 5 OLD RIVER PLACE SUITE 203 JACKSON, MS 39215-1023	13-4203234	501C3	80,250.	0.			SOUTHERN COLLABORATIVE FUND
MOVEMENT STRATEGY CENTER - PWN-USA 436 14TH ST, SUITE 500 OAKLAND, CA 94612	20-1037643	501C3	35,500.	0.			POSITIVE ORGANIZING PROJECT / INNOVATION FUNDS
MULTICULTURAL AIDS COALITION 566 COLUMBUS AVE BOSTON, MA 02118		501C3	116,081.	0.			CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
MY BROTHER'S KEEPER, INC. 710 AVIGNON DR. RIDGELAND, MS 39157	64-0937314	501C3	20,000.	0.			SOUTHERN COLLABORATIVE FUND
WAVES AHEAD CORP 60 WINSTON CHURCHILL AVENUE S. 1503 SAN JUAN, PR 00926	99-0886812	501C3	50,000.	0.			HURRICANE RELIEF FUND
NEW YORK TRANSGENDER ADVOCACY GROUP - 175 VARICK STREET - NEW YORK, NY 10014	81-1370263	501C3	11,250.	0.			TRANSGENDER LEADERSHIP INITIATIVE
NEWARK BETH ISRAEL MEDICAL CENTER/FAMILY TREATMENT CENTER - 201 LYONS AVENUE - NEWARK, NJ 07112	22-3452311	501C3	277,993.	0.			ITAC HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NO/AIDS TASK FORCE DBA CRESCENTCARE - 1631 ELYSIAN FIELDS - NEW ORLEANS, LA 70117	72-1059635	501C3	102,763.	0.			CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
NORTH CAROLINA AIDS ACTION NETWORK 208 BARCLAY RD. CHAPEL HILL, NC 27516	32-0323779	501C3	75,000.	0.			SOUTHERN COLLABORATIVE FUND
NORTH CAROLINA HARM REDUCTION COALITION - 2154 WRIGHTSVILLE AVE - WILMINGTON, NC 28403	20-3452075	501C3	22,750.	0.			SOUTHERN COLLABORATIVE FUND
NORTH JERSEY COMMUNITY RESEARCH INSTITUTE - 363 CENTRAL AVENUE - NEWARK, NJ 07103	52-1592616	501C3	100,213.	0.			CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
OKLAHOMA STATE UNIVERSITY CENTER FOR HEALTH SCIENCES - PO BOX 645 - STILLWATER, OK 74076	73-6017987	STATE AGENCY	75,572.	0.			CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
COMMUNITY INITIATIVES 1000 BROADWAY STREET SUITE 480 OAKLAND, CA 94607	94-3255070	501C3	10,000.	0.			INNOVATION FUND
OPEN AID ALLIANCE 1500 W. BROADWAY SUITE A MISSOULA, MT 59801	36-3652244	501C3	20,000.	0.			SECTOR TRANSFORMATION
ORGANIZACION LATINA TRANS IN TEXAS 3339 ARBOR ST. HOUSTON, TX 77004	47-4633481	501C3	35,000.	0.			HURRICANE RELIEF FUND
OUR LADY OF THE LAKE HOSPITAL, INC. - 5000 HENNESSY BOULEVARD - BATON ROUGE, LA 70808	72-0423651	501C3	47,330.	0.			CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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PAULI MURRAY CENTER FOR HISTORY & SOCIAL JUSTICE - P.O. BOX 541 - DURHAM, NC 27702	45-4926223	501C3	19,500.	0.			SOUTHERN COLLABORATIVE FUND
POINT DEFIANCE AIDS PROJECTS/NASEN 535 DOCK STREET SUITE 112 TACOMA, WA 98402	91-1435394	501C3	101,500.	0.			SYRINGE ACCESS FUND
POSITIVE EFFORTS, INC. 7135 TIDWELL BUILDING: M-102 HOUSTON, TX 77092	75-2974581	501C3	20,000.	0.			HURRICANE RELIEF FUND
POSITIVE IMPACT HEALTH CENTERS, INC. - 3350 BRECKINRIDGE BLVD STE 200 - DULUTH, GA 30096	58-1973324	501C3	202,314.	0.			CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE / SECTOR TRANSFORMATION
POSITIVELY LIVING, INC. 1501 EAST FIFTH AVENUE KNOXVILLE, TN 37917	62-1698383	501C3	80,000.	0.			SOUTHERN COLLABORATIVE FUND
PREVENTION 305, INC 400 ALTON RD #3007 MIAMI BEACH, FL 33139	81-4738905	501C3	72,000.	0.			SOUTHERN COLLABORATIVE FUND
PREVENTION POINT PHILADELPHIA, INC. - P.O. BOX 60990 - PHILADELPHIA, PA 19133	23-2663699	501C3	27,500.	0.			SYRINGE ACCESS FUND
PRIDELINES YOUTH SERVICES, INC PO BOX 014340 MIAMI, FL 33101	65-0670159	501C3	11,250.	0.			TRANSGENDER LEADERSHIP INITIATIVE / INNOVATION FUND
PROJECT WEBER 640 BROAD STREET PROVIDENCE, RI 02907	46-0964136	501C3	17,500.	0.			SYRINGE ACCESS FUND

