

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)

2017
Open to Public Inspection

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 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending

| | | | |
|---|---|--|--|
| B Check if applicable: <input checked="" 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 | C Name of organization AIDS UNITED | | D Employer identification number 52-1706646 |
| | Doing business as | | E Telephone number 202-408-4848 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 12,543,092. |
| | 1101 14TH STREET, NW | 300 | H(a) 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 WASHINGTON, DC 20005 | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F Name and address of principal officer: JESSE MILAN JR. SAME AS C ABOVE | | If "No," attach a list. (see instructions) | |
| I 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 | | | |
| J Website: WWW.AIDSUNITED.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 1990 | M State of legal domicile: OH |

Part I Summary

| | | | |
|---|--|--|------------------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: AU'S MISSION IS TO END THE AIDS EPIDEMIC WITHIN THE US. WE SEEK TO ACHIEVE OUR MISSION THROUGH | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 16 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 16 |
| | 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 39 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 16 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 8,464,739. | Current Year 12,085,459. |
| | 9 Program service revenue (Part VIII, line 2g) | 465,775. | 284,409. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 91,128. | 124,539. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 72,646. | 8,753. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 9,094,288. | 12,503,160. |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 4,538,271. |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 3,116,334. | 2,652,057. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| b Total fundraising expenses (Part IX, column (D), line 25) | | 157,722. | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 2,994,905. | 2,914,436. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 10,649,510. | 14,054,506. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -1,555,222. | -1,551,346. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 9,344,244. | End of Year 10,134,091. |
| | 21 Total liabilities (Part X, line 26) | 907,605. | 2,848,375. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 8,436,639. | 7,285,716. |

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.

| | | | | | |
|--|---|---|--------------------------|---|--------------------------|
| Sign Here | Signature of officer | Date | | | |
| | JESSE MILAN JR., PRESIDENT & CEO Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name R MICHAEL SORRELLS | Preparer's signature <i>R Michael Sorrells CPA</i> | Date 11/14/18 | Check if self-employed <input type="checkbox"/> | PTIN P00001737 |
| | Firm's name TATE & TRYON | Firm's EIN 52-1855942 | Phone no. (202) 293-2200 | | |
| Firm's address 2021 L ST NW WASHINGTON, DC 20036 | | | | | |

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

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20__

2017

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

AIDS UNITED

52-1706646

Name and title of officer

**JESSE MILAN JR.
PRESIDENT & CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

| | | | | | | |
|----|--------------------------|---------------------------------------|---|--|----|--------------------|
| 1a | Form 990 check here | ▶ <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 12,503,160. |
| 2a | Form 990-EZ check here | ▶ <input type="checkbox"/> | b | Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a | Form 1120-POL check here | ▶ <input type="checkbox"/> | b | Total tax (Form 1120-POL, line 22) | 3b | |
| 4a | Form 990-PF check here | ▶ <input type="checkbox"/> | b | Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a | Form 8868 check here | ▶ <input type="checkbox"/> | b | Balance Due (Form 8868, line 3c) | 5b | |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **TATE & TRYON** to enter my PIN **23035**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶  Date ▶ **11/9/2018**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52472820878
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ **11/9/2018**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

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? [X] Yes [] 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 \$ 4,748,722. including grants of \$ 3,820,170.) (Revenue \$) SOUTHERN HIV IMPACT FUND: THE SOUTHERN HIV IMPACT FUND FOCUSES ON THE NEEDS OF INDIVIDUALS AND COMMUNITIES AFFECTED BY HIV IN THREE PRIMARY AREAS: PREVENTION; CARE AND SUPPORT; AND POLICY, ADVOCACY AND MOVEMENT BUILDING. TO MAXIMIZE EFFORTS AND IMPACT, THIS NEW INITIATIVE EXPLICITLY 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 THAT HAVE SIGNIFICANT IMPLICATIONS FOR PEOPLE LIVING WITH OR

4b (Code:) (Expenses \$ 3,971,441. including grants of \$ 3,289,104.) (Revenue \$) HRSA-SPNS-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 \$ 1,184,719. including grants of \$ 600,000.) (Revenue \$) SECTOR TRANSFORMATION: WITH SUPPORT FROM JOHNSON & JOHNSON AND BMS, 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.

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,792,543. including grants of \$ 778,739.) (Revenue \$ 284,409.)

4e Total program service expenses 13,697,425.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 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> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 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> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | X | |
| 7 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> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 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> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a 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> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c 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> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| 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> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 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> | | X |
| 17 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> | | X |
| 18 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> | | X |
| 19 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> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 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> | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 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 |
| 27 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 |
| 28 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): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 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 |
| c 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 |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 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 |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 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 |
| 33 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 |
| 34 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 |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| 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> | | |
| 36 Section 501(c)(3) organizations. 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 |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 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

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and deductible contributions.

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 Enter the number of voting members of the governing body at the end of the tax year (16); 1b Enter the number of voting members included in line 1a, above, who are independent (16); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (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 Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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 (or 1024 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 | | | |
| ROBERT HILLIARD CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| GLEN PIETRADONI VICE CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| KATY CALDWELL TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| GAIL CROCKETT SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |
| WILLIAM H. COLLIER TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| DUANE CRAMER TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| AMY FLOOD TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| DEBRA FRASER-HOWZE TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| MARJORIE HILL TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| JUNE GIPSON TRUSTEE (BEG 11/17) | 2.00 | X | | | | | | 0. | 0. | 0. |
| VENTON C. JONES, JR. TRUSTEE (THRU 10/17) | 2.00 | X | | | | | | 0. | 0. | 0. |
| NAINA KHANNA TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| EDGAR MENDEZ TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| DAVID MUNAR TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| JAMIE NESBIT TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| CRAIG E. THOMPSON TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| JESSE MILAN, JR. PRESIDENT & CEO | 40.00 | | | X | | | | 206,524. | 0. | 47,966. |

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 | | | |
| JOSHUA DAVIN HALKO DIRECTOR OF FINANCE | 40.00 | | | X | | | | 86,613. | 0. | 5,222. |
| RONALD JOHNSON VP OF POLICY & ADVOCACY | 40.00 | | | X | | | | 122,291. | 0. | 24,229. |
| MATHEW J. KESSLER VP OF OPERATIONS (THRU 1/17) | 40.00 | | | X | | | | 21,562. | 0. | 3,559. |
| JOHN EDWARDS ROANE JR VP OF OPERATIONS (BEG 5/17) | 40.00 | | | X | | | | 85,841. | 0. | 6,364. |
| CARL BALONEY, JR. DIRECTOR OF GOVERNMENT AFFAIRS | 40.00 | | | | | X | | 111,960. | 0. | 12,111. |
| WILLIAM MCCOLL DIRECTOR OF HEALTH POLICY | 40.00 | | | | | X | | 105,092. | 0. | 17,572. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 739,883. | 0. | 117,023. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 739,883. | 0. | 117,023. |

