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Form **990**

Return of Organization Exempt From Income Tax

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2013
Open to Public

Inspection

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB № 1545-0047

A	For the 2	013 cale	ndar year, or tax year beginning , 2013, and er	nding			, 20					
В	Check if ap	plicable	C Name of organization AIDS United		D Er	D Employer identification number						
	Address ch	ange	Doing Business As			52-1706646						
	Name char		Number and street (or P O box if mail is not delivered to street address) Room	n/suite	E Te	lepho	ne number					
ī	Initial return	-	1424 K Street NW	200			202-408-4848					
╕	Terminated		City or town, state or province, country, and ZIP or foreign postal code		-							
\exists	Amended r		Washington, DC 20005		G Gr	G Gross receipts \$ 126,048,82						
╡	Application	1	F Name and address of principal officer Michael Kaplan, President & CEO	H/a) is thus	_	roup return for subordinates? Yes No						
	Application	pending	1424 K Street, NW - Ste 200, Washington, DC 20005			subordinates included? Yes V No						
							a list (see instruction					
-	Tax-exemp			' —			number ►	,				
<u>J</u>	Website:		w aidsunited.org		·							
			✓ Corporation Trust Association Other L Year of for	rmation 19	90 M	State	e of legal domicile	ОН				
	art !	Summ	•				IDCd	4l Al				
_		-	escribe the organization's mission or most significant activities: AU					tnin tne				
Governance			eek to achieve our mission through strategic grantmaking initiatives tha									
'n			care, advocacy, and syringe access Public Policy efforts are guided b									
Ş	1		is box ▶☐ If the organization discontinued its operations or dispose	ed of more th	an 259		its net assets.					
ၓ			of voting members of the governing body (Part VI, line 1a)		·	3_		15				
Activities &	4 N	lumber (of independent voting members of the governing body (Part VI, line	1b)	·	4		15				
Ę	5 T	otal nur	nber of individuals employed in calendar year 2013 (Part V, line 2a)	•	L	5		84				
₹	6 T	otal nur	nber of volunteers (estimate if necessary)		. L	6		15				
Ą	7a T	otal unr	elated business revenue from Part VIII, column (C), line 12		. L	7a						
	b N	let unrel	ated business taxable income from Form 990-T, line 34			7b						
				Prior	Year		Current Ye	ar				
a	8 C	ontribu	tions and grants (Part VIII, line 1h)	15,560,	,993	10	,270,047					
Revenue	9 P	rogram	service revenue (Part VIII, line 2g)	377,	,478		369,604					
e	1	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)		320,	,047	,	(136,143)				
Œ	1		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	86.	,654		130,460					
			enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12))	16,345,	_		,633,968				
	4		nd similar amounts paid (Part IX, column (A), lines 1-3)		6,894,			,896,335				
	I .		paid to or for members (Part IX, column (A), line 4)		0		0					
رم	I .		other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,122,		2,561,889						
Expenses			onal fundraising fees (Part IX, column (A), line 11e) 14 .			,758.		16,331.				
Ser.			draising expenses (Part IX, column (D), line 25) ►		10,	7 30.		10,001.				
낊			penses (Part IX, column (A), lines 11a≍11(d, 111-24e)	•	3,025,463		2	,039,742				
	1		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	` 	13,058,			,514,297				
		-	less expenses Subtract line 18 from line 12	·								
_ 0	+	evenue	less expenses Subtract line to nontinue 12	Beginning of	3,287,		End of Yea	(880,329) ar				
ssets or	20 T	otal aga	note (Part V. line 16)	<u> </u>			 					
Sse Bala	20 1		sets (Part X, line 16)	·	18,792		T	,529,739				
Net Ass Fund B	21 T		ollities (Part X, line 26)	·	3,355,			,610,528				
	art II		ts or fund balances. Subtract line 21 from line 20	·	15,437	, 102	14,	,919,211				
			ture Block					l1 -4 4 -				
			rry, I declare that I have examined this return, including accompanying schedules and s lete_Declaration of preparer (other than officer) is based on all information of which pre				my knowledge and	beliet, it is				
			THE MILLS			51	111					
e:.			ature of officer	.	Data	7 7	7	_				
Sig		, , ,	ichael Kaplan, President & CEO		Date		,					
He	ire	b —										
		,	e or print name and title	I Dotd :			DTM					
Pa	id	Print/fy	pe preparer's name Preparer's significance The Preparer's	1 1 1 . 1		heck						
	eparer	Kathle	en M Flaherty, CPA 4111 - 11111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 111	1666	se	elf-em	ployed P0096	9957				
	e Only	Firm's r	name Matthews, Carter and Boyce, P.C.		Firm's El	N Þ	54-14872	52				
		Firm's a	address ► 11320 Random Hills Rd , Suite 600, Fairfax, VA 22030-7427		Phone no	0	703-218-360	00				
Ma	y the IRS	discus	s this return with the preparer shown above? (see instructions)				🗸 Yes	□ No				
For	Paperwo	rk Redu	ction Act Notice, see the separate instructions.	at No 11282Y			Form 9	90 (2013)				

9-17-

Part l	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	AIDS United's mission is to end the AIDS epidemic within the United States. We seek to achieve our mission through strategic
	grantmaking, capacity building, advocacy and policy Grantmaking initiatives cover a broad range of areas including improvement of
	access to care, advocacy in the deep south, and syringe access. Public policy efforts are guided by participating organizations that
2	Includes a broad array of local AIDS Service and allied organizations Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 4,959.552 including grants of \$ 3,754,971) (Revenue \$ 0)
	Access to Care (A2C) is a five-year initiative funded under the US federal government's Social Innovation Fund (SIF) to identify,
	document, and evaluate innovative approaches to improving outcomes along the HIV care continuum. This public-private partnership provides \$2.2 million per year in federal funding, matched dollar for dollar at the national level and again at local sites. The funding
	supports 13 community-driven, collaborative programs to improve individual health outcomes and strengthen services systems.
	connecting thousands of low-income and marginalized individuals living with HIV to quality supportive services and health care
	More than 14 private sector funders have contributed matching funds. Profiles of grantees and their respective programs can be
	found at http://aidsunited.org/Programs-0024-Grantmaking/Retention-in-Care aspx
	AU manages the groundbreaking national evaluation, led by Dr David Holtgrave and Cathy Mausby of Johns Hopkins University,
	which is beginning to reveal cross-cutting findings for the field, and is demonstrating early signs of success. Thousands of people
	living with HIV/AIDS have been enrolled to date into the A2C Initiative, from the populations most impacted by the epidemic In our
	grantee communities, CD4 counts are increasing and viral loads are decreasing. Clients served by these programs are working
46	toward self-sufficiency through treatment adherence, job training, housing stabilization, and peer to peer support (Code:) (Expenses \$ 1,805,853 including grants of \$ 1,400,020) (Revenue \$ 0)
4b	(Code:) (Expenses \$ 1,805,853 including grants of \$ 1,400,020) (Revenue \$ 0) Southern REACH (Regional Expansion of Access and Capacity to address HIV/AIDS) The U.S. South remains one of the most
	disproportionately affected regions in the United States In an effort to respond to alarming impact of the epidemic in the South,
	AIDS United (AU), in partnership with the Ford Foundation, created the Southern REACH initiative in 2006. In the 2012-2013 grant
	period, AU awarded 32 grants to organizations located nine Southern states. Alabama, Arkansas, Georgia, Louisiana, Mississippi,
	North Carolina, South Carolina, Tennessee, and (Northern) Florida. These grantees made significant changes in educating
	decision makers and mobilizing grassroots activists to end HIV/AIDS in the South. The organizations worked with the most vulnerable
	populations of persons living with or at-risk of HIV/AIDS to raise the level of awareness of polices and laws that make accessing care
	and prevention programs a challenge in the South, especially those addressing issues related to access to justice/law reform.
	As a result of its investments in Southern REACH grantees, approximately 50,000 people were impacted through 1,000+ advocacy/ educational activities. There were over 55 community partners outside of the REACH cohort that were engaged and 14 policy.
	improvements benefited from education and awareness raising by REACH grantees
	Improvements benefited from education and awareness raising by NEAON grantees
4c	(Code:) (Expenses \$ 1,190,423 including grants of \$ 1,000,000) (Revenue \$ 0)
	Retention in Care The Retention in Care (RiC) initiative is a three-year, multi-million dollar partnership with the MAC AIDS Fund
	aimed at improving long-term retention in care for individuals living with HIV in the United States. AIDS United supports seven
	innovative programs working with the most disproportionately impacted populations across the country to address one of the
	largest drop-off points along the HIV care continuum Local evaluators are working hand-in-hand with a national evaluation team
	at Johns Hopkins University to document the ability of these programs to improve individual and community-level health outcomes,
	affect systems change and measure cost effectiveness Detailed profiles of grantees and their programs can be viewed at
	http://aidsunited.org/Programs-0024-Grantmaking/Retention-in-Care aspx
_	
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 3,346,424 including grants of \$ 741,344) (Revenue \$ 0.)
4e	Total program service expenses 11 302 252