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL AIDS HOUSING COALITION, INC. - 1000 VERMONT AVENUE, NW 5TH FLOOR - WASHINGTON, DC 20005	52-1917624	501C3	7,500.	0.			INNOVATION FUND
PUERTO RICO CONCRA 1162 BRUMBAUGH ST. SAN JUAN, PR 00925	66-0466365	501C3	55,250.	0.			GRANT MAKING / HURRICANE RELIEF FUND
RESEARCH FOUNDATION OF CITY UNIVERSITY - 101 W. 31ST STREET, 6TH FLOOR - NEW YORK, NY 10001	13-1988190	501C3	28,052.	0.			CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
RURAL WOMEN'S HEALTH PROJECT, INC. 1108 S.W. 2 AVENUE GAINSVILLE, FL 32601	59-3429511	501C3	61,750.	0.			SOUTHERN COLLABORATIVE FUND
RUTGERS BIOMEDICAL AND HEALTH SCIENCES - 33 KNIGHTSBRIDGE ROAD - PISCATAWAY, NJ 08854	46-2354111	GOVERNMENT ENTIT	47,692.	0.			CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
SILOAM WELLNESS 1133 SPRING GARDEN STREET PHILADELPHIA, PA 19123	23-2859179	501C3	20,000.	0.			SECTOR TRANSFORMATION
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS - 23532 CALABASAS ROAD SUITE A - CALABASAS, CA 91302	95-4116679	501C3	143,500.	0.			SOUTHERN COLLABORATIVE FUND
SONORAN PREVENTION WORKS 3201 N 16TH STREET SUITE 9 PHOENIX, AZ 85016	30-0760098	501C3	32,500.	0.			SYRINGE ACCESS FUND
SOUTHEAST LOUISIANA AREA HEALTH EDUCATION CENTER - 1302 J.W. DAVIS DRIVE - HAMMOND, LA 70403	72-1155014	501C3	62,500.	0.			SOUTHERN COLLABORATIVE FUND

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN AIDS COALITION, INC. 1016 19TH STREET S BIRMINGHAM, AL 35205	63-0985623	501C3	162,485.	0.			SOUTHERN COLLABORATIVE FUND
SOUTHERN NEVADA AIDS RESEARCH & EDUCATION SOCIETY - 1923 CAPISTRANO AVE - LAS VEGAS, NV 89169	88-0388181	501C3	12,172.	0.			SYRINGE ACCESS FUND
SOUTHERN NEVADA HEALTH DISTRICT 280 S DECATUR BLVD LAS VEGAS, NV 89107	88-0151573	501C3	274,302.	0.			ITAC HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
SOUTHERNERS ON NEW GROUND 580 HOLDERNESS STREET ATLANTA, GA 30310	61-1274170	501C3	75,000.	0.			SOUTHERN COLLABORATIVE FUND
SOUTHSIDE HARM REDUCTION SERVICES 3301 BLOOMINGTON AVENUE MINNEAPOLIS, MN 55407	82-4602523	501C3	7,500.	0.			SYRINGE ACCESS FUND
SOUTHWEST LOUISIANA AREA HEALTH EDUCATION CENTER - 103 INDEPENDENCE BLVD - LAFAYETTE, LA 70506	72-1191867	501C3	120,000.	0.			SOUTHERN COLLABORATIVE FUND
SPARK REPRODUCTIVE JUSTICE NOW P.O BOX 89210 ATLANTA, GA 30312	58-1872316	501C3	11,250.	0.			TRANSGENDER LEADERSHIP INITIATIVE
SUNY PO BOX 9 ALBANY, NY 12201-0009	14-1368361	501C3	53,854.	0.			CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
THE AFIYA CENTER 7441 W MARVIN D LOVE FWY DALLAS, TX 75237	36-4625704	501C3	25,000.	0.			SOUTHERN COLLABORATIVE FUND