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 **4**

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | 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? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such person</i> | | 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 |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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 **0**

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|--|---|---|---------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 5,143,378. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 6,942,081. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h Total. Add lines 1a-1f | | | 12,085,459. | | | |
| Program Service Revenue | 2 a MEMBERSHIP DUES | Business Code | 900099 | 272,125. | 272,125. | | |
| | b REGISTRATION FEE | | 900099 | 9,100. | 9,100. | | |
| | c FEE FOR SERVICE | | 900099 | 3,184. | 3,184. | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 284,409. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 80,160. | | 80,160. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | (i) Real | 6,223. | | | | |
| | | (ii) Personal | | | | | |
| | | b Less: rental expenses | 0. | | | | |
| | | c Rental income or (loss) | 6,223. | | | | |
| | d Net rental income or (loss) | | | 6,223. | | 6,223. | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | 84,311. | | | | |
| | | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | 39,932. | | | | |
| | | c Gain or (loss) | 44,379. | | | | |
| | d Net gain or (loss) | | | 44,379. | | 44,379. | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| b Less: direct expenses | | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a OTHER INCOME | | 900099 | 2,530. | | | 2,530. | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | 2,530. | | | |
| 12 Total revenue. See instructions. | | | 12,503,160. | 284,409. | 0. | 133,292. | |

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 |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 8,488,013. | 8,488,013. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 696,914. | 523,311. | 144,888. | 28,715. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 1,640,784. | 1,232,061. | 341,117. | 67,606. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 71,221. | 53,480. | 14,807. | 2,934. |
| 9 Other employee benefits | 84,080. | 63,135. | 17,480. | 3,465. |
| 10 Payroll taxes | 159,058. | 119,436. | 33,068. | 6,554. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 134,256. | 111,723. | 19,635. | 2,898. |
| b Legal | 3,003. | 2,499. | 439. | 65. |
| c Accounting | 50,690. | 42,183. | 7,413. | 1,094. |
| d Lobbying | 41,057. | 34,166. | 6,005. | 886. |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 1,140,963. | 949,471. | 166,867. | 24,625. |
| 12 Advertising and promotion | 125,584. | 125,043. | | 541. |
| 13 Office expenses | 404,433. | 315,882. | 75,898. | 12,653. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 776,677. | 746,040. | 28,148. | 2,489. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 78,160. | 72,756. | 5,193. | 211. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 43,159. | | 43,159. | |
| 23 Insurance | 7,661. | | 7,661. | |
| 24 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.) | | | | |
| a HONORARIA | 51,085. | 34,466. | 15,217. | 1,402. |
| b DUES | 24,359. | 16,434. | 7,256. | 669. |
| c BAD DEBT | 24,000. | 16,192. | 7,149. | 659. |
| d TAXES AND LICENSES | 10,566. | 7,129. | 3,147. | 290. |
| e All other expenses | -1,217. | 744,005. | -745,188. | -34. |
| 25 Total functional expenses. Add lines 1 through 24e | 14,054,506. | 13,697,425. | 199,359. | 157,722. |
| 26 Joint costs. 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 |
|--|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 5,945,139. | 1 | 5,295,422. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 920,322. | 3 | 1,532,635. |
| | 4 Accounts receivable, net | 192,102. | 4 | 132,338. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 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 | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 67,135. | 9 | 64,759. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 736,146. | | |
| | b Less: accumulated depreciation | 10b 161,241. | | |
| | 11 Investments - publicly traded securities | 33,927. | 10c | 574,905. |
| | 12 Investments - other securities. See Part IV, line 11 | 2,095,072. | 11 | 2,462,551. |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 90,547. | 14 | 71,481. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 9,344,244. | 15 | 10,134,091. | |
| 17 Accounts payable and accrued expenses | 155,845. | 16 | 199,111. | |
| 18 Grants payable | 627,500. | 17 | 1,862,413. | |
| 19 Deferred revenue | 50,953. | 18 | 682,856. | |
| 20 Tax-exempt bond liabilities | | 19 | | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 20 | | |
| 22 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 | | 21 | | |
| 23 Secured mortgages and notes payable to unrelated third parties | | 22 | | |
| 24 Unsecured notes and loans payable to unrelated third parties | | 23 | | |
| 25 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 | 73,307. | 24 | 103,995. | |
| 26 Total liabilities. Add lines 17 through 25 | 907,605. | 25 | 2,848,375. | |
| 26 Total liabilities. Add lines 17 through 25 | | 26 | | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 1,317,275. | 27 | 854,392. |
| | 28 Temporarily restricted net assets | 5,703,512. | 28 | 5,009,447. |
| | 29 Permanently restricted net assets | 1,415,852. | 29 | 1,421,877. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 8,436,639. | 33 | 7,285,716. | |
| 34 Total liabilities and net assets/fund balances | 9,344,244. | 34 | 10,134,091. | |

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 | 12,503,160. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 14,054,506. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1,551,346. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 8,436,639. |
| 5 | Net unrealized gains (losses) on investments | 5 | 400,423. |
| 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 | 7,285,716. |

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 (2017)

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 for instructions and the latest information.

OMB No. 1545-0047

2017

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 | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|-----------|-----------|-----------|----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 10270047. | 10672026. | 11167132. | 8875339. | 12085459. | 53070003. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 10270047. | 10672026. | 11167132. | 8875339. | 12085459. | 53070003. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 17772899. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 35297104. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|-----------|-----------|-----------|----------|-----------|--------------------------|
| 7 Amounts from line 4 | 10270047. | 10672026. | 11167132. | 8875339. | 12085459. | 53070003. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 359,921. | 249,027. | 74,749. | 70,704. | 86,383. | 840,784. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 3,224. | | 35,401. | 72,646. | 2,530. | 113,801. |
| 11 Total support. Add lines 7 through 10 | | | | | | 54024588. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 906,645. |
| 13 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-------------------------------------|---------|
| 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 65.34 % |
| 15 Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | 60.72 % |
| 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | |
| b 33 1/3% support test - 2016. 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 stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 17a 10% -facts-and-circumstances test - 2017. 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 stop here. 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 10% -facts-and-circumstances test - 2016. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 18 Private foundation. 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (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

| | | |
|--|-----------|---|
| 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2017. 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 - 2016. 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 |
|--|-----|----|
| 1 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> | | |
| 2 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> | | |
| 3a 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 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> | | |
| c 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> | | |
| 4a 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 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> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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> | | |
| 5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 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> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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> | | |
| 8 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> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| 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 |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a 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 A family member of a person described in (a) above? | | |
| c 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 |
|---|-----|----|
| 1 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> | | |
| 2 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 |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported 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 |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 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

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a 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 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> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a 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 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 | Adjusted Net Income (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 | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 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 | Minimum Asset Amount (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 | Distributable Amount. 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). | | |

Schedule A (Form 990 or 990-EZ) 2017

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 Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2017 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-2017 | (iii) Distributable Amount for 2017 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013 | | | |
| c From 2014 | | | |
| d From 2015 | | | |
| e From 2016 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2017 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2013 | | | |
| b Excess from 2014 | | | |
| c Excess from 2015 | | | |
| d Excess from 2016 | | | |
| e Excess from 2017 | | | |

Schedule A (Form 990 or 990-EZ) 2017

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

2013 AMOUNT: \$ 3,224.

2015 AMOUNT: \$ 35,401.

2016 AMOUNT: \$ 72,646.

2017 AMOUNT: \$ 2,530.

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 for the latest information.

