AIDS UNITED 2011 TOP TEN

10 TEAM TO END AIDS
9 PUERTO RICO
8 COMMUNITY PARTNERSHIPS
7 AMERICORPS
6 SOUTHERN REACH
5 GENERATIONS
4 MAPPING PATHWAYS
3 NATIONAL AND REGIONAL ADVOCACY
2 ACCESS TO CARE
1 YOU!
FROM THE BOARD OF TRUSTEES CHAIR

How far we have come in just over a year! In January 2011 AIDS United was born, the fusion of strengths from two national—and nationally renowned—HIV/AIDS organizations, the National AIDS Fund and AIDS Action Council and Foundation. Our mission at AIDS United is a bold one: to end AIDS in America. And as it happens, AIDS United’s first year in existence coincided with game-changing scientific data and public policy that show us that the end of the epidemic is truly within our reach. And when I say OUR reach I mean YOUR reach, too! Whether you are a Trustee, funder, T2 runner or sponsor, Community Partner, grantee or advocate, YOU are an integral part of AIDS United’s mission!

We began the first year of AIDS United with a “Top 10” list of our program and policy priorities. Thanks to your support, we have achieved some real success in advancing those priorities and made a difference in the lives of people living with or affected by HIV/AIDS here in the United States. Thanks to your commitment, people such as New York resident Tommy have stayed in life-saving HIV care, veteran HIV/AIDS advocates like Dazon in Georgia are able to continue their advocacy for women and men living with HIV/AIDS across the country, and folks like AmeriCorps member Zachary were able to provide critical HIV/AIDS prevention education in New Mexico and other areas in the United States. We think you will take pride in this overview of the progress of AIDS United’s work—our work together—in 2011, and hope it will inspire you to help us achieve even more success!

Indeed, we saw some amazing advances in HIV/AIDS in 2011, and continue to see even more opportunities in 2012. But it will take investments from each one of us to keep the momentum going! We are at a watershed moment. Let’s seize this unprecedented convergence of opportunities, demand changes for ourselves and each other and continue investing in ending the HIV/AIDS epidemic now.

Thank you for all you do every day to help AIDS United end AIDS in America.

Douglas M. Brooks
Chair, Board of Trustees
AIDS United
In February, AIDS United led a group of funders and philanthropists on a three day trip to the Islands, convening meetings and site visits to better understand the unique challenges in Puerto Rico, to solicit feedback from community stakeholders and advocates about their needs, and to inform and inspire local and international funders to re-double their commitment and investments.

AU granted $250,000 to community-based agencies in Puerto Rico in 2011.

Nearly 200 runners participated in a half or full marathon, raising thousands of dollars for and awareness of HIV/AIDS programs in Washington, D.C. and around the country.
Why I Trained with T2

My father Eric was definitely the inspiration to train for the Marine Corps Marathon with Team to End AIDS (T2). Five years ago I lost him to AIDS after his 20-year battle with the disease. I had been looking for a way to honor his memory for a while and T2 seemed like the perfect fit. When I first started distance running and I would visit him, we would go to this pretty city park in Springfield, Illinois that had a great one mile loop. At this time, he was too ill to actually run or jog with me, but he would find a bench on the loop and cheer me on and hand out water or hold my cell phone. He was great and my biggest cheerleader. I knew if anyone would be proud of me for running a marathon it would be him.

During race day, every time that I felt like things were getting tough, the first thing that I did was put a hand over my heart where I had a folded picture of my father pinned to my singlet. Just remembering why I started this journey and what I was doing it for kept one foot in front of the other. Also, I can’t forget to mention my T2 Teammates! I can honestly say that there really was not one point where I hit a wall or said “I can’t do this anymore.” We had so much fun together interacting with each other and with the crowd…it was truly a FUN experience.

The biggest highlight of T2 was the people I met and the friendships that I made. Our pace group, The Teglas, was completely amazing. I don’t think that I have ever met a more supportive, encouraging, compassionate and motivated group of people in my life. We got through a lot together and made some really lasting relationships…and the best part is that we all came from different walks of life. What a beautiful compliment to an outstanding organization.