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROYECTO AMOR QUE SANA, INC. CALLE ROSICH #14 PONCE, PR 00730		501C3	14,000.	0.			INNOVATION FUND
THE CHANGE PROJECT 2001 21ST AVENUE S APT 803 NASHVILLE, TN 37212	46-2839821	501C3	25,500.	0.			POSITIVE ORGANIZING PROJECT
HARM REDUCTION COALITION 22 WEST 27TH STREET 5TH FL NEW YORK, NY 10001	94-3204958	501C3	46,289.	0.			INNOVATION FUND/SECTOR TRANSFORMATION / G2ZERO
THE KNIGHTS AND ORCHIDS SOCIETY, INC. - 108 BROAD STREET - SELMA, AL 36701	45-2603909	501C3	17,500.	0.			SOUTHERN COLLABORATIVE FUND
THE METROHEALTH SYSTEM 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	34-6004382	501C3	216,048.	0.			ITAC HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
THE MONTROSE CENTER 401 BRANARD STREET, 2ND FLOOR HOUSTON, TX 77006	74-2050245	501C3	7,500.	0.			SOUTHERN COLLABORATIVE FUND / SOUTHERN HIV IMPACT FUND
THE POVERELLO CENTER, INC. 2056 N. DIXIE HIGHWAY WILTON MANORS., FL 33305	65-0056218	501C3	105,743.	0.			CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
THE REGENTS OF THE UNIVERSITY OF C 9500 GILMAN DRIVE, MC 0602 LA JOLLA, CA 92093-0602	95-6006144	501C3	111,578.	0.			CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
THE RIGHT CHOICE PROJECT 516 E AIRLINE HIGHWAY LAPLACE, LA 70068	47-2778681	501C3	65,000.	0.			SOUTHERN COLLABORATIVE FUND

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SAN FRANCISCO DRUG USERS UNION 1189 S. VAN NESS AVENUE SAN FRANCISCO, CA 94110		501C3	20,000.	0.			SYRINGE ACCESS FUND
THRIVE SS INC. 2577 SEMMES STREET ATLANTA, GA 30344	81-1080246	501C3	73,000.	0.			SOUTHERN COLLABORATIVE FUND
TIDES CENTER 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129	94-3213100	501C3	17,000.	0.			SECTOR TRANSFORMATION
TRANS UNITED, INC. 2425 17TH STREET NW, UNIT 104 WASHINGTON, DC 20009	26-3728794	501C3	27,852.	0.			SOUTHERN COLLABORATIVE FUND
ONE TENT HEALTH 1440 G STREET NW WASHINGTON DC, DC 20005	81-3082227	501C3	7,500.	0.			INNOVATION FUND
TRANSGENDER RESOURCE CENTER OF NEW MEXICO - PO BOX 80872 - ALBUQUERQUE, NM 87198	39-2076744	501C3	11,250.	0.			TRANSGENDER LEADERSHIP INITIATIVE
UNIFIED HIV HEALTH AND BEYOND 3011 WEST GRAND RIVER #230 DETROIT, MI 48202	38-2464851	501C3	38,660.	0.			CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
UNITED TERRITORIES OF PACIFIC ISLANDERS ALLIANCE (UTOPIA SEATTLE) - 205 E. MEEKER ST. - KENT, WA 98032	61-1668192	501C3	7,500.	0.			TRANSGENDER LEADERSHIP INITIATIVE / INNOVATION FUND
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40506-0057	61-6033693	501C3	219,465.	0.			ITAC HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MIAMI 475 BRICKELL AVENUE, #4114 MIAMI, FL 33131	59-0624458	501C3	25,000.	0.			SYRINGE ACCESS FUND
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - 2500 NORTH STATE STREET - JACKSON, MS 39216-4505	64-6008520	POLITICAL SUBDIV	69,323.	0.			CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 130 MASON FARM ROAD CB#7030 - CHAPEL HILL, NC 27599	56-6001393	501C3	228,706.	0.			ITAC HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
UNIVERSITY OF SOUTHERN CALIFORNIA 1540 ALCAZAR STREET SUITE 206 LOS ANGELES, CA 90089	95-1642394	501C3	112,385.	0.			ITAC HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
TRANSGENDER LAW CENTER 1629 TELEGRAPH AVENUE, SUITE 400 OAKLAND, CA 94612	05-0544006	501C3	25,500.	0.			POSITIVE ORGANIZING PROJECT
URBAN SURVIVOR'S UNION - NORTH CAROLINA CHAPTER - 1116 GROVE STREET - GREENSBORO, NC 27403	46-3129789	501C3	25,000.	0.			SOUTHERN COLLABORATIVE FUND
VALLEY AIDS COUNCIL 2306 CAMELOT PLAZA HARLINGEN, TX 78550	74-2512591	501C3	95,000.	0.			SOUTHERN COLLABORATIVE FUND
MIGRANT HEALTH CENTER, INC. PO BOX 7128 MAYAGUEZ, PR 00681-7128	66-0427801	501C3	37,500.	0.			SYRINGE ACCESS FUND
WASHINGTON HEIGHTS CORNER PROJECT 566 WEST 181ST STREET FLOOR 2 NEW YORK, NY 10033	20-8672015	501C3	10,000.	0.			SECTOR TRANSFORMATION