OMB No. 1545-0047

2017

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, 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

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 |
|------------|-----------------------------------|----------------------------|---|
| <u>1</u> | <hr/> <hr/> <hr/> | \$ <u>550,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>2</u> | <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.) |
| <u>3</u> | <hr/> <hr/> <hr/> | \$ <u>1,039,723.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>4</u> | <hr/> <hr/> <hr/> | \$ <u>1,125,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>5</u> | <hr/> <hr/> <hr/> | \$ <u>2,678,800.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>6</u> | <hr/> <hr/> <hr/> | \$ <u>3,545,054.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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 |
|------------------------------|--|---|----------------------|
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____ | _____ |
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____ | _____ |
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____ | _____ |
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____ | _____ |
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____ | _____ |
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____ | _____ |
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____ | _____ |

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

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 |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| 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

2017

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 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 AIDS UNITED | Employer identification number 52-1706646 |
|--|---|

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-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017

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.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | 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. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | 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.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f 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 |
| 1 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: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | X | | |
| c Media advertisements? | X | | 1,167. |
| d Mailings to members, legislators, or the public? | X | | 7. |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 39,013. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | X | | 3,807. |
| i Other activities? | | X | |
| j Total. Add lines 1c through 1i | | | 43,994. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d 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 |
|--|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 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."

| | | |
|---|----|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 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 | |
| 5 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

2017

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.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|------------------------------|
| 1 Total number at end of year | 1 | 1 |
| 2 Aggregate value of contributions to (during year) | 472,907. | 21,113. |
| 3 Aggregate value of grants from (during year) | 104,823. | 3,402. |
| 4 Aggregate value at end of year | 2,329,036. | 81,995. |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

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 | 2,038,568. | 1,941,460. | 2,037,891. | 1,971,737. | 1,583,474. |
| b Contributions | 6,025. | 5,581. | 3,301. | 3,127. | 44,590. |
| c Net investment earnings, gains, and losses | 490,124. | 198,751. | -163. | 152,995. | 425,846. |
| d Grants or scholarships | | 99,184. | 91,575. | 82,208. | 75,796. |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 108,225. | 8,040. | 7,994. | 7,760. | 6,377. |
| g End of year balance | 2,426,492. | 2,038,568. | 1,941,460. | 2,037,891. | 1,971,737. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.64 %
 - b Permanent endowment 58.60 %
 - c Temporarily restricted endowment 40.76 %
- 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 | | X |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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. | 21,889. | 562,247. |
| d Equipment | | 152,010. | 139,352. | 12,658. |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 574,905.

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) | | |
| Total. (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) | | |
| Total. (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) | |
| Total. (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) EMPLOYEE DEDUCTIONS FOR BENEFITS | 103,995. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 103,995. |

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.

| | | | | |
|----------|--|--------------------|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 12,903,583. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a 400,423. | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 400,423. |
| 3 | Subtract line 2e from line 1 | | 3 | 12,503,160. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 12,503,160. |

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.

| | | | | |
|----------|---|-----------|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 14,054,506. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 14,054,506. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 14,054,506. |

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 for the latest information.**

OMB No. 1545-0047

2017

**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.

| 1 (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 noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| ABOUNDING PROSPERITY 2311 MARTIN LUTHER KING JR. BLVD DALLAS, TX 75215 | 20-3746990 | 501C(3) | 12,000. | 0. | | | HURRICANE RELIEF/EMERGENCY SUPPORT |
| ABOVE THE STATUS QUO, INC. 811 JUNIPER STREET, NE UNIT 121 ATLANTA, GA 30308 | 47-5172430 | 501C(3) | 25,000. | 0. | | | HURRICANE RELIEF/EMERGENCY SUPPORT |
| ACADIANA CARES PO BOX 3865 LAFAYETTE, LA 70502-3865 | 58-1717018 | 501C(3) | 35,000. | 0. | | | HIV/AIDS STRATEGIC PARTNERSHIPS |
| AFFINITY HEALTH CENTER 500 LAKESHORE PARKWAY ROCK HILL, SC 29730 | 57-1092940 | 501C(3) | 76,000. | 0. | | | SOUTHERN HIV IMPACT FUND - GENERAL OPERATING |
| AIDS ACTION COALITION OF HUNTSVILLE, INC. - 600 ST. CLAIR AVENUE - HUNTSVILLE, AL 35801 | 57-0889447 | 501C(3) | 30,000. | 0. | | | HIV/AIDS STRATEGIC PARTNERSHIPS |
| AIDS ALABAMA 3529 7TH AVENUE SOUTH BIRMINGHAM, AL 35222 | 58-1727755 | 501C(3) | 88,000. | 0. | | | HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES, PREVENTION AND SYRINGE EXCHANGE |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **107.**

3 Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) (2017)