—Tera VandenHeuvel is Resilience Program Manager with the U.S. Army
In February, AIDS United convened philanthropists in Puerto Rico to learn more of its unique challenges, to learn more about the needs of community stakeholders and advocates and to inspire renewed commitment and investment from funding partners. AU granted $250,000 to community-based agencies in Puerto Rico in 2011.
Migrant Health Center, Inc.
Mayaguez, Puerto Rico

AIDS United provided funding to Migrant Health Center, Inc. to establish a daily syringe exchange program (SEP), providing a way for injection drug users (IDUs) to dispose of used syringes and obtain sterile syringes at no cost. In addition to adding an innovative and much needed service to our primary health care setting, our SEP has dramatically increased the number of homeless patients that on a daily basis access our Health Care for the Homeless Project on a daily basis, which provides specialized primary health care for homeless individuals free of charge.

The SEP service has also allowed us to engage more clients into our other services such as: HIV prevention education and materials (syringe cleansing kits, condoms, etc.), health and dental care, HIV testing, and HIV treatment. We’ve also tripled the number of clients who now have access to substance abuse treatment. Clients are also receiving wound care, which reduces health complications such as bacteremia, septicemia, amputations and skin breakdowns. Moreover, IDUs who are sex workers come in for syringe exchange and leave not only with new syringes but also with condoms, sexual education, HIV testing, access to STD testing, and more.

—Tania Rodriguez, Special Projects Director
In 2011, AIDS United awarded $922,500 in Challenge Grants and other direct grants through the Community Partnership Network. The Elton John AIDS Foundation (EJAF) continues to be the largest funder of the Challenge Grants Program.

Total AIDS United Community Partnership grant making, including locally-raised matched funds, amounted to $7,729,156—a sum over five times EJAF’s initial investment—to support hundreds of cutting edge prevention, care and advocacy projects.

Thanks to the support of the Challenge Grants from the Elton John AIDS Foundation, AIDS United’s 24 Community Partnerships took a $900,000 grant and turned it into $7.7 million to support hundreds of cutting edge prevention, care and advocacy projects.
The Colorado HIV/AIDS Community Partnership (CHCP)’s 2011 challenge grant was focused entirely on the Strengthening Systems area in response to the evolving HIV/AIDS climate in the state that necessitated a more collaborative, strategic approach to delivery of HIV/AIDS.

In 2005 a small group of Colorado funders met to discuss the alarming trend of decreasing financial support for HIV/AIDS services and organizations in the state, forming an affinity group. Becoming a community partner with AIDS United helped to raise awareness with the philanthropic sector about the need for ongoing support of critical HIV/AIDS services. In addition to leveraging valuable national financial support, AIDS United has provided invaluable technical support, direction and focus to CHCP activities. AIDS United’s innovative partnership model brought in new funders and resulted in the unprecedented statewide merger of four Colorado AIDS organizations. This historic merger will shape the face of AIDS services and prevention in Colorado for years to come.
AMERICORPS

AIDS United’s AmeriCorps program supports 54 members in Chicago, Detroit, Indianapolis, New Orleans, New Mexico, North Carolina, Tulsa and Washington, D.C., who work thousands of hours on just a small stipend to provide direct prevention and care services to ten of thousands of people living with and affected by HIV/AIDS.

The AIDS United AmeriCorps program was the first AmeriCorps program in the United States to focus exclusively on HIV/AIDS. Since 1994, members of AIDS United’s AmeriCorps Program have helped increase the capacity of communities to provide critical HIV prevention, education and care services to people living with and affected by HIV/AIDS. To date, more than 600 AIDS United AmeriCorps members have served as HIV/AIDS prevention educators, HIV testers and counselors, outreach specialists, and residential caregivers for people living with HIV/AIDS. Many of these members have moved on to careers in public health and HIV/AIDS.
AmeriCorps member, Team Washington, D.C.

Being an AmeriCorps member is important to me because I have seen how the stigma that surrounds HIV can be extremely harmful. A few years ago, the world of a friend of mine turned upside down when news that he was HIV positive got out. People who used to talk to him and say hello would ignore him or whisper behind his back.

The AmeriCorps program is so important to me because it allows me to be a voice and a resource about HIV. I am now able to counsel people who want to know their status but are nervous about taking the test. I can empower people with the tools to make healthier choices. I feel confident talking about HIV with my friends and loved ones. Without this program, none of this would have been possible.