Schedule I (Form 990)



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**PART I, LINE 2:**

AIDS UNITED ENSURES THE PROPER USE OF ALL GRANT FUNDS AWARDED TO OTHER ORGANIZATIONS. MONITORING PROCEDURES INCLUDE THE FOLLOWING: [1] REQUIRING A NARRATIVE APPLICATION AND BUDGET FROM EACH GRANTEE DETAILING THE PROPOSED USE OF GRANT FUNDS, WHICH SERVES AS THE BASIS FOR GRANT AWARDS; [2] ISSUING A DETAILED GRANT AWARD CONTRACT LETTER OUTLINING THE TERMS AND CONDITIONS OF EVERY GRANT, WHICH IS SIGNED AND RETURNED PRIOR TO GRANT AWARDS; AND [3] REQUIRING NARRATIVE PROGRESS AND FINANCIAL REPORTS FROM GRANTEES AT LEAST ANNUALLY, BUT OFTEN SEMI-ANNUALLY. THESE REPORTS ARE REVIEWED PRIOR TO

**Part IV** Supplemental Information

MAKING ADDITIONAL PAYMENTS TO GRANTEES. ADDITIONALLY, MOST GRANTS INVOLVE CONSIDERABLE INTERACTIVE CONTACT BETWEEN AIDS UNITED AND GRANTEE ORGANIZATIONS THROUGHOUT THE GRANT PERIODS, INCLUDING TELEPHONE CONVERSATIONS, E-MAIL COMMUNICATION, AND SITE VISITS, WHICH SERVE GRANT MONITORING PURPOSES AS WELL AS PROVIDE OCCASIONS FOR TECHNICAL SUPPORT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CENTRO ARARAT, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CCTA/ITAC HIV/HOUSE SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE/SOUTHERN COLLABORATIVE FUND

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**AIDS UNITED**

Employer identification number

**52-1706646**

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

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

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

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JESSE MILAN, JR. PRESIDENT & CEO	(i)	211,913.	0.	0.	12,715.	17,119.	241,747.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN E. ROANE, JR. VP OPERATIONS	(i)	138,219.	0.	0.	8,293.	20,168.	166,680.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) VALERIE ROCHESTER VP OF PROGRAMS	(i)	138,433.	0.	0.	8,306.	6,683.	153,422.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

AIDS UNITED

Employer identification number

52-1706646

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

STRATEGIC GRANTMAKING INITIATIVES THAT COVER A BROAD RANGE OF AREAS  
INCLUDING ACCESS TO CARE, ADVOCACY, AND SYRINGE ACCESS. PUBLIC POLICY  
EFFORTS ARE GUIDED BY LOCAL AIDS SERVICE ORGANIZATIONS.