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 ARMS, INC. 351 W. JEFFERSON BLVD SUITE 300 DALLAS, TX 75208 | 75-2306145 | 501C(3) | 30,000. | 0. | | | HIV/AIDS STRATEGIC PARTNERSHIPS |
| AIDS CARE GROUP 2304 EDMONT AVENUE CHESTER, PA 19013-5038 | 23-2965785 | 501C(3) | 310,737. | 0. | | | HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE |
| AIDS FOUNDATION HOUSTON, INC. 6260 WESTPARK DRIVE HOUSTON, TX 77057 | 76-0073661 | 501C(3) | 15,000. | 0. | | | HURRICANE RELIEF/EMERGENCY SUPPORT |
| ALAMO AREA RESOURCE CENTER, INC. 303 N. FRIO SAN ANTONIO, TX 78207 | 74-2583211 | 501C(3) | 60,000. | 0. | | | SOUTHERN HIV IMPACT FUND - LINKAGE TO CARE |
| ALL UNDER ONE ROOF LGBT ADVOCATES 838 E. CLARK STREET POCATELLO, ID 83201 | 90-0805959 | 501C(3) | 23,200. | 0. | | | HIV/AIDS LEADERSHIP AND ADVOCACY FOR PEOPLE LIVING WITH HIV |
| ASSOCIATION FOR THE ADVANCEMENT OF MEXICAN AMERICANS - 6001 GULF FREEWAY - HOUSTON, TX 77023 | 74-1696961 | 501C(3) | 15,000. | 0. | | | THROUGH THIS GRANT, AAMA PROVIDED CLIENTS EMERGENCY FINANCIAL ASSISTANCE; |
| ATLANTA HARM REDUCTION COALITION P.O. BOX 92670 ATLANTA, GA 30314 | 58-2227958 | 501C(3) | 65,000. | 0. | | | HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES |
| BAPTIST HOSPITALS OF SOUTHEAST TEXAS FOUNDATION - 3070 COLLEGE STREET, SUITE 401 - BEAUMONTH, TX 77702 | 61-1557670 | 501C(3) | 15,000. | 0. | | | HURRICANE RELIEF/EMERGENCY SUPPORT |
| BASIC NWFL, INC. 432 MAGNOLIA AVENUE PANAMA CITY, FL 32401 | 59-2994863 | 501C(3) | 65,000. | 0. | | | HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES |

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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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| BATON ROUGE BLACK ALCOHOLISM COUNCIL - DBA METRO HEALTH - BATON ROUGE, LA 70802 | 72-1135608 | 501C(3) | 70,000. | 0. | | | SOUTHERN HIV IMPACT FUND |
| BIG BEND CARES, INC 2201 SOUTH MONROE STREET TALLAHASSEE, FL 32301 | 59-2816580 | 501C(3) | 50,000. | 0. | | | HURRICANE RELIEF/EMERGENCY SUPPORT |
| BILLS KITCHEN, INC. PO BOX 195678 SAN JUAN, PR 00919 | 66-0493399 | 501C(3) | 15,000. | 0. | | | HURRICANE RELIEF/EMERGENCY SUPPORT |
| BIRMINGHAM AIDS OUTREACH 205 32ND STREET SOUTH BIRMINGHAM, AL 35233 | 63-0948495 | 501C(3) | 132,000. | 0. | | | HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES |
| BLACK AIDS INSTITUTE 1833 W. 8TH ST. SUITE 200 LOS ANGELES, CA 90057 | 95-4742741 | 501C(3) | 10,000. | 0. | | | HIV/AIDS ACCESS TO CARE AND SUPPORT SERVICES |
| CAPITOL AREA REENTRY PROGRAM, INC. PO BOX 74772 BATON ROUGE, LA 70874 | 06-1793810 | 501C(3) | 62,000. | 0. | | | SOUTHERN HIV IMPACT FUND - GENERAL OPERATING |
| CARACOLE 4138 HAMILTON AVENUE CINCINNATI, OH 45223 | 31-1210524 | 501C(3) | 35,000. | 0. | | | HIV/AIDS STRATEGIC PARTNERSHIPS |
| CENTRO ARARAT, INC. 8169 CALLE CONCORDIA PNCE, PR 00717-1567 | 66-0604909 | 501C(3) | 220,495. | 0. | | | HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE |
| COALICION DE CAOLICIONES PRO PERSONAS SIN HOGAR DE PR, INC. - 44 ISABEL STREET - PONCE, PR 00730 | 66-0635464 | 501C(3) | 25,000. | 0. | | | HURRICANE RELIEF/EMERGENCY SUPPORT |

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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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| COOPER UNIVERSITY HOSPITAL EIP THREE COOPER PLAZA CAMDEN, NJ 08103 | 21-0634462 | 501C(3) | 342,406. | 0. | | | HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE |
| CORPORACION LA FONDITA DE JESUS 704 MONSERRATE ST. ESQ FERNANDEZ JU SAN JUAN, PR 00907 | 66-0426787 | 501C(3) | 15,000. | 0. | | | HURRICANE RELIEF/EMERGENCY SUPPORT |
| DUKE UNIVERSITY OFFICE OF RESEARCH SUPPORT DURHAM, NC 27708 | 56-0532129 | 501C(3) | 50,000. | 0. | | | HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES |
| EAST TEXAS CARES RESOURCES CENTER 427 OAKLAND AVENUE TYLER, TX 75702 | 75-2316322 | 501C(3) | 65,000. | 0. | | | SOUTHERN HIV IMPACT FUND - PREVENTION, CARE AND SUPPORT SERVICES |
| EQUALITY FLORIDA INSTITUTE, INC, PO BOX 13184 ST PETERSBURG, FL 33713 | 59-3435235 | 501C(3) | 136,000. | 0. | | | SOUTHERN HIV IMPACT FUND - POLICY, ADVOCACY, MOVEMENT BUILDING |
| EQUALITY FOUNDATION OF GEORGIA 1530 DEKALB AVENUE ATLANTA, GA 30307 | 58-2346744 | 501C(3) | 282,600. | 0. | | | HIV/AIDS STRATEGIC PARTNERSHIPS, CAPACITY BUILDING - SOUTHERN COMMUNITIES |
| FOUNDCARE, INC. 2330 S. CONGRESS AVENUE WEST PALM BEACH, FL 33406 | 54-2083748 | 501C(3) | 25,000. | 0. | | | HURRICANE RELIEF/EMERGENCY SUPPORT |
| FREDERIKSTED HEALTH CARE, INC. PO BOX 1198 FREDERIKSTED, VI 00840 | 66-0586667 | 501C(3) | 10,000. | 0. | | | HURRICANE RELIEF/EMERGENCY SUPPORT |
| FREEDOM FUND NETWORK, INC. 50 FOSTER STREET NEW HAVEN, CT 06511 | 82-2069282 | 501C(3) | 67,500. | 0. | | | SOUTHERN HIV IMPACT FUND - PREVENTION, CARE AND SUPPORT SERVICES |