When my first year was winding down, I felt that I wasn’t finished. I was exposed to how HIV impacts so many different communities, youth, homeless, LGBT, etc. Being able to connect to so many different people and hear how HIV impacts them inspired me to continue the conversation through another year of service. Hearing the stories from those horrific early days has made me want to share those voices with so many more people who could benefit. HIV can make people feel extremely isolated and I hope the work I have done my second year will help others feel that they are not alone.

—Naomi Harris, Team DC
The GENERATIONS: Strengthening Women and Families Affected by HIV/AIDS program is a partnership between AIDS United and Johnson & Johnson. It supports six organizations with a combination of cash grants, evidence-based prevention programs, technical assistance, grantee convenings and evaluation support in the development of new evidence-based interventions or the adaptation of existing prevention models for women and girls at high risk for HIV infection.
Historically, beauty salons in the African-American community have served as hubs for community dialogue and disseminating information. Many women rely upon their stylist to provide guidance and advice.

Beauty in Knowing empowers stylists-in-training to see themselves as sources of accurate information for their clients. Being a hair professional is about more than knowing the latest trends and techniques, it is also about communicating effectively with others—clients, friends and sexual partners. This program teaches cosmetology students the facts about sexual health and assertive communication—and encourages them to share that information with others.

Beauty in Knowing has allowed AIDS Alabama to examine the need to broaden its prevention message. A new partnership has been formed with the Alabama Coalition against Domestic Violence in response to the needs of students in the Beauty in Knowing program. Additionally, AIDS Alabama received its first CDC grant for a prevention program in 2011. The development of the CDC grant proposal was strengthened by the knowledge gained by staff through the technical assistance provided by AIDS United’s GEN program.

In developing this program we’ve learned that a significant number of African-American women in our community will visit their hair salon every week, but rarely see a doctor. Many mistrust medical providers, but completely trust and rely upon their stylist. These women are change agents with the ability to transform their communities.

—Dafina Ward, Project Manager
Southern REACH (Regional Expansion of Access and Capacity to Address HIV/AIDS) is a partnership with the Ford Foundation providing funding and technical support for broadening and strengthening community capacity to address HIV/AIDS for marginalized, at-risk, and underserved populations in nine Southern states: Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina and Tennessee.
Okaloosa AIDS Support and Informational Services, Inc. (OASIS)
Fort Walton Beach, Florida
ActivateU! Advocacy Academy

OASIS’ ActivateU! Advocacy Academy program trains grassroots advocates, especially people living with HIV/AIDS, on evolving HIV-related policy issues, including the Ryan White Program, Housing Opportunities for People with AIDS (HOPWA), the AIDS Drug Assistance Program (ADAP) and the AIDS Insurance Continuation Program (AICP). Participants in the program receive education on the issues, and are then trained to use the information to advance policies supporting increased and equitable access to HIV/AIDS care and prevention. The Positive Living conference is OASIS’ largest gathering of ActivateU! participants, drawing many participants from 20 different states, the District of Columbia and Uganda.

OASIS has grown to value the role we now play as an advocacy agency. We are served well by those we have trained, and have formed dynamic relationships with advocates across north Florida and in all the southern states. We also earned a place of distinction for advocacy from the ADAP Advocacy Association, receiving the ADAP Grassroots Campaign of the Year Award for the ActivateU! program and related advocacy efforts in 2011.

We could not have reached and trained as many advocates without the support of AIDS United and Southern REACH.

—Butch McKay, Executive Director
This multi-national project was launched at the beginning of 2011. Led by AIDS Foundation of Chicago in partnership with AU, Naz India, the Desmond Tutu HIV Foundation, and RAND Europe, Mapping Pathways seeks to develop and nurture a research-driven, community-led global understanding of the emerging evidence base around anti-retroviral prevention strategies to end the HIV pandemic.
Stakeholder Information Gathering

AIDS United and the Mapping Pathways partners solicited the perspectives of diverse stakeholders in three countries throughout 2011. Methods included in-person interviews, community forums and an online survey. Thanks to the participation of people living with HIV/AIDS, policy experts, service providers, government officials, researchers, advocates, industry representatives, and Mapping Pathways partners, year one yielded a rich and unique collection of viewpoints and comprehensive research that will enable sound decision making around the implementation of antiretroviral based prevention strategies.