Part (Checklist of Required Schedules	_	V	- Ala
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓	√
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? If "Yes," complete Schedule C, Part II	4	√	<u> </u>
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? If "Yes," complete Schedule C, Part III	5		✓
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? If "Yes," complete Schedule D, Part I	6	√	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
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? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
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? If "Yes," complete Schedule D, Part VII	11b		✓
С	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? If "Yes," complete Schedule D, Part VIII	11c		✓
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? If "Yes," complete Schedule D, Part IX	11d		✓
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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)? If "Yes," complete Schedule D, Part X .	11e 11f	√	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		√
	Did the organization maintain an office, employees, or agents outside of the United States? 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? If "Yes," complete Schedule F, Parts I and IV.	14b		V ✓
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? If "Yes," complete Schedule F, Parts II and IV	15		√
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? If "Yes," complete Schedule F, Parts III and IV.	16		✓
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? If "Yes," complete Schedule G, Part I (see instructions)	17	1	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20 a	· · · · · · · · · · · · · · · · · · ·	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	L
		Fon	n 990	(2013)

Part _.	V Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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? If "Yes," complete Schedule J	23	✓	
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
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? If "Yes," complete Schedule L, Part I	25b		✓
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? If so, complete Schedule L, Part II	26		✓
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? If "Yes," complete Schedule L, Part III	27		✓
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
С	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? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
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? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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? If "Yes," complete Schedule R,			
38	Part VI	38	✓	✓
		For	n 990	(2013)

Part.	V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
С	reportable gaming (gambling) winnings to prize winners?	1c	/	- 4
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 84			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	. ,
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			_
-	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		-
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		: م ا	
	and services provided to the payor?	7a		✓_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
С	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		 -
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			Ι.
	organization, have excess business holdings at any time during the year?	8		_ 1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			,
	against amounts due or received from them.)			ļ
12a b		12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		l .
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	[
_	the organization is licensed to issue qualified health plans	1		
C 142	Enter the amount of reserves on hand	14a		-
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a		 •
	The state of the s		n 99 0	(2013)

Form 99				Page 6
Part				
		<u> </u>	<u></u> :	. 🗸
Secti	on A. Governing Body and Management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tay year.		res	NO
ıa		-		
				1
	committee, explain in Schedule O.			1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 15			!
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		1
	b Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees. 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Bab chick committee with authority to act on behalf of the governing body? The governing body? British or 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. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue of 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? The organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Did the organization have a written conflict of interest policy? If "No," go to line 13 Did the organization have a written conflict of interest policy? If "No," go to line 13 Did the organization have a written document referention and destruction policy? T		<u> </u>	✓
3				
		$\overline{}$		✓
		_	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	$\overline{}$	 	/
_	Did the organization have members or stockholders?	Ь		V
/ a		72		1
b	· · · · · · · · · · · · · · · · · · ·	, a		
_		7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		_	'
а		8a	✓	ļ
	, , , , , , , , , , , , , , , , , , , ,	8b	✓	ļ
9				,
Secti			ode l	V
0001	on b. I dides (This decitor b requests information about policies not required by the internal rever		Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	·	10b		
11a		11a	✓	
	· · · · · · · · · · · · · · · · · · ·		,	'
		-		
		120	-	
C		120	1	
13		13	7	· · · ·
		14	1	
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?		_	
а		15a		
b		15b	✓	ļ
460				1
10a		160	ł	1
h		104		· ·
		16b	İ	İ
Secti	on C. Disclosure			

18		n 501(c)(3)s	only)
	☑ Own website ☐ Another's website ☑ 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 infinancial statements available to the public during the tax year.	ierest	polic	y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	_	
20	organization: ► Michael Kaplan c/o AIDS fluited 1/24 K Street NW Ste 200 Washington DC 20005 (202) 408-4848		,	

-		_	_	7
	d	g	e	

Form 990 (2013)

Form	990	(201)	31

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

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 no	r any relate	d orga	anız	atio	n c	ompe	nsa	ted any currer	t officer, director	r, or trustee.
				-	C)					
(A)	(B)	/~~~			ition	e than o		(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any	office	er and	dad	irect	or/trus		compensation from	compensation from related	amount of other
	hours for	유효	Inst	Officer	<u></u>	활품	Former	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	cer	Key employee	hest	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	o in	onal		ᄝ	ြိမ္မ င္ခ		(**-2) 1033-141100)		and related
	line)	l ste	Ę		8	per				organizations
		#	stee			Highest compensated employee				
						<u> </u>				
(1) Armitage, Tim	2									
Trustee	-	✓	-				┞	0.	0	0
(2) Bhatt, Paurvi	2								1	
Trustee	ļ	✓	ļ	-			┞	0	0.	0
(3) Collier, William	2	,								
Trustee		/	<u> </u>		<u> </u>		▙	0	0	0
(4) Crockett, Gail	2	,	1							
Trustee		_	┝	<u> </u>	-	ļ	<u> </u>	0	0	0
(5) Flood, Amy	22									
Trustee		/		1		-	-	0	00	0
(6) Fraser-Howze, Debra	2					1				
Trustee	_	/	┝	<u> </u>	├	<u> </u>	ļ	0	0	0
(7) Hıll, Marjorie	2			ŀ						
Trustee	<u> </u>	<u> </u>	├—			<u> </u>	-	0	0.	0
(8) Jensen, David	2									
Trustee	ļ	_	<u> </u>	-	├_	<u> </u>	_	0	0	0
(9) Nesbit, Jamie	22									
Trustee		<u> </u>	ļ	├	<u> </u>	 -	┼	0	0	0
(10) Pietrandoni, Glen	2			1				1		
Trustee		✓		┡	<u> </u>	-		0	0	0
(11) Thompson, Craig	2									
Trustee		1		1	<u> </u>	-	₩	0	0	0
(12) Brooks, Douglas	2			١.						
Trustee, Board Chair		✓	<u> </u>	✓	<u> </u>	↓	├	0	0.	0.
(13) Ho, Tam	22	1.		١.		ŀ				
Trustee, Board Vice-Chair	 	✓	ـ	✓	_	<u> </u>	1	0	0	0.
(14) Caldwell, Katy	2									
Trustee, Board Secretary	1	✓		✓	<u> </u>	<u> </u>	1	0	0	0

Form **990** (2013)

Part	VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week (list any	(do n	ot ch	Pos neck ss pe	c) ition more	than on the thick the thic	one n an	(D) Reportable compensation from	(E) Reportable compensation frelated		Estir amo	(F) mated unt of ther	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compe fror organ and r	ensation in the nization related izations	1
(15) Go	omez, Rick	2												
	e, Board Treasurer		✓		✓			<u> </u>	0		0.			0
Presid	plan, Michael ent & CEO	40			✓				189,942		0		1!	9,671
	naries, Vignetta	40	ļ		١,									
	Vice President				✓	ļ			156,721		0		2	8,578
	Ilt, Bryan	40	ł		1				444 000				4.	0 051
	riscal Officer	40			•		<u> </u>	┢	111,236.		<u>+</u>			0,951
	ordan, Maura resident of Access & Innovation	40	1		İ		1		105,436.		0		11	0,575
	essler, Matthew	40		H	 		<u> </u>	<u> </u>	100,400.		<u> </u>			0,070
	resident of Operations		1				✓		104,056		0		1.	4,823
(21)														
(22)														
(23)														
(24)				<u> </u>		-								
<u> </u>				<u> </u>				-			+			
(25)		 												_
1b c	Sub-total	 VII. Section		•	•			>	667,391 0		0		8	4,598 0
ď	Total (add lines 1b and 1c)							•	667,391		0		8	4,598
2	Total number of individuals (including bu reportable compensation from the organ	t not limited	d to th					e) w	nho received m	ore than \$100	0,000	of		
													Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	nest compens	sated	3	-	1
4	For any individual listed on line 1a, is the	e sum of re	porta	ble	con	npe	nsatio	on a	ınd other com	pensation froi	n the			
	organization and related organizations	greater th	an \$	150,	,000)? /	f "Ye	es, "	complete Scl	nedule J for	such	- :		1
_	individual				tion	fro	. <i>.</i> m.an		rolated organi		udual	4	✓	
5	for services rendered to the organization											5		1
Section	on B. Independent Contractors	<u> </u>							·			1 -		<u> </u>
1	Complete this table for your five highest compensation from the organization. Re year.													ax
	(A) Name and business ad	dress							(B) Description of s	services		(C) Compens	ation	
Johns	Hopkins University												28	9,335
	nk of America, 12529 Collections Center Dri	ve, Chicago	, IL 60	693				ļ_						
								\vdash						
								+					—	
	Total number of independent contract	ors (includi	ng b	ut n	not	lımi	ted to	o th	nose listed ab	ove) who				
	received more than \$100,000 of compen	•	_						1	·				