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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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| FUNDACION LATINOAMERICANA DE ACCION SOCIAL, INC. - 6666 HARWIN DRIVE #370 - HOUSTON, TX 77036 | 76-0430109 | 501C(3) | 12,000. | 0. | | | HURRICANE RELIEF/EMERGENCY SUPPORT |
| GAY MEN'S HEALTH CRISIS (GMHC) 446 WEST 33RD STREET NEW YORK, NY 10001 | 13-3130146 | 501C(3) | 35,000. | 0. | | | HIV/AIDS STRATEGIC PARTNERSHIPS |
| GRADY HEALTH SYSTEM 341 E PONCE DE LEON AVENUE ATLANT, GA 30308 | 26-2037695 | 501C(3) | 260,237. | 0. | | | HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE |
| HARLEM UNITED 306 LENOX AVENUE NEW YORK, NY 10027 | 13-3461695 | 501C(3) | 30,800. | 0. | | | HIV/AIDS STRATEGIC PARTNERSHIPS |
| HEALTH EQUITY INSTITUTE - SAN FRANCISCO STATE UNIVERSITY - 1600 HOLLOWAY AVENUE - SAN FRANCISCO, CA 94132 | 93-1137247 | 115 | 18,199. | 0. | | | HIV/AIDS CAPACITY-BUILDING PROVIDER SUBCONTRACT (CDC CBA) |
| HELPING EVERYONE RECEIVING ONGOING EFFECTIVE SUPPORT - PO BOX 1258 - COLUMBIA, LA 71418 | 72-1446886 | 501C(3) | 75,000. | 0. | | | SOUTHERN HIV IMPACT FUND - PREVENTION, CARE AND SUPPORT SERVICES |
| HOUSING WORKS, INC. 57 WILLOUGHBY STREET BROOKLYN, NY 11201 | 13-3584089 | 501C(3) | 61,972. | 0. | | | HIV/AIDS STRATEGIC PARTNERSHIPS |
| HOWARD BROWN HEALTH CENTER 4025 N SHERIDAN ROAD CHICAGO, IL 60613 | 36-2894128 | 501C(3) | 247,566. | 0. | | | HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE |
| INSTITUTO PRE-VOCACIONAL E INDUSTRIAL DE PUERTO RICO, INC. - #68 CALLE PURO GIRAU (PUEBLO) - ARECIBO, PR 00612 | 66-0421420 | 501C(3) | 15,000. | 0. | | | HURRICANE RELIEF/EMERGENCY SUPPORT |

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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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| INTERNATIONAL COMMUNITY OF WOMEN LIVING WITH HIV & AIDS NA REGION - PO BOX 204 - SUMMIT, NJ 07902 | 30-0596104 | 501C(3) | 33,500. | 0. | | | HIV/AIDS STRATEGIC PARTNERSHIPS |
| JACKSON MEDICAL MALL FOUNDATION 350 W. WOODROW WILSON AVENUE JACKSON, MS 39213 | 64-0865274 | 501C(3) | 76,000. | 0. | | | SOUTHERN HIV IMPACT FUND - PREVENTION, CARE AND SUPPORT SERVICES |
| JUSTICE NOW 1322 WEBSTER ST. OAKLAND, CA 94612 | 42-1559699 | 501C(3) | 22,200. | 0. | | | HIV/AIDS LEADERSHIP AND ADVOCACY FOR TRANSGENDER POPULATIONS |
| KECK SCHOOL OF MEDICINE USC 1640 MARENGO STREET LOS ANGELES, CA 90033 | 95-1642394 | 501C(3) | 314,760. | 0. | | | HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE |
| LA PERLA DE GRAN PRECIO CALLE GAUTIER BENITEZ #66 URB FLORA SAN JUAN, PR 00917 | 66-0489388 | 501C(3) | 15,000. | 0. | | | HURRICANE RELIEF/EMERGENCY SUPPORT |
| LARKIN STREET 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102 | 94-2917999 | 501C(3) | 15,000. | 0. | | | HIV/AIDS STRATEGIC PARTNERSHIPS |
| LATINO COMMISSION ON AIDS INC 24 WEST 25TH ST. NEW YORK, NY 10010 | 13-3629466 | 501C(3) | 141,000. | 0. | | | HIV/AIDS ACCESS TO CARE AND SUPPORT SERVICES |
| LEGACY COMMUNITY HEALTH SERVICES, INC. - MONTROSE CLINIC - HOUSTON, TX 77006 | 76-0009637 | 501C(3) | 50,000. | 0. | | | HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES |
| LEGAL AID SERVICE OF BROWARD COUNTY, INC - 491 N STATE ROAD 7 - PLANTATION, FL 33317 | 59-1547191 | 501C(3) | 15,000. | 0. | | | HURRICANE RELIEF/EMERGENCY SUPPORT |