AU, AFC, the Desmond Tutu HIV Foundation, and RAND Europe began preliminary dissemination of the findings last fall at the US Conference on AIDS and the International Conference on AIDS and Sexually Transmitted Infections in Africa. Mapping Pathways data will be presented at several conferences throughout the coming year. Project participants are also working on journal articles and a book to be published by RAND in 2012. AU also is working with partners and grantees in Georgia, North Carolina, Ohio and Texas to disseminate Mapping Pathways findings and develop a cohort of media advocates to communicate about the full range of ARV-based prevention options and the outcomes of the stakeholder interviews and scientific literature review compiled in year one. Recognizing the unique role that Mapping Pathways plays in the US, South Africa, and India, Canadian AIDS leaders are planning to adapt the project for their context.

—Jessica Terlikowski, Director of Regional Organizing, AIDS United
The advocacy efforts of AU’s public policy team and public policy partners was pivotal in finalizing FY2012 domestic HIV funding. AU also helped advocate for the Social Innovation Fund, which supports AIDS United’s Access to Care initiative, and the AmeriCorps program which supports HIV-focused AmeriCorps teams in eight sites around the country.

AIDS United played a leadership role in the advocacy to retain the use of federal funding for syringe exchange programs (SEPs). Though the ban on the use of federal funding for SEPs unfortunately was reinstated, AIDS United’s mobilization around the issue was significant, and we continue our efforts to get the ban lifted.

The work of AIDS United public policy team was also instrumental in the launch of the Congressional HIV/AIDS Caucus.

AU’s bold new regional organizing initiative is strengthening its base of advocates, cultivating new leaders and increasing organizational advocacy capacity in three pilot regions around the country: the Mid-Atlantic, the South, and Texas.
Fiscal Year 2012 Domestic HIV/AIDS Funding

The HIV domestic funding for FY2012 was finalized after AIDS United’s considerable advocacy, the majority of the programs receiving flat funding or increases. [Cuts to the portfolio were from the across the board rescission.] Most notable increases were $50 million for ADAP, $35 million from President Obama’s World AIDS Day announcement, and $15 million for the final FY2012 appropriations bill. AU Director of Government Affairs Donna Crews served as co-chair of the Community AIDS Budget and Appropriations committee, and, as a noted expert on the topic, often provided her expertise and insight to webinars, blogs and presentations.
ACCESS TO CARE

Our groundbreaking Access to Care initiative is supporting innovative, evidence-based, collaborative programs to connect thousands of low-income and marginalized individuals living with HIV to supportive services and health care.

Bristol-Myers Squibb provided the multi-million dollar, multi-year catalyst investment in this program in 2009, and a multi-million dollar grant from the Social Innovation Fund helped expand the program and leverage additional investments from private sector partners. Click here for a list of those partners.
Christie’s Place
San Diego, California
CHANGE For Women

Christie’s Place provides comprehensive HIV/AIDS education, support, and advocacy to women, children and families impacted by HIV/AIDS.

Our Access to Care project is CHANGE for Women, a collaborative of nine organizations that function as a network of care model designed to improve timely entry, access to and retention in HIV care for women of color living with HIV in San Diego County, with an emphasis on the underserved communities of Latinas. This project has: 1) expanded the capacity of a Peer Navigator network; 2) trained HIV+ women on accessing and utilizing their electronic medical records to increase their self-efficacy; 3) created systems-level change by establishing a Center of Excellence in Women’s HIV clinic with integrated behavioral health and expanded bilingual capacity and hours of operation; 4) formalized partnerships with immigration rights and social justice organizations to provide education and legal advocacy to HIV+ women who lack access to care and treatment; and 5) reduced barriers to care by providing transportation, food and childcare options.

This project is saving lives! CHANGE for Women is turning despair into hope . . . hope for the future, hope for a better life for themselves and their children.