Part	VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
		Check if Schedule O	contains a	a resp	onse or note to	(A) Total revenue	Part VIII (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
S 5	1a	Federated campaigns		1a	77,568		Tevenue		012 014				
ran	b	Membership dues .	1	1b	71,500				1				
, G	C	Fundraising events .		1c									
ar /	d	Related organizations		1d					4				
s, (imil	е	Government grants (con	tributions)	1e	2,972,019				4				
tion r Si	f	All other contributions, gi											
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not inc	,	1f	7,220,460.								
ntr Id O	g	Noncash contributions includ	led in lines 1a-	·1f. \$		-			I				
	h	Total. Add lines 1a-1	f., .	· · ·		10,270,047		. <u> </u>					
Program Service Revenue	_			}	Business Code			-	-				
eve	2a	Membership Dues		-	900099	348,850	348,850						
	b	Fee for Service		-	900099	20,754	20,754						
ξ	C			-									
Š	d			-									
yran	e f	All other program sen				-							
Š	g	Total. Add lines 2a-2		_	•	369,604							
_	3	Investment income				303,004							
		and other similar amo			▶	232,368			232,368				
	4	Income from investment	t of tax-exer	npt bo	nd proceeds ▶								
	5	Royalties			>			-					
			(i) Real		(ii) Personal								
	6a	Gross rents	127	7,553			ļ						
	b	Less: rental expenses											
	С	Rental income or (loss)		7,553			-						
	_d	Net rental income or (.	•	127,553			127,553				
	7a	Gross amount from sales of	(i) Securiti		(II) Other				1				
		assets other than inventory	115,045	5,140									
	b	Less: cost or other basis and sales expenses				i			,				
	_	Gain or (loss)	115,413	3,651 3,511)					1				
	d	Net gain or (loss)	(308	3,5 1)	•	(368,511)			ے (368,511)				
9		•				(368,311)			(300,311)				
	8a	Gross income from fu events (not including \$	indraising										
ě		of contributions reporte	ad on line 1			i			,				
Ē				•									
Other Reven	h	Less: direct expenses		~									
0	1	Net income or (loss) f		_	events . ►	0			0				
		Gross income from ga				- J							
		See Part IV, line 19 .				ł							
	ь	Less: direct expenses	s	. ь				_					
	С	Net income or (loss) f	rom gamin	g activ	/ities ▶	0		_	0				
	10a	Gross sales of in		less									
		returns and allowance		a	892	ļ							
	b	Less: cost of goods s			1,209								
	<u> </u>	Net income or (loss) f Miscellaneous F		ot inve		(317)			(317)				
	44-				Business Code								
	11a	Other Income			900099	3,22 <u>4</u>			3,224				
	b	•••••						-	-				
	d	All other revenue .						<u> </u>					
	e	Total. Add lines 11a-		L		3,224							
	12	Total revenue. See				10,633,968	369,604.	0.	(5,683)				
				_		. 5,555,555			Form 990 (2013)				

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			s must complete colu	<u>'''' (^).</u>
	t include amounts reported on lines 6b, 7b, o, 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 governments and organizations in the United States See Part IV, line 21	6,896,335	6,896,335		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	751,989	493,142	192,705	66,142
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	1,467,214	1,380,447	46,178	40,589
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	57,597	52,843	2,467	2,287
9	Other employee benefits	130,711	124,882	1,556	4,273
10	Payroll taxes	154,378	138,116	9,065	7,197
11 a	Fees for services (non-employees): Management				
b	Legal				
c	Accounting	22,877		22,877	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	16,331			16,331
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)				
12	Advertising and promotion	395	205		190
13	Office expenses	133,907	102,193	25,486	6,228
14	Information technology	115,289	95,933	11,198	8,158
15 16	Royalties	224 600		334,688	
17	Travel	334,688 535,357	514,115	14,712	6,530
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	535,357	314,113	14,712	0,330
19	Conferences, conventions, and meetings	10,341	9,237	329	775
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	18,513		18,513	
23	Insurance	3,474		3,474	
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.)				
а	Outside Services	782,634	759,079	7,210.	16,345
b	Other Evnenses	82,267	67,869	2,983	11,415
c d	Allocation of Administrative Expenses	0	667,856	(693,441)	25,585
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	11,514,297.	11,302,252	0	212,045
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)	i			

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 2 5,261,619 Savings and temporary cash investments 2 877,255 3 3 Pledges and grants receivable, net 4,723,277 5,446,431 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 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 instructions). Complete Part II of Schedule L. . . . 6 Notes and loans receivable, net 7 8 Inventories for sale or use . . . 9 Prepaid expenses and deferred charges 51,364 37,159 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10c Less, accumulated depreciation 10b 103,790 5,335 78,113 Investments—publicly traded securities 13,045,262 11 6,616,649 11 12 Investments—other securities. See Part IV, line 11 . . . 12 13 Investments—program-related. See Part IV, line 11. 13 14 14 15 15 Other assets. See Part IV, line 11 80,282 89,768 16 Total assets. Add lines 1 through 15 (must equal line 34) . 18,792,775 16 17,529,739 17 Accounts payable and accrued expenses 17 281,838 380,153 18 18 2,949,860 2,293,399 19 19 Deferred revenue 10,757 20 20 Tax-exempt bond liabilities . 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D . Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 25,660 24,534 26 26 Total liabilities. Add lines 17 through 25 3,355,673 2,610,528 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 873,332 782,220 Temporarily restricted net assets . . 28 28 13,204,518 12,733,149 29 29 1,359,252 1,403,842 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds. 33 33 15,437,102 14,919,211 34 Total liabilities and net assets/fund balances . 18,792,775 17,529,739 Form **990** (2013)

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			10,63	3,968
2	Total expenses (must equal Part IX, column (A), line 25)	2			11,51	4,297.
3	Revenue less expenses. Subtract line 2 from line 1	3			(88)),3 <u>29)</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			15,43	7,102.
5	Net unrealized gains (losses) on investments	5	_		40	7,747.
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			(4	5,309)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
_		10			14,91	9,211.
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u>	<u> </u>			<u> </u>
			_		Yes	No
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," exp	iain i	n			1
_	Schedule O.				-	,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	م لمما	_	2a		_ -
	If "Yes," check a box below to indicate whether the financial statements for the year were compi reviewed on a separate basis, consolidated basis, or both:	ileu c	"			i
	Separate basis Consolidated basis Both consolidated and separate basis			0 L	7	_ 1
D	Were the organization's financial statements audited by an independent accountant?			2b	V	
	separate basis, consolidated basis, or both:	יווט נ	a			
	✓ Separate basis Consolidated basis Both consolidated and separate basis					
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	areinh	,,			1
С	of the audit, review, or compilation of its financial statements and selection of an independent account			2c	1	
	If the organization changed either its oversight process or selection process during the tax year, exp			20	•	
	Schedule O.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	"			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth i	n	ı		
Ja	the Single Audit Act and OMB Circular A-133?		- 1	3а	1	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ao th		-	•	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	1	
			1	Forn	n 990	(2013)

SCHEDULE A (Forth 990 or 990-EZ)