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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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| LEGAL SERVICES OF SOUTHERN PIEDMONT - 1431 ELIZABETH AVENUE - CHARLOTTE, NC 28204 | 56-1202940 | 501C(3) | 47,500. | 0. | | | HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES |
| LIFE FOUNDATION 677 ALA MOANA BLVD HONOLULU, HI 96813 | 99-0230542 | 501C(3) | 58,000. | 0. | | | HIV/AIDS STRATEGIC PARTNERSHIPS |
| MEHARRY MEDICAL COLLEGE 1005 DR. D. B. TODD JR. BLVD NASHVILLE, TN 37208 | 62-0488046 | 501C(3) | 254,820. | 0. | | | HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE |
| METRO WELLNESS & COMMUNITY CENTERS 3251 3RD AVE. N - SUITE 125 ST. PETERSBURG, FL 33713 | 59-3153947 | 501C(3) | 30,000. | 0. | | | HIV/AIDS STRATEGIC PARTNERSHIPS |
| MISSISSIPPI CENTER FOR JUSTICE 5 OLD RIVER PLACE JACKSON, MS 39215-1023 | 13-4203234 | 501C(3) | 135,000. | 0. | | | HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES |
| MOUNT OLIVE DEVELOPMENT CORPORATION - 1530 NW 6TH STREET - FORT LAUDERDALE, FL 33311 | 65-0548855 | 501C(3) | 7,116. | 0. | | | HURRICANE RELIEF/EMERGENCY SUPPORT |
| MOVEMENT STRATEGY CENTER - PWN-USA 436 14TH ST, SUITE 500 OAKLAND, CA 94612 | 20-1037643 | 501C(3) | 66,500. | 0. | | | HIV/AIDS CAPACITY-BUILDING PROVIDER SUBCONTRACT (POSITIVE ORGANIZING) |
| MY BROTHER'S KEEPER, INC. 710 AVIGNON DR. RIDGELAND, MS 39157 | 64-0937314 | 501C(3) | 117,500. | 0. | | | HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES |
| NAESM, INC. 2140 MARTIN LUTHER KING JR. DRIVE S ATLANTA, GA 30310-1134 | 58-1986941 | 501C(3) | 109,000. | 0. | | | SOUTHERN HIV IMPACT FUND - POLICY, ADVOCACY, MOVEMENT BUILDING |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| NASHVILLE CARES 633 THOMPSON LANE NASHVILLE, TN 37204-3616 | 62-1274532 | 501C(3) | 75,000. | 0. | | | HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES |
| NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS - 444 N. CAPITOL STREET, NW - WASHINGTON, DC 20001 | 91-1568650 | 501C(3) | 11,624. | 0. | | | HURRICANE RELIEF/EMERGENCY SUPPORT |
| NEWARK BETH ISRAEL MEDICAL CENTER/FAMILY TREATMENT CENTER - 201 LYONS AVENUE - NEWARK, NJ 07112 | 22-3452311 | 501C(3) | 349,380. | 0. | | | HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE |
| NORTH CAROLINA AIDS ACTION NETWORK 208 BARCLAY RD. CHAPEL HILL, NC 27516 | 32-0323779 | 501C(3) | 137,500. | 0. | | | HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES |
| NORTH CAROLINA HARM REDUCTION COALITION - 2416 HILLSBOROUGH ST. - RALEIGH, NC 27607 | 20-3452075 | 501C(3) | 127,500. | 0. | | | HIV/AIDS STRATEGIC PARTNERSHIPS, CAPACITY BUILDING - SOUTHERN COMMUNITIES |
| ONE STOP CAREER CENTER OF PR, INC. 839 CALLE ANASCO SAN JUAN, PR 00925 | 66-0593598 | 501C(3) | 15,000. | 0. | | | HURRICANE RELIEF/EMERGENCY SUPPORT |
| OPEN DOOR 1665 LARKIN AVENUE ELGIN, IL 60124 | 36-2899274 | 501C(3) | 30,000. | 0. | | | HIV/AIDS STRATEGIC PARTNERSHIPS |
| ORGANIZACION LATINA TRANS IN TEXAS 3339 ARBOR ST. HOUSTON, TX 77004 | 47-4633481 | 501C(3) | 15,000. | 0. | | | HURRICANE RELIEF/EMERGENCY SUPPORT |
| POSITIVE EFFORTS, INC. 7135 TIDWELL BUILDING: M-102 HOUSTON, TX 77092 | 75-2974581 | 501C(3) | 15,000. | 0. | | | HURRICANE RELIEF/EMERGENCY SUPPORT |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| POSITIVE IMPACT HEALTH CENTERS, INC. - 3340 BRECKINRIDGE BLVD STE 200 - DULUTH, GA 30096 | 58-1973324 | 501C(3) | 59,150. | 0. | | | SOUTHERN HIV IMPACT FUND - PREVENTION, CARE AND SUPPORT SERVICES |
| POSITIVE RESOURCE CENTER 785 MARKET STREET, 10TH FLOOR SAN FRANCISCO, CA 94103 | 94-3078431 | 501C(3) | 30,000. | 0. | | | HIV/AIDS STRATEGIC PARTNERSHIPS |
| POSITIVELY LIVING, INC. 1501 EAST FIFTH AVENUE KNOXVILLE, TN 37917 | 62-1698383 | 501C(3) | 80,000. | 0. | | | SOUTHERN HIV IMPACT FUND - PREVENTION, CARE AND SUPPORT SERVICES |
| PROJECT INFORM 273 NINTH STREET SAN FRANCISCO, CA 94103-2621 | 94-3052723 | 501C(3) | 25,000. | 0. | | | HIV/AIDS ACCESS TO CARE AND SUPPORT SERVICES |
| PROJECT WEBER PO BOX 40112 PROVIDENCE, RI 02940 | 46-0964136 | 501C(3) | 47,600. | 0. | | | HIV/AIDS STRATEGIC PARTNERSHIPS, \$2,600 TBD |
| PUERTO RICAN CULTURAL CENTER 2739 W. DIVISION STREET CHICAGO, IL 60622 | 23-7347778 | 501C(3) | 15,000. | 0. | | | HURRICANE RELIEF/EMERGENCY SUPPORT |
| PUERTO RICO CONCRA URB. GARCIA UBARRI SAN JUAN, PR 00925 | 66-0466365 | 501C(3) | 85,000. | 0. | | | HIV/AIDS STRATEGIC PARTNERSHIPS, PREVENTION AND SYRINGE EXCHANGE POLICY |
| REACHING ALL HIV+ MUSLIMS IN AMERICA - 1440 G STREET, NW - WASHINGTON, DC 20005 | 46-1586946 | 501C(3) | 8,000. | 0. | | | SPONSORSHIP OF NATIONAL FAITH AIDS AWARENESS DAY |
| RURAL WOMEN'S HEALTH PROJECT, INC. 1108 S.W. 2 AVENUE GAINSVILLE, FL 32601 | 59-3429511 | 501C(3) | 51,750. | 0. | | | SOUTHERN HIV IMPACT FUND - GENERAL OPERATING |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| SISTERLOVE, INC. 3709 BAKERS FERRY RD., S.W. ATLANTA, GA 30331 | 58-2016070 | 501C(3) | 92,500. | 0. | | | HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES |
| SOCIAL AND ENVIRONMENTAL ENTREPRENEURS - 23532 CALABASAS ROAD SUITE A - CALABASAS, CA 91302 | 95-4116679 | 501C(3) | 340,500. | 0. | | | HIV/AIDS STRATEGIC PARTNERSHIPS |
| SOUTH CAROLINA HIV TASK FORCE PO BOX 624 COLUMBIA, SC 29202 | 46-5475844 | 501C(3) | 62,500. | 0. | | | HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES |
| SOUTHEAST LOUISIANA AREA HEALTH EDUCATION CENTER - 1302 J.W. DAVIS DRIVE - HAMMOND, LA 70403 | 72-1155014 | 501C(3) | 125,000. | 0. | | | SOUTHERN HIV IMPACT FUND - PREVENTION, CARE AND SUPPORT SERVICES |
| SOUTHERN AIDS COALITION, INC. 1016 19TH STREET S BIRMINGHAM, AL 35205 | 63-0985623 | 501C(3) | 142,500. | 0. | | | HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES |
| SOUTHERN NEVADA HEALTH DISTRICT 280 S DECATUR BLVD LAS VEGAS, NV 89107 | 88-0151573 | 501C(3) | 265,779. | 0. | | | HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE |
| SOUTHERNERS ON NEW GROUND 580 HOLDERNESS STREET ATLANTA, GA 30310 | 61-1274170 | 501C(3) | 50,000. | 0. | | | HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES |
| SOUTHWEST LOUISIANA AREA HEALTH EDUCATION CENTER - 103 INDEPENDENCE BLVD - LAFAYETTE, LA 70506 | 72-1191867 | 501C(3) | 42,000. | 0. | | | SOUTHERN HIV IMPACT FUND - PREVENTION, CARE AND SUPPORT SERVICES |
| SOUTHWEST RESEARCH AND INFORMATION CENTER - PO BOX 4524 - ALBUQUERQUE, NM 87196-4524 | 23-7159949 | 501C(3) | 30,000. | 0. | | | HIV/AIDS STRATEGIC PARTNERSHIPS |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| SPECIAL SERVICE FOR GROUPS 905 E. 8TH STREET LOS ANGELES, CA 90021 | 95-1716914 | 501C(3) | 30,000. | 0. | | | HIV/AIDS STRATEGIC PARTNERSHIPS |
| ST. LOUIS EFFORT FOR AIDS 1027 SOUTH VANDEVENTER AVENUE ST. LOUIS, MO 63110 | 43-1395179 | 501C(3) | 35,000. | 0. | | | HIV/AIDS ACCESS TO CARE AND SUPPORT SERVICES |
| THE CHANGE PROJECT 2001 21ST AVENUE S NASHVILLE, TN 37212 | 46-2839821 | 501C(3) | 26,000. | 0. | | | HIV/AIDS LEADERSHIP AND ADVOCACY FOR PEOPLE LIVING WITH HIV |
| THE METROHEALTH SYSTEM 2500 METROHEALTH DRIVE CLEVELAND, OH 44109 | 34-6004382 | 501C(3) | 268,830. | 0. | | | HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE |
| THE POVERELLO CENTER, INC. 2056 N. DIXIE HIGHWAY WILTON MANORS., FL 33305 | 65-0056218 | 501C(3) | 10,000. | 0. | | | HURRICANE RELIEF/EMERGENCY SUPPORT |
| THE RIGHT CHOICE PROJECT 516 E AIRLINE HIGHWAY LAPLACE, LA 70068 | 47-2778681 | 501C(3) | 65,000. | 0. | | | SOUTHERN HIV IMPACT FUND - PREVENTION, CARE AND SUPPORT SERVICES |
| THE TRANSLATING COALITION 1730 W. OLYMPIC BLVD LOS ANGELES, CA 90015 | 27-3801872 | 501C(3) | 21,200. | 0. | | | HIV/AIDS LEADERSHIP AND ADVOCACY FOR TRANSGENDER POPULATIONS |
| TRANS UNITED ATTN: HAYDEN MORA WASHINGTON, DC 20009 | 26-3728794 | 501C(3) | 30,215. | 0. | | | HIV/AIDS LEADERSHIP AND ADVOCACY FOR TRANSGENDER POPULATIONS (22,600), BALANCE UNCLEAR |
| TRANSGENDER RESOURCE CENTER OF NEW MEXICO - PO BOX 80872 - ALBUQUERQUE, NM 87198 | 39-2076744 | 501C(3) | 19,600. | 0. | | | HIV/AIDS PREVENTION AND SYRINGE EXCHANGE POLICY |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| TRANSLATINA NETWORK, INC. 446 W 33 STREET NEW YORK, NY 10001 | 47-4807380 | 501C(3) | 12,600. | 0. | | | HIV/AIDS LEADERSHIP AND ADVOCACY FOR TRANSGENDER POPULATIONS |
| TRIANGLE AREA NETWORK, INC. 1495 7TH STREET BEUMONT, TX 77702 | 76-0226835 | 501C(3) | 15,000. | 0. | | | HURRICANE RELIEF/EMERGENCY SUPPORT |
| UNITED CHURCH OF CHRIST HIV & AIDS NETWORK - 700 PROSPECT AVENUE EAST - CLEVELAND, OH 44115-1100 | 13-1957221 | 501C(3) | 11,972. | 0. | | | HIV/AIDS ACCESS TO CARE AND SUPPORT SERVICES |
| UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40506-0057 | 61-6033693 | 501C(3) | 256,417. | 0. | | | HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE |
| UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - UNC INSTITUTE FOR GLOBAL HEALTH AND INFECTIOUS DISEASES - CHAPEL HILL, NC 27599 | 56-6001393 | 501C(3) | 238,278. | 0. | | | HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE |
| VALLEY AIDS COUNCIL 2306 CAMELOT PLAZA HARLINGEN, TX 78550 | 74-2512591 | 501C(3) | 76,000. | 0. | | | HIV/AIDS ACCESS TO CARE AND SUPPORT SERVICES |
| WASHINGTON HEIGHTS CORNER PROJECT 566 WEST 181ST STREET FLOOR 2 NEW YORK, NY 10033 | 20-8672015 | 501C(3) | 30,000. | 0. | | | HIV/AIDS STRATEGIC PARTNERSHIPS |
| WESTERN NORTH CAROLINA AIDS PROJECT (WNCA) - 554 FAIRVIEW RD. - ASHEVILLE, NC 28803 | 58-1772685 | 501C(3) | 42,180. | 0. | | | SOUTHERN HIV IMPACT FUND - PREVENTION, CARE AND SUPPORT SERVICES |