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

THAT HAVE SIGNIFICANT IMPLICATIONS FOR PEOPLE LIVING WITH OR AT RISK  
FOR HIV IN THE SOUTH.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PUBLIC POLICY: AIDS UNITED ADVOCATES FOR PEOPLE LIVING WITH OR AFFECTED  
BY HIV/AIDS AND THE ORGANIZATIONS THAT SERVE THEM. AIDS UNITED'S PUBLIC  
POLICY TEAM HAS BEEN INSTRUMENTAL IN THE DEVELOPMENT AND IMPLEMENTATION  
OF MAJOR PUBLIC HEALTH POLICIES THAT IMPROVE THE QUALITY OF LIFE FOR  
THOSE LIVING WITH AND AFFECTED BY HIV/AIDS. AIDS UNITED'S PUBLIC POLICY  
COMMITTEE (PPC), WHICH PROVIDES GUIDANCE FOR AU'S POLICY PRIORITIES, IS  
MADE UP OF 33 OF THE COUNTRY'S LEADING NATIONAL AND LOCAL HIV  
ORGANIZATIONS. AU POLICY STAFF HAD NEARLY 250 VISITS WITH FEDERAL  
LAWMAKERS ON CAPITOL HILL IN WASHINGTON, D.C. TO EDUCATE THEM ABOUT  
ISSUES RELATED TO HIV  
THAT IMPACT PEOPLE LIVING WITH AND AFFECTED BY THE EPIDEMIC IN THE  
UNITED STATES. ISSUES INCLUDE ENSURING THAT THE RYAN WHITE PROGRAM IS  
WELL INTEGRATED INTO THE MEDICAID EXPANSION AND HEALTH INSURANCE  
MARKETPLACES BEING CREATED BY THE AFFORDABLE CARE ACT, ENSURING  
ADEQUATE FUNDING FOR OTHER FEDERAL HIV/AIDS PROGRAMS, THROUGH THE  
BUDGET AND APPROPRIATIONS PROCESS, AND ENDING THE BAN ON THE USE OF

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization AIDS UNITED	Employer identification number 52-1706646
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FEDERAL FUNDS FOR SYRINGE EXCHANGE PROGRAMS. IN ADDITION, AIDS UNITED DISTRIBUTED WEEKLY ACTION ALERTS TO MORE THAN 7,000 ADVOCATES AND STAKEHOLDERS ENCOURAGING THEM TO MAKE THEIR VOICES HEARD AS CONSTITUENTS OF THOSE LAWMAKERS ABOUT HIV-RELATED PUBLIC POLICY ISSUES; AND COORDINATED AIDSWATCH 2013, THE LARGEST NATIONAL FEDERAL HIV-ADVOCACY CONSTITUENT EVENT IN THE COUNTRY.

EXPENSES \$ 895,107. INCLUDING GRANTS OF \$ 16,000. REVENUE \$ 532,691.

GETTING TO ZERO (G2ZERO): GETTING TO ZERO (G2ZERO), IS AIDS UNITED'S CAPACITY BUILDING INITIATIVE THAT IS FOCUSED ON STRENGTHENING SERVICE DELIVERY AND SKILLS FOR CBO STAFF WHO SERVE PEOPLE LIVING WITH AND AFFECTED BY HIV; AND ENHANCING ORGANIZATIONAL INFRASTRUCTURE AND HUMAN RESOURCES THROUGH THE DELIVERY OF NO-COST SPECIALIZED TRAINING AND TECHNICAL ASSISTANCE. TRAINING AND TECHNICAL ASSISTANCE AREAS INCLUDE: STRATEGIC PLANNING; STRATEGIC PARTNERSHIP DEVELOPMENT AND MANAGEMENT; HCV AND HARM REDUCTION INTERVENTIONS; HUMAN AND FISCAL RESOURCE DEVELOPMENT AND MANAGEMENT; CULTURALLY HUMBLE PREP APPROACHES; AND CDC'S EFFECTIVE BEHAVIORAL INTERVENTIONS. G2Z IS CURRENTLY IN ITS FOURTH PROGRAM YEAR AND, TO DATE, HAS RESPONDED TO 150 REQUESTS FOR TRAINING AND TA FROM CBOS AROUND THE COUNTRY; WITH PARTICULAR STRENGTHS IN THE AREAS OF ORGANIZATIONAL DEVELOPMENT AND MANAGEMENT AND HARM REDUCTION AND WITH CBOS ACROSS THE U.S. SOUTH AND IN LOW RESOURCE SETTINGS.

EXPENSES \$ 784,076. INCLUDING GRANTS OF \$ 44,222. REVENUE \$ 0.

SYRINGE ACCESS FUND: THE SYRINGE ACCESS FUND (SAF) IS A COLLABORATIVE FUNDING INITIATIVE OF THE ELTON JOHN AIDS FOUNDATION, LEVI STRAUSS FOUNDATION, THE HENRY VAN AMERINGEN FOUNDATION, AND AIDS UNITED. THE

Name of the organization

AIDS UNITED

Employer identification number

52-1706646

GOALS OF THE SYRINGE ACCESS FUND GRANTS ARE TO: 1) ENSURE THE ACCESS AND AVAILABILITY OF STERILE SYRINGES TO IDUS RESIDING IN THE COUNTRY'S COMMUNITIES MOST AFFECTED BY HIV AND OTHER BLOOD BORNE DISEASES TO PREVENT THE SPREAD OF THESE DISEASES; AND 2) PROMOTE EDUCATION AND AWARENESS AMONG KEY DECISION-MAKERS TO INFORM NATIONAL AND STATE POLICY AROUND SYRINGE SERVICES PROGRAMS (SSPS).