Public Charity Status and Public Support

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

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of t	he organization							Employer ic	dentificatio	n number	
AIDS	Un										06646	
	rt I			rity Status (All orga						nstructio	ons.	
1 2		A church, con A school desc	vention of church ribed in section	tion because it is: (Fones, or association of 170(b)(1)(A)(ii). (Attac	churches h Schedu	describe ule E.)	ed in sec	tion 170	(b)(1)(A)(i).		
3 4		A medical rese	•	spital service organiza in operated in conjunc e:						0(b)(1)(A)	(iii). Ente	r the
5		An organization	-	the benefit of a collec	ge or uni	versity ov	wned or	operated	by a go	vernmen	tal unit d	escribed in
6 7		An organization	on that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	I part of					nit or fron	n the ger	neral public
8		A community t	trust described in	n section 170(b)(1)(A)	(vi). (Con	nplete Pa	ırt II.)					
9		receipts from support from	activities related gross investme	receives: (1) more that I to its exempt functi nt income and unrel fter June 30, 1975. Se	ions—sul ated bus	oject to d siness tax	certain e xable ind	xceptions come (les	s, and (2) ss sectio	no more	e than 30	31/3% of its
10 11		An organization purposes of o	on organized an one or more pub	operated exclusively d operated exclusive licly supported organ describes the type of	ely for th	e benefit described	t of, to d	perform to non 509(a	the funct a)(1) or se	tions of, ection 50	9(a)(2). S	
		a Type I	b 🗌 Type			-				Non-funct	_	tegrated
•	: □	By checking the	his box, I certify indation manage	that the organization ers and other than one	is not co	ntrolled d	lirectly o	ndırectl	y by one	or more	disqualifi	ed persons
1		-	ation received a check this box.	written determination	on from 1	the IRS t	that it is	a Type	I, Type 	li, or Typ	oe III sup	pporting
(3	Since August following pers		ne organization accer	oted any	gift or co	ontributio	n from a	iny of the	•		
				ndirectly controls, eitlody of the supported of							nd [11g(i)	Yes No
		(ii) A family m	ember of a perso	on described in (i) abo	ve?						11g(ii	+
			-	a person described in							11g(iii	
1	1	Provide the fo	llowing informati	on about the support	ed organı	zation(s).						
(i		ne of supported rganization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	rganization sted in your document?	the orga col (i)	ou notify nization in of your port?	organiza	ls the tion in col ized in the S ?		nt of monetary apport
					Yes	No	Yes	No	Yes	No		
(A)												
(B)												
(C)		- 111										
(D)												
(E)												
			100									

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

	on A. Public Support				(0 00 00	4.3.0040	<u> </u>
	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,068,170	13,795,513	16,182,336.	15,560,993	10,270,047	67,877,059
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	12,068,170.	13,795,513	16,182,336	15,560,993	10,270,047	67,877,059
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)						
							31,120,237
6 Secti	Public support. Subtract line 5 from line 4. on B. Total Support						36,756,822
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	12,068,170	13,795,513	16,182,336	15,560,993	10,270,047	67,877,059
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	271,466	405,876	288,465	424,472	359,921	1,750,200
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0.	3,856	14,673	14,443	3,224	36,196
11	Total support. Add lines 7 through 10			,,,,,,,,		*/	69,663,455
12	Gross receipts from related activities, etc.	. (see instruction	ons)			12	1,063,480.
13	First five years. If the Form 990 is for th				, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he						▶ □
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2013 (line 6	• •	-			14	52 76 %
15	Public support percentage from 2012 Sch					15	52 09 %
16a	331/3% support test—2013. If the organization gua						
b	box and stop here. The organization qua 331/3% support test—2012. If the organ	· · · · · · · · · · · · · · · · · · ·		_			لتا
	check this box and stop here. The organ						
17a	10%-facts-and-circumstances test—20	•		• • •			
174	10% or more, and if the organization me Part IV how the organization meets the "f	ets the "facts- acts-and-circu	and-circumsta imstances" tes	nces" test, che	eck this box ar ation qualifies	nd stop here. E	Explain in
b 18	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part IV how the organization m supported organization	tion meets the neets the "facts	facts-and-cis-and-cis-and-circums	rcumstances" tances" test. T	test, check the organizatio	nis box and st n qualifies as a	op here. a publicly .
	instructions						

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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.)

	if the organization falls to quality	under the te	sts listed beit	ow, please co	ompiete Part	II.)	
	on A. Public Support				T	1 7 5 5 5 5 5	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 Add lines 7a and 7b						
8	Add lines 7a and 7b						
_	line 6.)					1	
Secti	on B. Total Support			-			
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he						
Sect	ion C. Computation of Public Suppor			· · ·			
15	Public support percentage for 2013 (line			13. column (f))		15	%
16	Public support percentage from 2012 Scl		-			16	%
	ion D. Computation of Investment In						
17	Investment income percentage for 2013 (by line 13, colu	ımn (f))	. 17	<u> </u>
18	Investment income percentage from 2012		• •	•			%
19a	331/3% support tests - 2013. If the organ						%, and line
	17 is not more than 331/3%, check this box	and stop here	. The organizati	ion qualifies as	a publicly supp	orted organizat	tion . 🕨 🔲
b	331/3% support tests - 2012. If the organiz						
	line 18 is not more than 331/3%, check this		_				_
20	Private foundation. If the organization di	id not check a	box on line 14	l, 19a, or 19b,	check this box	and see instru	ictions 🕨 🔲

Page 4
Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Part II, Line 10 - Other Income Total - miscellaneous related or exempt function income = \$36,196
010 - Miscellaneous related or exempt function income = \$3,856
011 - Miscellaneous related or exempt function income = \$14,673
012 - Miscellaneous related or exempt function income = \$14,443
013 - Miscellaneous related or exempt function income = \$3,224
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below.
 See separate instructions.
 Information about ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to 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," to 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(n)): Complete Part II-B. Do not complete Part II-A

If the o	(/(/	" to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	Z, Part V, line 35c (Proxv T	ax), then
	ction 501(c)(4), (5), or (6) orga			_, : ; , ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
	of organization	, , , , , , , , , , , , , , , , , , , ,		Employer iden	tification number
AIDS L	Inited				52-1706646
Part	I-A Complete if the	e organization is exempt unde	er section 501(d	c) or is a section 527 of	organization.
1	Provide a description of t	he organization's direct and indire	ct political campai	ign activities in Part IV.	
2	Political expenditures .			▶ \$	6,029.
3	Volunteer hours				0
David	L D. On markets if the			-1/01	
Part 1		e organization is exempt under excise tax incurred by the organiza			0
2	•	excise tax incurred by the organization		1 1000 1 1 1 1 1 1	0
3	•	ed a section 4955 tax, did it file For	_		Yes No
4a	•		•		Yes No
b	If "Yes." describe in Part				
Part	I-C Complete if the	e organization is exempt unde	er section 501(c	c), except section 501	(c)(3).
1	Enter the amount direct	y expended by the filing organiz	ation for section	527 exempt function	
2	Enter the amount of the	filing organization's funds contrib	uted to other org	anizations for section	
		vities			
3	•	expenditures. Add lines 1 and 2.		_	
				· ·	·····
4		file Form 1120-POL for this year			LYes LNo
5		ses and employer identification nur			
		ents For each organization listed, on on tributions received that were pro-			
		fund or a political action committee			
		· · · · -		T	T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization if
					none, enter -0-
(1)					
·· <i>'</i>					
(2)					
(3)					
(4)					
					<u> </u>
(5)					
	<u> </u>				
(6)					