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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

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: AIDS ALABAMA

(H) PURPOSE OF GRANT OR ASSISTANCE: HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES, PREVENTION AND SYRINGE EXCHANGE POLICY, STRATEGIC PARTNERSHIPS

NAME OF ORGANIZATION OR GOVERNMENT:

ASSOCIATION FOR THE ADVANCEMENT OF MEXICAN AMERICANS

(H) PURPOSE OF GRANT OR ASSISTANCE: THROUGH THIS GRANT, AAMA PROVIDED CLIENTS EMERGENCY FINANCIAL ASSISTANCE; MEDICAL/MEDICATION FINANCIAL ASSISTANCE; TRANSPORTATION ASSISTANCE; AND GIFT CARDS FOR FOOD, TOILETRIES, AND CLEANING SUPPLIES.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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 |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2017

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 | | | | |
| JESSE MILAN, JR. PRESIDENT & CEO | (i) | 206,524. | 0. | 0. | 6,655. | 41,311. | 254,490. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (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 for the latest information.

OMB No. 1545-0047

2017

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 2, NEW PROGRAM SERVICES:

TRANSGENDER LEADERSHIP INITIATIVE: THE TRANSGENDER LEADERSHIP
INITIATIVE BUILDS GRASSROOTS LEADERSHIP WITHIN TRANSGENDER COMMUNITIES
ACROSS THE UNITED STATES. USING PRINCIPLES OF MEANINGFUL INVOLVEMENT OF
PEOPLE LIVING WITH HIV/AIDS (MIPA) AS A GUIDE, TRANSGENDER INDIVIDUALS
ARE INVOLVED IN DECISION-MAKING AT ALL LEVELS OF THIS PROJECT. THE
TRANSGENDER LEADERSHIP INITIATIVE WILL INCREASE TRANSGENDER LEADERSHIP
WITHIN ORGANIZATIONS, COMMUNITY PLANNING BODIES, AND NETWORKS.
SPECIFICALLY, THE TRANSGENDER LEADERSHIP INITIATIVE WILL: DEVELOP
LEADERS IN THE TRANSGENDER COMMUNITY TO IMPROVE HIV SERVICE DELIVERY
FOR THEIR PEERS; INCREASE TRANSGENDER LEADERSHIP PRESENCE IN HIV POLICY
ARENAS; AND CREATE A COHORT OF CONNECTED TRANSGENDER LEADERS WHO
SUPPORT EACH OTHER AND NETWORK TO IMPROVE THEIR COMMUNITIES' HIV
OUTCOMES.