—Elizabeth Brosnan, Executive Director
Yes, you are the #1 reason AIDS United accomplished numbers two through 10 on this list, and so much more! Your generosity and support are bringing us closer to an AIDS-free generation. And as Anthony Fauci, Director of the National Institute of Allergy and Infectious Disease said, major investments are what we need to get there. Thanks to the investments you have made we will continue to move mountains.
# STATEMENTS OF FINANCIAL POSITION

## December 31, 2011 and 2010

### ASSETS

<table>
<thead>
<tr>
<th>Current Assets</th>
<th>12/31/2011</th>
<th>12/31/2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$2,579,621</td>
<td>$70,175</td>
</tr>
<tr>
<td>Investments</td>
<td>4,574,187</td>
<td>6,400,960</td>
</tr>
<tr>
<td>Grants and other receivables</td>
<td>7,296,754</td>
<td>6,787,353</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>34,468</td>
<td>32,544</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT ASSETS</strong></td>
<td><strong>14,485,030</strong></td>
<td><strong>13,291,032</strong></td>
</tr>
</tbody>
</table>

Furniture and Equipment, net of accumulated depreciation of $113,739 and $69,944

| Other assets                                | 14,901         | 16,994        |
| Investments restricted for long-term purposes| 1,413,510      | 1,530,717     |
| **TOTAL ASSETS**                            | **$15,989,085**| **$14,866,026**|

### LIABILITIES AND NET ASSETS

<table>
<thead>
<tr>
<th>Current Liabilities</th>
<th>12/31/2011</th>
<th>12/31/2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable, accrued vacation and other liabilities</td>
<td>$312,261</td>
<td>$243,194</td>
</tr>
<tr>
<td>Grants payable</td>
<td>3,572,718</td>
<td>2,467,500</td>
</tr>
<tr>
<td>Deposits held</td>
<td>16,002</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td><strong>3,900,981</strong></td>
<td><strong>2,710,694</strong></td>
</tr>
</tbody>
</table>

### COMMITMENT

<table>
<thead>
<tr>
<th>Net Assets</th>
<th>12/31/2011</th>
<th>12/31/2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undesignated</td>
<td>767,829</td>
<td>753,171</td>
</tr>
<tr>
<td>Board designated</td>
<td>9,645</td>
<td>10,441</td>
</tr>
<tr>
<td>Total unrestricted</td>
<td>777,474</td>
<td>763,612</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>9,951,378</td>
<td>10,032,468</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td>1,359,252</td>
<td>1,359,252</td>
</tr>
<tr>
<td><strong>TOTAL NET ASSETS</strong></td>
<td><strong>12,088,104</strong></td>
<td><strong>12,155,332</strong></td>
</tr>
</tbody>
</table>

### TOTAL LIABILITIES AND NET ASSETS

<table>
<thead>
<tr>
<th>12/31/2011</th>
<th>12/31/2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$15,989,085</strong></td>
<td><strong>$14,866,026</strong></td>
</tr>
</tbody>
</table>
# STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

For the Year Ended December 31, 2011

With Summarized Financial Information for the Year Ended December 31, 2010

<table>
<thead>
<tr>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>2011 Total</th>
<th>2010 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE AND SUPPORT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants and contributions</td>
<td>$1,062,338</td>
<td>$11,991,737</td>
<td>–</td>
<td>$13,054,075</td>
</tr>
<tr>
<td>Federal grants</td>
<td>3,124,095</td>
<td>3,124,095</td>
<td>4,302,043</td>
<td></td>
</tr>
<tr>
<td>Investment income</td>
<td>218,303</td>
<td>44,364</td>
<td>262,667</td>
<td>7,695</td>
</tr>
<tr>
<td>In-kind revenue</td>
<td>4,166</td>
<td>4,166</td>
<td>7,695</td>
<td></td>
</tr>
<tr>
<td>Other income</td>
<td>133,543</td>
<td>133,543</td>
<td>18,525</td>
<td></td>
</tr>
<tr>
<td>Program service revenue and dues</td>
<td>316,398</td>
<td>316,398</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Net assets released from restrictions:</td>
<td></td>
<td></td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Satisfaction of program restrictions</td>
<td>15,160,810</td>
<td>(15,160,810)</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE AND SUPPORT</strong></td>
<td>16,895,558</td>
<td>(614)</td>
<td>–</td>
<td>16,894,944</td>
</tr>
</tbody>
</table>