Pa	art II-A Complete if the organization section 501(h)).	ı is exempt u	inder section 50	01(c)(3) and file	d Form 5768 (ele	ction under
A	Check ► ☐ if the filing organization bel name, address, EIN, expen	ongs to an af	filiated group (ar re of excess lobb	nd list in Part IV	each affiliated gro	oup member's
В	Check ▶ ☐ If the filing organization che	ecked box A a	and "limited cont	rol" provisions	apply.	
_	Limits on Lobb			• .	(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts	paid or incurred.)	organization's totals	group totals
_	1a Total lobbying expenditures to influence	public opinion	(grass roots lobby	ring)		
	b Total lobbying expenditures to influence	•				
	c Total lobbying expenditures (add lines 1a	-				
	d Other exempt purpose expenditures .	-				
	e Total exempt purpose expenditures (add					
	f Lobbying nontaxable amount. Enter t					
	columns.			,		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t ie·		
	Not over \$500,000		nount on line 1e	 		
	Over \$500,000 but not over \$1,000,000		15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000		10% of the excess			
	Over \$1,500,000 but not over \$17,000,000	 	5% of the excess o			
	Over \$17,000,000	\$1,000,000	O A OI THE EXCESS O	VOI \$1,000,000		
_	g Grassroots nontaxable amount (enter 25					
	h Subtract line 1g from line 1a. If zero or le					
	i Subtract line 1f from line 1c. If zero or les					
	i If there is an amount other than zero		1h or line 1, dic		file Form 4720	
	reporting section 4911 tax for this year?					☐ Yes ☐ No
	(Some organizations that ma columns below. S	de a section 5 See the instru	ctions for lines 2a	not have to com through 2f on p	-	•
_	Lobbying	Expenditures	During 4-Year A	veraging Period	T	
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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					

Schedule C (Form 990 or 990-EZ) 2013

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768	ì	-
For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(á	a)		(b)	
	iption of the lobbying activity.	Yes	No	A	moun	t
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:					
а	Volunteers?		1			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓			* ****	
С	Media advertisements?		1			
d	Mailings to members, legislators, or the public?		✓			
e	Publications, or published or broadcast statements?		1			
f	Grants to other organizations for lobbying purposes?	/	_			C 020
g	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		1			6,029
h	Other activities?		7			
i i	Total. Add lines 1c through 1i		•			6,029
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	'	· 🗸			0,020
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
đ	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					1
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	;)(5), (or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2				2	<u> </u>	ļ
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	<u> </u>	
Palit	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."				line	3, is
1 2	Dues, assessments and similar amounts from members	s of	1	_		
	political expenses for which the section 527(f) tax was paid).					
а	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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbe and a label of the reasonable estimate of nondeductible lobbe and a label of the reasonable estimate of nondeductible lobbe and a label of the reasonable estimate of nondeductible lobbe and a label of the reasonable estimate of nondeductible lobbe and a label of the reasonable estimate of nondeductible lobbe and a label of the reasonable estimate of nondeductible lobbe and a label of the reasonable estimate of nondeductible lobbe and a label of the reasonable estimate of nondeductible lobbe and a label of the reasonable estimate of nondeductible lobbe and a label of the reasonable estimate of nondeductible lobbe and a label of the reasonable estimate of nondeductible lobbe and a label of the reasonable estimate of nondeductible lobbe and a label of the reasonable estimate of nondeductible lobbe and a label of the reasonable estimate of nondeductible lobbe and a label of the reasonable estimate of nondeductible lobbe and a label of the reasonable estimate of nondeductible lobbe and the reasonable estimate of nondeductible lobbe and the label of the reasonable estimate of nondeductible lobbe and the label of the reasonable estimate of nondeductible lobbe and the label of the		_			
5	and political expenditure next year?	•	4			
Par		•	5			
Provid	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group) I-B, line 1. Also, complete this part for any additional information.	oup lis	t); Pai	t II-A,	line 2	; and
		, abau	. and	aduaar	to for	tho
AIUS	United staff had direct contact with Members of the US congress and their staff to both provide education	about	, ariu	auvoca	ile ioi	uie
remov	val of the ban on the use of federal funds for syringe exchange programs. Staff also directly advocated fo	rincre	ased	federal		
appro	priations for domestic HIV programs, Medicaid and Medicare, and the Patient Protection Affordable Care	Act A	IDS U	nıted s	taff	
also h	ad direct contact with Congressional staff to discuss legislation addressing the federal deficit, increasing	the fe	deral	debt c	eiling,	- -
decrir	ninalizati of HIV, improved HIV screening in prisons and potential legislation to reauthorize the Ryan Whit	e Proc	ıram.	AIDS L	Inited	staff
met w	ith administration officials to discuss issues related to federal implementation of health care reform, proc	ress c	n the	Nation	al HIV	

AIDS Strategy, implementation of the Ryan White Program, and the FY 2013 and FY 2014 budgets

Schedule C (Forn	chedule C (Form 990 or 990-EZ) 2013 Part IV Supplemental Information (continued)					
Part IV	Supplemental Information (continued)					
		••••••				

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of	the organization		Employer identification number
AIDS Ur	nited		52-1706646
Part	Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	inds or Accounts.
		ered "Yes" to Form 990, Part IV, line 6	
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year	1	1
	The state of the s	0	44,590
	Aggregate contributions to (during year) .		0
	Aggregate grants from (during year)	75,284	
	Aggregate value at end of year	1,912,724	45,884
	Did the organization inform all donors and		
	funds are the organization's property, subjec		- -
	Did the organization inform all grantees, don		
	only for charitable purposes and not for the		
	conferring impermissible private benefit? .		Yes ∐ No
Part	Conservation Easements.		
	Complete if the organization answer	ered "Yes" to Form 990, Part IV, line 7	'.
1	Purpose(s) of conservation easements held b	by the organization (check all that apply)	
	Preservation of land for public use (e.g., r	ecreation or education) Preservation	of an historically important land area
	☐ Protection of natural habitat	☐ Preservation	of a certified historic structure
	Preservation of open space		
	Complete lines 2a through 2d if the organizat	tion held a qualified conservation contribu-	tion in the form of a conservation
	easement on the last day of the tax year.	·	Held at the End of the Tax Year
а	Total number of conservation easements .		2a
_	Total acreage restricted by conservation ease		
	Number of conservation easements on a cert		
	Number of conservation easements include		
	historic structure listed in the National Regist		1 1
	Number of conservation easements modified		
	tax year ►	i, transferred, released, extinguished, or te	initiated by the organization during the
	Number of states where property subject to	noncenistian aggement is legated	
	Does the organization have a written poli		papastan bandling of
	violations, and enforcement of the conservat		
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservation	on easements during the year
_			
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements during the year
_	▶ \$		() () () () () () () ()
	Does each conservation easement reported	• • • • • • • • • • • • • • • • • • • •	
	()		
	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, the		financial statements that describes the
	organization's accounting for conservation e		
Part		ctions of Art, Historical Treasures, o	
		ered "Yes" to Form 990, Part IV, line 8	
	If the organization elected, as permitted und		
	works of art, historical treasures, or other s		
	public service, provide, in Part XIII, the text of	if the footnote to its financial statements th	nat describes these items.
b	If the organization elected, as permitted un	nder SFAS 116 (ASC 958), to report in it	s revenue statement and balance shee
	works of art, historical treasures, or other s	similar assets held for public exhibition,	education, or research in furtherance o
	public service, provide the following amounts		
	(i) Revenues included in 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	lar assets for financial gain, provide the
	following amounts required to be reported up		•
	Revenues included in Form 990, Part VIII, line	· · · · · · · · · · · · · · · · · · ·	
	Assets included in Form 990, Part X		
U	riodolo indiadod in i Onni dati, Fait A		· · · · • •