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

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

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

Schedule O (Form 990 or 990-EZ) (2017)

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

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 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 \$ 1,068,443. INCLUDING GRANTS OF \$ 0. REVENUE \$ 272,125.

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:

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

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 \$ 907,021. INCLUDING GRANTS OF \$ 218,441. 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,
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 \$ 553,326. INCLUDING GRANTS OF \$ 300,000. 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,

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|---|--|
| Name of the organization AIDS UNITED | Employer identification number 52-1706646 |
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AIDS UNITED'S INVESTMENT EXTENDS TO POLICY/ADVOCACY ACTIVITIES AS WELL AS LEADERSHIP DEVELOPMENT ON THE ISLAND.

EXPENSES \$ 163,660. INCLUDING GRANTS OF \$ 35,000. 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.

EXPENSES \$ 479,823. INCLUDING GRANTS OF \$ 100,298. REVENUE \$ 12,284.

SYRINGE ACCESS FUND: THE SYRINGE ACCESS FUND (SAF) IS A COLLABORATIVE FUNDING INITIATIVE OF THE ELTON JOHN AIDS FOUNDATION, LEVI STRAUSS

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

FOUNDATION, OPEN SOCIETY FOUNDATIONS, AND AIDS UNITED. THE 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 \$ 121,354. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

USING EVIDENCE-INFORMED INTERVENTIONS (E2I) TO IMPROVE HEALTH OUTCOMES AMONG PEOPLE LIVING WITH HIV--COORDINATING CENTER FOR TECHNICAL ASSISTANCE (CCTA)

AIDS UNITED, IN COLLABORATION WITH THE FENWAY INSTITUTE, SERVES AS THE COORDINATING CENTER FOR TECHNICAL ASSISTANCE (CCTA) ON THE E2I INITIATIVE. THROUGH THIS INITIATIVE, AIDS UNITED FUNDS AND MONITORS 26 SUBRECEIPIENTS AROUND THE COUNTRY WHO ARE IMPLEMENTING

EVIDENCE-INFORMED INTERVENTIONS IN ONE OF FOUR DIFFERENCE FOCUS AREAS:

INTERVENTIONS IN FOUR FOCUS AREAS:

IMPROVING HIV HEALTH OUTCOMES FOR TRANSGENDER WOMEN

IMPROVING HIV HEALTH OUTCOMES FOR BLACK MEN WHO HAVE SEX WITH MEN

INTEGRATING BEHAVIORAL HEALTH WITH PRIMARY MEDICAL CARE FOR PEOPLE

LIVING WITH HIV/AIDS

IDENTIFYING AND ADDRESSING TRAUMA AMONG PEOPLE LIVING WITH HIV/AIDS.

THE CCTA ALSO COORDINATES TWO CONVENINGS EACH YEAR FOR ALL FUNDED SITES AS WELL AS ONGOING TECHNICAL ASSISTANCE TO THE SITES TO IMPLEMENT THEIR SELECTED INTERVENTIONS.

EXPENSES \$ 126,214. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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| Name of the organization AIDS UNITED | Employer identification number 52-1706646 |
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M2MPOWER/ACT AGAINST AIDS: M2MPOWER (ALSO REFERRED TO AS PARTNERING AND COMMUNICATING TOGETHER TO ACT AGAINST AIDS [PACT AAA] JUMPSTARTS THE CONVERSATION ABOUT HIV AMONG LGBTQ PEOPLE, PARTICULARLY MEN WHO HAVE SEX WITH MEN AND TRANSGENDER PEOPLE, BY RAISING AWARENESS. M2MPOWER 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 LIKE THE WHAT DO I DO HANDBOOK, FACILITATING HIV TESTING AT EVENTS, AND REACHING LGBTQ PEOPLE WITH TARGETED HIV PREVENTION AND TREATMENT MESSAGING THROUGH SOCIAL MEDIA. M2MPOWER IS FUNDED THROUGH A COOPERATIVE AGREEMENT WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC).

EXPENSES \$ 132,702. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

TRANSGENDER LEADERSHIP INITIATIVE: THE TRANSGENDER LEADERSHIP INITIATIVE BUILDS GRASSROOTS LEADERSHIP WITHIN TRANSGENDER COMMUNITIES ACROSS THE UNITED STATES. USING PRINCIPLES OF MEANINGFUL INVOLVEMENT OF PEOPLE LIVING WITH HIV/AIDS (MIPA) AS A GUIDE, TRANSGENDER INDIVIDUALS ARE INVOLVED IN DECISION-MAKING AT ALL LEVELS OF THIS PROJECT. THE TRANSGENDER LEADERSHIP INITIATIVE WILL INCREASE TRANSGENDER LEADERSHIP WITHIN ORGANIZATIONS, COMMUNITY PLANNING BODIES, AND NETWORKS. SPECIFICALLY, THE TRANSGENDER LEADERSHIP INITIATIVE WILL: DEVELOP LEADERS IN THE TRANSGENDER COMMUNITY TO IMPROVE HIV SERVICE DELIVERY FOR THEIR PEERS; INCREASE TRANSGENDER LEADERSHIP PRESENCE IN HIV POLICY ARENAS; AND CREATE A COHORT OF CONNECTED TRANSGENDER LEADERS WHO SUPPORT EACH OTHER AND NETWORK TO IMPROVE THEIR COMMUNITIES' HIV OUTCOMES.

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| Name of the organization AIDS UNITED | Employer identification number 52-1706646 |
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EXPENSES \$ 240,000. INCLUDING GRANTS OF \$ 125,000. 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.

FORM 990, PART VI, SECTION A, LINE 3:

CHRISTINE CAMPBELL OF CM CONSULTING SERVED AS SENIOR TECHNICAL ADVISOR TO MANAGE AND OVERSEE THE PROGRAM DEPARTMENT WHILE A SEARCH FOR A NEW VICE PRESIDENT FOR PROGRAMS WAS CONDUCTED.

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

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

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 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

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| Name of the organization AIDS UNITED | Employer identification number 52-1706646 |
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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
FROM THE PRIOR YEAR.**

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | Enter filer's identifying number | |
|--|---|--|
| Type or print | Name of exempt organization or other filer, see instructions. AIDS UNITED | Employer identification number (EIN) or 52-1706646 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 1101 14TH STREET, NW, NO. 300 | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

THE ORGANIZATION

• The books are in the care of ▶ **1424 K STREET NW SUITE 200 - WASHINGTON, DC 20005**
Telephone No. ▶ **202-408-4848** Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year **2017** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.