| **EXPENSES** | | | | |
| Program services | 14,383,830 | – | – | 14,383,830 | 11,509,387 |
| Fundraising | 922,475 | – | – | 922,475 | 339,233 |
| General and administrative | – | – | – | – | – |

| | | | | |
| Realized loss on investments | – | – | – | – | 27,863 |
| Unrealized loss on investments | 5,658 | 80,476 | – | 86,134 | 92,324 |
| Loss on disposition of assets | 5,639 | – | 5,639 | – | – |
| Loss due to cancellation of grant | 1,564,094 | – | 1,564,094 | – | 15,212 |
| **TOTAL EXPENSES AND LOSSES** | 16,881,696 | 80,476 | – | 16,962,172 | 11,984,019 |

| | | | | |
| Change in Net Assets | 13,862 | (81,090) | – | (67,228) | 2,601,237 |

| **NET ASSETS, BEGINNING OF YEAR** | 763,612 | 10,032,468 | 1,359,252 | 12,155,332 | 9,554,095 |

| **NET ASSETS, END OF YEAR** | $777,474 | $9,951,378 | $1,359,252 | $12,088,104 | $12,155,332 |
CORPORATE, FOUNDATION AND GOVERNMENT DONORS

$4,000,000 & Above
Bristol-Myers Squibb Company

$1,000,000–$3,999,999
The Ford Foundation
Elton John AIDS Foundation
Corporation for National and Community Service
Johnson & Johnson

$250,000–$999,999
MAC AIDS Fund
Open Society Institute
Health HIV
Janssen Therapeutics
ViiV Healthcare

$100,000–$249,999
Fred Eychaner
Levi Strauss Foundation
Gilead Sciences, Inc.
Tides Foundation

$25,000–$99,999
AIDS Foundation of Chicago
Chevron Corporation
Gay Men’s Health Crisis
H. van Ameringen Foundation
Walgreens Co.
National Alliance for HIV Education and Workforce Development
AIDS Action Committee of Massachusetts
Broadway Cares Equity Fights AIDS
FHI Development 360, LLC
Roche Diagnostics Corporation
Abbott Laboratories Fund
Legacy Community Health Services, Inc.
Merck & Co., Inc.
MOM’S Pharmacy

$1,000–$24,999
Justice Resource Institute
Nashville Cares
Urban Coalition for HIV/AIDS Prevention Services
IBM International Foundation
Association of Nurses in AIDS Care
Estate of Lloyd W. Nelson
Macy’s Foundation
OraSure Technologies, Inc.
Discovery Chicago
John Snow Incorporated
The Key Foundation
Fred Alger & Company, Inc.
The Billi Marcus Foundation
Community Foundation for Southeast Michigan
USF Health Professions Conferencing Corporation
Wells Fargo Bank / Wachovia Foundation

$999 & Below
Morgan Stanley Dean Whitter
Grand Bethel of Wyoming Job’s Daughters International
Hotel Vintage Plaza Portland
Student Honors Association
The Eagle and The Hawk Foundation
University of Pittsburgh Graduate School
Department of Public Health
Waterbury Philanthropic Trust
NStar Electric
Raymond Piling Products, Inc.
The AXA Foundation
Vero Beach Hotel and Club
Alpha Kappa Alpha, Inc.–Theta Nu Chapter
Razoo Foundation
US Department of the Treasury Financial Management Service
Equifax Foundation
Q Consularis LLC
San Ramon Valley Unified School District
Sunshine Club
The Brooks Group and Associates, Inc.
Avon Grove Charter School
Hotel Helix Washington, DC
Naughty Lil Rascals Family
Connie’s Classic Travels
She Scenes Entertainment
INDIVIDUAL DONORS

$5,000 and above
Esther Silver-Parker
Rick Gomez
Wes Wills

Top 10 Team to End AIDS Fundraisers
Paola Barahona $5,540.35 Marine Corps Marathon
Larry Miller $4,050.00 Bank of America Chicago Marathon
Yvonne McIntyre $3,650.00 Marine Corps Marathon
Micah Krohn $3,489.00 Rock’n’Roll Virginia Beach Half
Mark Ishaug $3,380.00 Rock’n’Roll Virginia Beach Half
Aaron Saunders $3,170.00 Bank of America Chicago Marathon
Owen Ryan $3,280.00 Marine Corps Marathon
Carel Dutoit $3,145.00 Honolulu Marathon
Joseph Wall $2,783.20 Marine Corps Marathon
Seng Peng $2,675.01 Marine Corps Marathon