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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	Part	III Organizations Maintaining	Collections of A	Art, Historical	Treasures, o	r Other Similar A	ssets (continued)
b	3	J J	accession, and oth	ner records, chec	ck any of the f	following that are a	significant use of its
b	а	☐ Public exhibition		d 🗌 Loan	or exchange	programs	
c	b	Scholarly research					
XIII. 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 Test IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance . □ 1c □ Amount □ 1d □ □ □ □ □ □ □ □ □ □ □ □ □	С		3				
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organizat		nd explain how t	hey further the	e organization's exe	mpt purpose in Part
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10. Example 1	5	During the year, did the organization	solicit or receive of	donations of art,	historical trea	sures, or other simi	lar
Complete if the organization answered "Yes" to 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?		assets to be sold to raise funds rather	than to be mainta	ned as part of th	e organization	's collection?	☐ Yes ☐ No
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?	Part						
If "Yes," explain the arrangement in Part XIII and complete the following table: Amount		990, Part X, line 21.					
C Beginning balance	1a						ot Yes No
C Beginning balance 1 c 1 c 1 d	b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following t	able:		
d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 3 Did the organization the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to						,	Amount
Ending balance 1f	C	Beginning balance				1c	
f Ending balance	d	Additions during the year				1d	
2a Did the organization include an amount on Form 990, Part X, line 21?	е	Distributions during the year				1e	
Fire the explanation has been provided in Part XIII. □ □ □ □ □ □ □ □ □	f	Ending balance				1f	
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.		•					
Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back			art XIII. Check here	of the explanation	n has been pr	ovided in Part XIII	
1a Beginning of year balance 1,583,473 1,423,154 1,541,157 1,304,474 991,855 b Contributions 44,590 0 0 0 0 0 c Net investment earnings, gains, and losses 425,847 237,197 (36,298) 236,683 312,619 d Grants or scholarships (75,796) (71,146) (75,525) 0 0 0 f Administrative expenses (6,377) (5,732) (6,180) 0 0 0 g End of year balance 1,971,737 1,583,473 1,423,154 1,541,157 1,304,474 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 28,13% The percentages in 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: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) related organiza	Par			=			
1a Beginning of year balance 1,583,473 1,423,154 1,541,157 1,304,474 991,855 b Contributions 44,590 0 0 0 0 c Net investment earnings, gains, and losses 425,847 237,197 (36,298) 236,683 312,619 d Grants or scholarships (75,796) (71,146) (75,525) 0 0 e Other expenditures for facilities and programs 0 0 0 0 0 g End of year balance (6,377) (5,732) (6,180) 0 0 g End of year balance 1,971,737. 1,583,473 1,423,154 1,541,157 1,304,474 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ► 71 20% c Temporanily restricted endowment ► 71 20% 28 13% The percentages in 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 (ii) related organizations 3a(i) ✓ If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3a(i) ✓ 4 Describe in		Complete if the organization					:1
b Contributions			(a) Current year		(c) Two years b		
c Net investment earnings, gains, and losses							
losses	b		44,590	0		0	0 0
d Grants or scholarships	С						
e Other expenditures for facilities and programs							
programs			(75,796)	(71,146)	(75,	525)	0 0
f Administrative expenses	е	-			1		
g End of year balance		• •			1		
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ 0 67% Permanent endowment ▶ 71 20% Temporarily restricted endowment ▶ 28 13% The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations		·					
a Board designated or quasi-endowment ▶ 067% b Permanent endowment ▶ 71 20% c Temporarily restricted endowment ▶ 28 13% The percentages in 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: (i) unrelated organizations	_						57 1,304,474
b Permanent endowment ▶ 71 20% c Temporarily restricted endowment ▶ 28 13% The percentages in 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: (i) unrelated organizations					g, column (a)) i	neid as:	
Temporarily restricted endowment ▶ 28 13% The percentages in 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: (i) unrelated organizations		•		<u>/</u> %			
The percentages in 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: (i) unrelated organizations							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	С	, ,		00/			
organization by: (i) unrelated organizations	2-				at are hold an	d administrate for t	tha
(i) unrelated organizations	Ja		e possession or th	e organization th	iat are neid an	ia administerea for i	
(ii) related organizations		-					
b If "Yes" to 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.		.,					
Part VI Land, Buildings, and Equipment.	_						. [30]
				in s endowment	unus.		
Complete if the organization answered Tes to Form 990, Part IV, line Tra. See Form 990, Part X, line To.	Fai			' to Form 990 I	Part IV line 1	1a See Form 990	Part Y line 10
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value							
(investment) (other) depreciation		Description of property					(d) Book value
1a Land	12	Land		<u> </u>			
b Buildings	_				 		
c Leasehold improvements		•	·				
_	_	·		181 903		103 700	78,113
e Other		, ,		101,303	' 	103,730	70,113
			nust equal Form 9	90, Part X. colum	n (B), line 10(c	:).) . ▶	78,113

Part VII	Investments—Other Securities.	V" +-	00 D	11h O F	000 Dad V 8 40
	Complete if the organization answered "	Yes" to Form 9			
	(a) Description of security or category (including name of security)		(b) Book value		hod of valuation -of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)		Ī			
(E)					
(F)					<u></u>
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		-		
Part VIII	Investments - Program Related.				
	Complete if the organization answered "	Yes" to Form 9	90, Part IV, lir	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		hod of valuation -of-year market value
(1)			 -		· · · · · · · · · · · · · · · · · · ·
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					<u>_</u>
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶				
Part IX	Other Assets.				
	Complete if the organization answered "	Yes" to Form 9	90, Part IV, lir	ne 11d. See Form	990, Part X, line 15.
	(a) Description	on			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) lin	e 15.)	· · · · · · · · · · · · · · · · · · ·	. ▶	
Part X	Other Liabilities.				
	Complete if the organization answered "	Yes" to Form 9	90, Part IV, III	ne 11e or 11f. See	Form 990, Part X,
	line 25.				
1.		b) Book value			
(1) Federal II	ncome taxes		_]		
(2) Flexible	Spending Plan	5,91	2		
(3) Subtena	ant Deposits	18,62	2		
(4)			_		
(5)			_		
(6)			_		
(7)			_		
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	24,53	4		
	r uncertain tax positions. In Part XIII, provide the te				
organization'	's liability for uncertain tax positions under FIN 48 (ASC 740). Check I	nere if the text of	f the footnote has bee	en provided in Part XIII 📝

Part				Retu	m.
	Complete if the organization answered "Yes" to Form 990, I	_			11.507.100
1	Total revenue, gains, and other support per audited financial statements			1	11,587,422
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	100	1 407.747		
a	Net unrealized gains on investments	2a 2b	407,747		
b	Donated services and use of facilities	2c			
C	Recoveries of prior year grants	2d	545.707	}	
d	Other (Describe in Part XIII.)		545,707	2e	052.454
е 3	Subtract line 2e from line 1			3	953,454
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i .	1	<u> </u>	10,633,968
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		1	
c	Add lines 4a and 4b	$\overline{}$		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	10,633,968
Part				r Re	
	Complete if the organization answered "Yes" to Form 990,				
1	Total expenses and losses per audited financial statements			1	12,105,313
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		ł	
b	Prior year adjustments	2b			
С	Other losses	2c		1	
ď	Other (Describe in Part XIII.)	2d	591,016	1	
е	Add lines 2a through 2d			2e	591,016
3	Subtract line 2e from line 1			3	11,514,297
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		ļ	
C	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	<u> </u>	5	11,514,297
Part	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar				
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
Part V	Line 4 - Intended use of endowment funds AU shall disburse the income ge	nerate	d by the endowment fui	nds to	support grants for
charita	ble purposes under terms of the fund agreements, and are not organizational	endov	vments of AU.		
Part X	Line 2 - FIN 48 Footnote, AIDS United has determined that it does not current	ly hav	e any tax positions that	it cor	nsiders to be
uncert	ain If this position changes, AIDS United will assess the impact of any such	natter	s on its financial position	on and	results of
operat	ions				
	1 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1		1 to a to a disconsiste of the total of the		105
Part X	l, Line 2d Other - \$545,707 includes (1) \$1,209 direct expenses for cost of good	is soic	llisted on 990 Part VIII,	Line	10b, and (2)
	20				
\$544,4	98 realized net loss on investment activity in 2013				
D V	II. Luna 2d Okhan #501 010 Inalisation (1) #45 155 Ingo disp to concellation of great	to (2) ¢E44 400 realized not	loce (an investment estuation
Part X	II, Line 2d Other - \$591,016 Includes (1) \$45,155 loss due to cancellation of gra	ints, (z) \$544,498 realized net	1055	on investment activity
001	2 (2) 61 200 decay access for each of each cold and (4) 6154 lead on disp		of accets		
in 201	3, (3) \$1,209 direct expenses for cost of goods sold, and (4) \$154 loss on disp	Sition	101 922612		

Schedule D (For	Chedule D (Form 990) 2013 Page 5						
Part XIII	Supplemental Information (continued)						
•							
		······································					

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·		***************************************					
·							
		·					
•							