EXPENSES \$ 566,469. INCLUDING GRANTS OF \$ 458,750. REVENUE \$ 0.

OTHER PROGRAMS & COMMUNICATIONS: AIDS UNITED IMPLEMENTS SEVERAL SMALL SCALE PROGRAMS THAT HAVE OPPORTUNITY FOR LARGE IMPACT. EXAMPLES INCLUDE FORMATIVE RESEARCH ON THE DELIVERY OF PRE-EXPOSURE PROPHYLAXIS, CONSULTATIONS ON THE INTERSECTION OF HIV AND TRAUMA, OR SUPPORTING FEEDBACK LOOPS FOR HIV-POSITIVE PEOPLE TO BE HEARD RELATED TO HEALTH REFORM CONCERNS. TO INCREASE AIDS UNITED'S (AU) VISIBILITY AND CULTIVATE "BUY-IN" WITH ITS INTERNAL AND EXTERNAL STAKEHOLDERS, INCLUDING FUNDERS, GRANTEES, ORGANIZATIONAL COLLEAGUES, AND ADVOCATES AU MAINTAINS A WEBSITE AND VARIOUS SOCIAL MEDIA PRESENCES, PRODUCES SEVERAL ELECTRONIC AND PRINT PUBLICATIONS, GENERATES APPROPRIATE ADVOCACY ACTION ALERTS, AND DEVELOPS PROGRAM-SPECIFIC COMMUNICATIONS PIECES WHICH ARE DESIGNED TO INFORM STAKEHOLDERS ABOUT THE IMPACT OF AU'S GRANTMAKING PORTFOLIOS. OUR COMMUNICATIONS WORK IS ALSO ESSENTIAL TO ENCOURAGING EFFORTS FOR SOUND HIV PUBLIC POLICY. NON-PROFIT ORGANIZATIONS, GOVERNMENT AGENCIES AND FOR-PROFIT COMPANIES INCREASINGLY RECOGNIZE THE EXPERTISE OF AU AS A VALUABLE RESOURCE THAT COULD ENHANCE THEIR WORK. AU OCCASIONALLY RECEIVES REQUESTS BY EXTERNAL ENTITIES TO ENGAGE AU OR SPECIFIC STAFF IN A FEE-FOR-SERVICE AGREEMENT FOR A SPECIFIC SCOPE OF WORK THAT IS NOT OTHERWISE COVERED BY OTHER PRIVATE RESTRICTED INCOME SOURCES.

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EXPENSES \$ 754,828. INCLUDING GRANTS OF \$ 193,000. REVENUE \$ 0.

HIV HURRICANE RELIEF FUND: GROWING INITIALLY OUT OF SUPPORT OFFERED TO STAFF STRANDED AT THE U.S. CONFERENCE ON AIDS BY HURRICANE IRMA, THE FUND QUICKLY GREW INTO A NEW PROGRAM COVERING EMERGENCY RESPONSE TO THAT SEASON'S THREE MASSIVE HURRICANES, HARVEY, IRMA AND MARIA. TO DATE, WE HAVE GRANTED OUT \$2.2M IN FUNDING TO SUPPORT RECOVERY AND ARE NOW, LOOKING TO WAYS THAT WE CAN NOT ONLY RESPOND, BUT BUILD RESILIENCY IN COMMUNITIES TO ENSURE THEY CAN WITHSTAND ANY DISASTER THAT MIGHT AFFECT THEM AND THEIR CLIENTS.

EXPENSES \$ 332,383. INCLUDING GRANTS OF \$ 267,000. REVENUE \$ 0.