(for a complete list of 2011 Individual Donors click here)
BOARD OF TRUSTEES

EXECUTIVE COMMITTEE

**Douglas M. Brooks**  
Senior Vice President  
*JRI Health*  
Boston, MA

**Celia J. Maxwell, M.D.**  
Assistant Vice President for Health Affairs  
Director, Women’s Health Institute  
*Howard University*  
Washington, DC

**Rick Gomez**  
Vice President, Coors Family of Brands,  
*MillerCoors LLC*  
Chicago, IL

**Katy Caldwell**  
Executive Director  
*Legacy Community Health Services, Inc.*  
Houston, TX  
Chair Emeritus

**Susan Klooz**  
Senior Vice President & General Counsel  
*Walmart—Retired*  
Bentonville, AR

TRUSTEES

**Paurvi Bhatt**  
Senior Director of HIV/AIDS Prevention, Treatment & Care  
*Levi Strauss & Co.*  
San Francisco, CA

**Scott P. Campbell**  
Executive Director  
*Elton John AIDS Foundation*  
New York, NY

**Ingrid Clark-Durfy**  
Vice President Community Affairs & Advocacy  
*Janssen Therapeutics*  
Titusville, NJ

**William H. Collier**  
Senior Vice President and General Manager, North America  
*ViiV Healthcare*  
St. Davids, PA

**Gail Crockett**  
Director, New Products  
US Supply Chain Management  
*McDonald’s Corporation*  
Oak Brook, IL
Jill DeSimone  
Senior Vice President, Commercialization Excellence  
*Bristol-Myers Squibb*  
Princeton, NJ  

Amy Flood  
Vice President of Public Affairs  
*Gilead Sciences, Inc.*  
Foster City, CA  

Debra Fraser Howze  
Vice President of Government & External Affairs  
*OraSure Technologies*  
Bethlehem, PA  

Marjorie Hill  
Chief Executive Officer  
*GMHC*  
New York, NY  

David Jensen  
Partner  
*Monitor Group*  
Los Angeles, CA  

Blanca Ortiz, Ph.D.  
*University of Puerto Rico*  
San Juan, PR  

Glen Pietrandoni, R.Ph. AAHIVE  
Pharmacy Services Program Manager, HIV/AIDS & Hepatitis  
*Walgreen Co.*  
Deerfield, IL  

Kathy Watt  
Executive Director  
*Van Ness Recovery House*  
Los Angeles, CA
AIDS UNITED STAFF

Alanna Adams
Program Associate

Fredrica Bailey
Executive Associate

Rob Banaszak
Communications Director

Victor A. Barnes
Interim President & CEO

Anna Bavier
Team Manager, Team To End AIDS—DC

Liam Cabal
Program Associate

Caressa Cameron
Regional Organizer—Mid Atlantic Region

Vignetta Charles, Ph.D.
Senior Vice President

Donna Crews, MSW
Director, Government Affairs

Stephanie Cruse
Program Manager

Josh Halko
Finance Associate

Terrence Hamilton
External Affairs Associate

Christina Herold
Program Director, Team to End AIDS—DC

Kimberley Hinton
Vice President of Capacity Building & Partnerships

Ronald Johnson
Vice President of Policy & Advocacy

Matthew J. Kessler, MBA
Vice President of Operations

Suzanne Kinsky
Director of Access to Care

William McColl
Political Director

Maura Riordan
Vice President of Access & Innovation

James Schneidewind
Public Policy Associate

Charles Stephens
Regional Organizer—South

Jessica Terlikowski
Director of Regional Organizing

Angela Van Croft
Donor Relations Officer

Tisha Vaska
Associate Program Director, Team to End AIDS - DC

Brad Ward
Government Grants Compliance Officer

Bryan Wilt
Chief Fiscal Officer

Maya D. Wyche
Program Manager

Shannon Wyss
Grants Manager

Rafia Zahir-Uddin
Program Assistant