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization AIDS United 52-1706646 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ✓ Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants ☐ Phone solicitations g Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes □ No. If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in col (i) (iii) Did fundraiser have (vi) Amount paid to (or retained by) organization (i) Name and address of individual (iv) Gross receipts custody or control of contributions? (ii) Activity or entity (fundraiser) from activity Yes No 1 Local Independent Charities of CFC* 16,331 America 65,843 49,512 2*state combined federal campaign registrations/processing 3 5 6 8 9 10 Total 65,843 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AL, AZ, CA, CO, CT, DC, FL, GA, IL, KS, ME, MD, MA, MI, MS, MO, NJ, NM, NY, NC, OH, OK, PA, SC, TN, VA, WI

gross receipts greater tha	(a) Event #1	(b) Event #2	(c) Other events	
0			(c) Other events	(d) Total events (add col (a) through
0	(event type)	(event type)	(total number)	col (c))
Gross receipts				
Less: Contributions Gross income (line 1 minus line 2)				
Cash prizes				
Noncash prizes		-		
Rent/facility costs		-		
Food and beverages				
Entertainment				
Other direct expenses .				
Direct expense summary. Ad Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		
Gaming. Complete if the than \$15,000 on Form 99	e organization answei	red "Yes" to Form 990	D, Part IV, line 19, or re	eported more
	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Gross revenue	<u> </u>			
Cash prizes				
Noncash prizes				
Rent/facility costs				
Other direct expenses .				
Volunteer labor	☐ Yes%	☐ Yes%	☐ Yes%	
Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
Net gaming income summar	y. Subtract line 7 from l	ne 1, column (d) .	<u>.</u> ▶]	
s the organization licensed to of	perate gaming activities	in each of these states	?	🗌 Yes 🗌 No
Vere any of the organization's g	aming licenses revoked	l, suspended or termina	ted during the tax year?	
s f	Noncash prizes	Noncash prizes Rent/facility costs Other direct expenses	Noncash prizes	Noncash prizes Rent/facility costs

Schedul	ule G (Form 990 or 990-EZ) 2013			Pa	ge 3
11 ,		_	Yes		No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other elformed to administer charitable gaming?		Yes		No
13	Indicate the percentage of gaming activity operated in:				
а	, , , , , , , , , , , , , , , , , , ,	13a			<u>%</u>
ь	- 1 11 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books records:	and			
	Name ►				
	Address►				
15a	· · ·	ning · [∃ Yes		No
b			03	_	
_	amount of gaming revenue retained by the third party > \$				
С	If "Yes," enter name and address of the third party:				
	Name ▶				
	Address ▶				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	□ Director/officer □ Employee □ Independent contractor				
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceed retain the state gaming license?] Yes		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year > \$	is or			
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to pradditional information (see instructions).	(III) and rovide	d (v), a any	ind	
		·			

SCHEDULE I (Form 990)

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

► Attach to Form 990.

OMB No 1545-0047 2013

Department of the Treasury

Name of the organization							Employer identification number	
AIDS United							52-1706646	
Part I General Information					- -			
Does the organization mainta the selection criteria used to a Describe in Part IV the organization.	award the grants	or assistance?				for the grants or as] No
						if the organization	n answered "Yes" to Forr	m 990
Part IV, line 21, for an	v recipient that	received more t	han \$5.000. Part	II can be duplic	ated if additional	space is needed		000,
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)		of (h) Purpose of gra	int
(1) SEE ATTACHED SUBSTITUTE SCHEDULE I								
(2)								
(3)								
(4)								
(5)		-						
(6)								
.(7)								
(8)								
(9)					!			
(10)		-						
(11)								
(12)								
2 Enter total number of section 3 Enter total number of other o				line 1 table	ı		65	

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

Cat No 50055P

Schedule 1 (Form 990) (2013)

art III Gram 990) (2013) Grants and Other Assistanc Part III can be duplicated if a			mplete if the organiz	zation answered "Yes" to	Form 990, Part IV, line 22.
(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 non-cash assistance
1					
2					· · · · · · · · · · · · · · · · · · ·
3			<u> </u>		
1					
j					
3					
rt IV Supplemental Information.	Provide the information r	aguirod in Part I. I	ino 2 Part III, colum	n (h) and any other addit	unal information
ensures the proper use of all grant funds av meach grantee detailing the proposed use o aditions of every grant, which are signed and	of grant funds, which serves a	s the basis for grant	awards 2) Issuing a de	etailed grant award contract le	tter outlining the terms and
mi-annually. These reports are reviewed pric					
ganizations throughout grant periods, includ	ing phone conversations, ema	ail communications	and site visits, which se	rve grant monitoring purpose	s as well as provide occasions
technical support					

Schedule I (Form 990) (2013)

AIDS United - Tax ID # 52-1706646
Tax Year 2013
Substitute Schedule I, Part II
Grants and Other Assistance to Governments and Organizations in the United States
Lines 1(a) - 1 (h) 2 3