SECTOR TRANSFORMATION: WITH SUPPORT FROM JOHNSON & JOHNSON AND BRISTOL-MYERS SQUIBB, AIDS UNITED PROVIDES UNMATCHED NATIONAL AND LOCAL LEADERSHIP TO HELP THE HIV/AIDS SECTOR DEMONSTRATE ITS RELEVANCE; CREATE SEAMLESS PREVENTION, CARE AND TREATMENT SERVICE MODELS; AND ENSURE THE SECTOR VIABILITY IN THE MIDST OF VAST CHANGES IN HEALTHCARE POLICY, FINANCING AND SERVICE DELIVERY MODELS. CASH GRANTS AND/OR SPECIALIZED TECHNICAL ASSISTANCE HELP GRANTEEES EXPLORE, TEST THE FEASIBILITY OF, AND EXECUTE STRATEGIC RESTRUCTURING EFFORTS CRITICAL TO THE FUTURE OF AIDS SERVICES IN THE UNITED STATES. STRATEGIC RESTRUCTURING EFFORTS MAY INCLUDE BUT ARE NOT LIMITED TO, MERGERS, RESPONSIBLE CLIENT TRANSITION, AND SERVICE INTEGRATION.

EXPENSES \$ 327,920. INCLUDING GRANTS OF \$ 156,200. REVENUE \$ 0.

POSITIVE ORGANIZING PROJECT (POP): THE POSITIVE ORGANIZING PROJECT IS DESIGNED TO REVITALIZE A GRASS-ROOTS ORGANIZING MOVEMENT AMONG PEOPLE LIVING WITH HIV AND AIDS (PLWHA) THAT IMPACTS HIV-RELATED STIGMA,

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RAISES EDUCATION AND AWARENESS AMONG POLICY MAKERS, AND INDIRECTLY IMPROVES OUTCOMES ALONG THE CONTINUUM OF CARE. THE PROGRAM SUPPORTS LOCAL ORGANIZING EFFORTS TO ADDRESS STIGMA AND ENGAGEMENT IN CARE. THIS IS BEING ACCOMPLISHED BY (1) REVITALIZING THE MOVEMENT OF HIV-POSITIVE MOBILIZATION IN LOCAL COMMUNITIES, AND (2) ENSURING SYNERGISTIC EFFORTS THAT HELP US DOCUMENT MODELS THAT ARE EFFECTIVE IN ACHIEVING ORGANIZING GOALS, AND CAN BE SHARED AND SCALED ELSEWHERE.

EXPENSES \$ 301,976. INCLUDING GRANTS OF \$ 201,000. REVENUE \$ 0.

PARTNERING AND COMMUNICATING TOGETHER TO ACT AGAINST AIDS (PACT) JUMPSTARTS THE CONVERSATION ABOUT HIV AMONG LGBTQ PEOPLE, PARTICULARLY MEN WHO HAVE SEX WITH MEN AND TRANSGENDER PEOPLE, BY RAISING AWARENESS. PACT EMPOWERS COMMUNITIES DISPROPORTIONATELY IMPACTED BY HIV BY GIVING INDIVIDUALS THE KNOWLEDGE AND TOOLS THEY NEED TO MAKE HEALTHY DECISIONS FOR THEMSELVES AND THOSE THEY LOVE. THIS IS ACCOMPLISHED THROUGH STRATEGIC PARTNERING WITH NATIONAL LGBTQ ORGANIZATIONS, CREATING AND DISTRIBUTING INNOVATIVE RESOURCES, FACILITATING HIV TESTING AT EVENTS, AND REACHING LGBTQ PEOPLE WITH TARGETED HIV PREVENTION AND TREATMENT MESSAGING THROUGH SOCIAL MEDIA. PACT IS FUNDED THROUGH A COOPERATIVE AGREEMENT WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC).

EXPENSES \$ 127,392. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PUERTO RICO: AIDS UNITED'S PUERTO RICO FUNDER'S PORTFOLIO SUPPORTS ESSENTIAL AND INNOVATIVE HIV PREVENTION PROGRAMS THAT NOT ONLY ARE MAKING A DIFFERENCE ON THE ISLAND, BUT MAY NOT HAVE BEEN POSSIBLE OR SUSTAINABLE WERE IT NOT FOR THE RESOURCES PROVIDED BY THE COLLABORATIVE. AS PART OF CAPACITY-BUILDING EFFORTS IN PUERTO RICO, AIDS UNITED'S INVESTMENT EXTENDS TO POLICY/ADVOCACY ACTIVITIES AS WELL

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AS LEADERSHIP DEVELOPMENT ON THE ISLAND.

EXPENSES \$ 110,467. INCLUDING GRANTS OF \$ 25,500. REVENUE \$ 0.

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

THE FORM 990 IS PREPARED BY THE DIRECTOR OF FINANCE, REVIEWED BY THE BOARD OF TRUSTEE'S BUDGET & FINANCE COMMITTEE, AND APPROVED BY THE TREASURER OF THE BOARD OF TRUSTEES. THE TREASURER SHALL DOCUMENT HIS/HER APPROVAL ON THE REQUIRED FORM WHICH WILL BE MAINTAINED IN THE ORGANIZATION'S RECORDS. THE FORM 990 WILL BE SIGNED BY THE PRESIDENT AND CEO, AS THE INDIVIDUAL AUTHORIZED UNDER EXISTING POLICIES AND PROCEDURES ESTABLISHED BY AU. PRIOR TO FILING, THE BOARD OF TRUSTEES SHALL BE PROVIDED WITH THE COMPLETED FORM 990 AND RELATED SCHEDULES IN AN ELECTRONIC FORMAT FOR FURTHER COMMENT.

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

THE CONFLICT OF INTEREST FORM IS PROVIDED TO NEW EMPLOYEES UPON HIRE AND TO NEW TRUSTEES UPON ELECTION AND PRIOR TO THE START OF THEIR TERM OF SERVICE. SUBSEQUENTLY, THE FORM IS PROVIDED TO ALL OFFICERS, DIRECTORS, TRUSTEES AND STAFF ANNUALLY; STAFF ARE REQUESTED TO UPDATE THEIR FORMS ON AN ONGOING BASIS. IT IS THE INDIVIDUAL'S RESPONSIBILITY TO NOTIFY THE ORGANIZATION OF ANY NEW CONFLICTS OF INTEREST THAT MAY OCCUR THROUGHOUT THE YEAR.

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

THE ORGANIZATION CONDUCTS A THOROUGH BENCHMARKING STUDY OF ITS COMPENSATION FOR ALL STAFF EVERY TWO YEARS. THIS IS DONE THROUGH THE ACQUISITION AND USE OF DATA COMPILED BY AN INDEPENDENT HUMAN RESOURCES CONSULTING FIRM TO BENCHMARK SALARIES FOR THE ORGANIZATION AS WELL AS IDENTIFY BEST PRACTICES WITHIN OUR SECTOR. SALARIES ARE BENCHMARKED BY POSITION BASED ON THE SIZE OF THE ORGANIZATION, THE REGION IN WHICH WE OPERATE, AS WELL AS THE SIZE OF

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OUR ANNUAL BUDGET. THE COMPENSATION RESEARCH FOR THE PRESIDENT & CEO IS PROVIDED TO THE BOARD CHAIR WHO USES IT, ALONG WITH A THOROUGH ANNUAL PERFORMANCE REVIEW CONDUCTED BY THE BOARD OF TRUSTEES, TO WORK WITH THE EXECUTIVE COMMITTEE IN MAKING A RECOMMENDATION TO THE BOARD OF TRUSTEES IN REGARDS TO THE ANNUAL SALARY AND BENEFITS PACKAGE FOR THE PRESIDENT & CEO. THE BOARD OF TRUSTEES CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF THE PRESIDENT & CEO AND EXECUTES ANY DECISIONS ABOUT COMPENSATION INCREASES BASED ON A FORMAL REVIEW, DELIBERATION AND VOTE ON THE ANNUAL COMPENSATION FOR THE PRESIDENT & CEO. THE COMPENSATION DATA FOR KEY EMPLOYEES IS PROVIDED TO THE PRESIDENT & CEO WHO, WITHIN BUDGET GUIDELINES APPROVED BY THE BOARD OF TRUSTEES AND IN CONSULTATION WITH RESPECTIVE SUPERVISORS, DETERMINES THE ANNUAL SALARY RANGES FOR KEY EMPLOYEES. EACH EMPLOYEE RECEIVES AN ANNUAL PERFORMANCE REVIEW BY THEIR SUPERVISOR, WHO IN TURN, MAKES RECOMMENDATIONS FOR ANY PERFORMANCE-BASED SALARY INCREASES TO THE PRESIDENT & CEO FOR CONSIDERATION AND A FINAL DECISION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AZ, CA, CO, CT, FL, GA, IL, KS, ME, MD, MA, MI, MS, MO, NJ, NM, NY, NC, OH, OK, PA, SC, TN, VA  
WA, WI

FORM 990, PART VI, SECTION C, LINE 19:  
AIDS UNITED'S FORM 1023, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, 990, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST VIA PRINT OR ELECTRONIC MEDIA. AU'S 990 IS ALSO AVAILABLE AT  
WWW.AIDSUNITED.ORG

FORM 990, PART XII, LINE 2C:  
THE PROCESS FOR SELECTION AND OVERSIGHT OF THE AUDIT HAS NOT CHANGED