1 (a) Name and address of organization or government

Lines 1(a) - 1 (h) 2 3						
				(c) IRS	(d)	
				Section If	Amount of	
1 (a) Name and address of organization or government			(b) EIN	applicable	cash grant	(h) Purpose of grant or assistance
Acadiana CARES	809 Martin Luther King Jr Drive	Lafayette, LA 70502	58-1717018	501c(3)		HIV/AIDS Capacity Building - Southern Communities
ACCESS Network, Inc., The	5710 N Okatie Highway Suite B	Ridgeland, SC 29936	57-0958723	501c(3)		HIV/AIDS Capacity Building - Southern Communities
ActionAIDS	1216 Arch Street, 6th Floor	Philadelphia, PA 19107	23-2446355	501c(3)		HIV/AIDS Access to Care and Support Services
AIDS Action Committee of Massachusetts	294 Washington Street, 5th Fl	Boston, MA 02108	22-2707246	501c(3)		HIV/AIDS Access to Care and Support Services
AIDS Alabama	3521 7th Ave South	Birmingham, AL 35222	58-1727755	501c(3)	250 000	HIV/AIDS Access to Care and Support Services, Capacity Building
						in Southern Communities, Strategic Partnerships
AIDS Foundation of Chicago	411 S Wells Suite 300	Chicago, IL 60607	36-3412054	501c(3)	449,792	HIV/AIDS Access to Care and Support Services, Strategic
li de la companya de la companya de la companya de la companya de la companya de la companya de la companya de			1			Partnerships
AIDS Project of Los Angeles	611 South Kingsley Drive	Los Angeles, CA 90005	95-3842506	501c(3)		HIV/AIDS Access to Care and Support Services
AIDS Task Force of Greater Cleveland	2829 Euclid Avenue	Cleveland, OH 44115	34-1433612	501c(3)		HIV/AIDS Prevention and Syringe Exchange Policy
amfAR	120 Wall Street, 13 Floor	New York, NY 10005-3908	13-3163817	501c(3)		HIV/AIDS Prevention and Synnge Exchange Policy
Arnida Care	248 W 35th Street, 7th Floor	New York, NY 10001	13-4154068	501c(3)		HIV/AIDS Access to Care and Support Services
Basic NWFL, Inc	432 Magnolia Avenue	Panama City FL 32401	59-2994863	501c(3)		HIV/AIDS Capacity Building - Southern Communities
Bethany Place	821 West A Street	Belleville, IL 62220	37-1283362	501c(3)		HIV/AIDS Prevention and Syringe Exchange Policy
Birmingham AIDS Outreach	205 32nd Street South	Birmingham, AL 35233	63-0948495	501c(3)		HIV/AIDS Capacity Building - Southern Communities
Careteam, Inc	3650 Clay Pond Road	Myrtle Beach SC 29579	57-0992733	501c(3)		HIV/AIDS Capacity Building - Southern Communities
Catawba Care	500 Lakeshore Parkway	Rock Hill SC 29730	57-1092940	501c(3)		HIV/AIDS Capacity Building - Southern Communities
Christie's Place	2440 Third Avenue	San Diego, CA 92101	91-1878632	501c(3)		HIV/AIDS Access to Care and Support Services
CitiWide Harm Reduction Inc	226 East 144th Street	Bronx, NY 10451	13-4009817	501c(3)		HIV/AIDS Access to Care and Support Services
Collaborative Solutions	1016 19th Street S, 3rd Floor	Birmingham AL 35205	85-0485864	501c(3)		HIV/AIDS Capacity Building - Southern Communities
Damien Center, The	26 N Arsenal Avenue	Indianapolis 1N 46201	35-1711878	501c(3)		HIV/AIDS Access to Care and Support Services
Drug Policy Alliance	70 West 36th Street, 16th Floor	New York, NY 10018	52-1516692	501c(3)		HIV/AIDS Prevention and Syringe Exchange Policy
Duke University	Office of Research Support, 2200 W Main St	Durham, NC 27705	56-0532129	501c(3)	140,000	HIV/AIDS Access to Care and Support Services, Capacity Building
· ·	i		1	1		in Southern Communities
El Centro Hispano Inc	600 E Main Street	Durham, NC 27701	56-2011661	501c(3)		HIV/AIDS Capacity Building - Southern Communities
Equality Foundation of Georgia	1530 DeKalb Avenue, Suite A	Atlanta, GA 30307	58-2346744	501c(3)		HIV/AIDS Capacity Building - Southern Communities
Frannie Peabody Center	30 Danforth Street, Suite 311	Portland, ME 04101	01-0416974	501c(3)		HIV/AIDS Prevention and Care
Friends for Life Corporation	43 N Cleveland	Memphis TN 38104	62-1511959	501c(3)		HIV/AIDS Capacity Building - Southern Communities
Harm Reduction Coaltion	22 West 27th Street Fifth Floor	New York NY 10001	94-3204958	501c(3)		HIV/AIDS Prevention and Syringe Exchange Policy
Health Equity Institute - San Francisco State University	1600 Holloway Avenue EP406	San Francisco, CA 94132	93-1137247	501c(3)		HIV/AIDS Access to Care and Support Services
Health Foundation of Greater Indianapolis, The	429 East Vermont Street, #300	Indianapolis, IN 46202	35-6203550	501c(3)		HIV/AIDS Strategic Partnerships
Health Planning Council of Northeast Florida	644 Cesery Boulevard 210	Jacksonville, FL 32211	59-2247189	501c(3)		HIV/AIDS Capacity Building - Southern Communities
Health Students Taking Action Together	50 Hurt Plaza, Suite 855	Atlanta, GA 30303	51-0423601	501c(3)		HIV/AIDS Capacity Building - Southern Communities
Institute of Women and Ethnic Studies	935 Gravier Street, Suite 1140	New Orleans, LA 70112-1668	72-1244155	501c(3)		HIV/AIDS Capacity Building - Southern Communities
Legal Services Alabama, Inc	207 Montgomery Street, Suite 1200	Montgomery, AL 36104	63-0743038	501c(3)		HIV/AIDS Capacity Building - Southern Communities
Legal Services of Southern Piedmont	1431 Elizabeth Avenue	Charlotte, NC 28204	56-1202940	501c(3)		HIV/AIDS Capacity Building - Southern Communities
Living Affected Corporation	401 N Maple, Suite A	North Little Rock, AR 72114	27-0977006	501c(3)		HIV/AIDS Capacity Building - Southern Communities
Louisiana Public Health Institute	1515 Poydras Street Ste 1200	New Orleans, LA 70112	72-1379921	501c(3)		HIV/AIDS Access to Care and Support Services
Mazzoni Center	21 South 12th Street, 8th Floor	Philadelphia, PA 19107	23-2176338	501c(3)		HIV/AIDS Access to Care and Support Services
Medical AIDS Outreach of Alabama	2900 McGehee Road	Montgomery, AL 36111	63-0959628	501c(3)		HIV/AIDS Access to Care and Support Services
Memphis Center for Reproductive Health(MCRH)	1726 Poplar Ave	Memphis, TN 38104	62-0931089	501c(3)		HIV/AIDS Capacity Building - Southern Communities
Michigan AIDS Coalition	429 Livernois	Ferndale, MI 48220	38-2804679	501c(3)		HIV/AIDS Strategic Partnerships
Minnesota AIDS project	1400 Park Avenue	Minneapolis, MN 55404	41-1524746	501c(3)		HIV/AIDS Prevention and Synnge Exchange Policy
Mississippi Center for Justice	5 Old River Place, Suite 203	Jackson, MS 39202	13-4203234	501c(3)		HIV/AIDS Capacity Building - Southern Communities
My Brother's Keeper,Inc	710 Avignon Drive	Ridgeland, MS 39157	64-0937314	501c(3)		HIV/AIDS Capacity Building - Southern Communities
Nashville CARES	501 Brick Church Park Drive, Suite 160	Nashville, TN 37207	62-1274532	501c(3)		HIV/AIDS Capacity Building - Southern Communities
National AIDS Education & Services	2140 Martin Luther King Jr. Dr., Suite 602	Atlanta, GA 30310	58-1986941	501c(3)		HIV/AIDS Capacity Building - Southern Communities
New Mexico Community Foundation	343 East Alameda	Santa Fe, NM 87501	85-0311210	501c(3)		HIV/AIDS Strategic Partnerships
New York Community Trust	909 Third Avenue 22nd Floor	New York, NY 10022	13-3062214	501c(3)		HIV/AIDS Access to Care and Support Services
NO/AIDS Task Force	2601 Tulane Avenue Suite 500	New Orleans LA 70119	72-1056935	501c(3)		HIV/AIDS Capacity Building - Southern Communities
North Carolina AIDS Action Network	P O Box 25044	Raleigh NC 27611-5044	32-0323779	501c(3)	100,000	HIV/AIDS Capacity Building - Southern Communities Prevention
l		1	1	1	1	and Care
•						

Substitute Schedule I Page 1

AIDS United - Tax ID # 52-1708646
Tax Year 2013
Substitute Schedule I, Part III
Grants and Other Assistance to Governments and Organizations in the United States
Lines 1(a) - 1 (h), 2, 3

1 (a) Name and address of organization or government

Lines 1(a) - 1 (h), 2, 3						
				(c) IRS	(d)	
				Section If	Amount of	
1 (a) Name and address of organization or government			(b) EIN	applicable	cash grant	(h) Purpose of grant or assistance
North Carolina Harm Reduction Coalition	1001 South Marshall Street Box 18	Winston-Salem NC 27101	20-3452075	501c(3)	170 000	HIV/AIDS Prevention and Syringe Exchange Policy Capacity Building in Southern Communities
Okaloosa AIDS Support & Informational Service	4 Jackson Street NE, Ste 10	Fort Walton Beach, FL 32548	59-3089946	501c(3)	34,500	HIV/AIDS Capacity Building - Southern Communities
Open Door, The	P O Box 99243	Pittsburgh, PA 15233	30-0354607	501c(3)	125,000	HIV/AIDS Access to Care and Support Services
Point Defiance AIDS Project	535 Dock Street, Suite 112	Tacoma, WA 98402	91-1435394	501c(3)	100 000	HIV/AIDS Prevention and Synnge Exchange Policy
Rector and Visitors of the University of Virginia	1001 Emmet Street North PO Box 400195	Charlottesville VA 22904	54-6001796	501c(3)	175 000	HIV/AIDS Access to Care and Support Services
Research Foundation of City University of NY	101 W 31st Street, 6th Floor	New York, NY 10001	13-1988190	501c(3)	20,000	HIV/AIDS Prevention and Care
SisterLove, Inc	3709 Bakers Ferry Road, SW	Atlanta GA 30331	58-2016070	501c(3)	100,000	HIV/AIDS Capacity Building - Southern Communities Prevention
	1	‡			l	and Care
South Carolina HIV/AIDS Council	1115 Calhoun Street	Columbia, SC 29201	57-0994526	501c(3)	35,000	HIV/AIDS Capacity Building - Southern Communities
Southern AIDS Coalition	3521 7th Avenue South	Birmingham, AL 35222	63-0985623	501c(3)	26 752	HIV/AIDS Capacity Building - Southern Communities
St Louis Efforts for AIDS	1027 South Vandeventer Avenue	St Louis, MO 63110	43-1395179	501c(3)	220,613	HIV/AIDS Access to Care and Support Services
University of Alabama at Birmingham, The	1665 University Blvd , Ste 140	Birmingham, AL 35233	63-6005396	501c(3)	286,076	HIV/AIDS Access to Care and Support Services
University of Sounthern California, The	1540 Alcazar Street, CHP Suite 206	Los Angeles, CA 90089	95-1642394	501c(3)	33 982	HIV/AIDS Access to Care and Support Services
VOCAL New York (formerly NYC AIDS Housing Network)	80-A Fourth Avenue	Brooklyn NY 11217	85-0311210	501c(3)	95,000	HIV/AIDS Prevention and Syringe Exchange Policy
Washington AIDS Partnership	1400 16th Street NW, Suite 740	Washington, DC 20036	52-1756853	501c(3)	600,000	HIV/AIDS Access to Care and Support Services Strategic
·	ì	1		l		Partnerships
Western North Carolina AIDS Project	554 Fairview Road	Asheville, NC 28803	58-1772685	501c(3)		HIV/AIDS Capacity Building - Southern Communities
Westminster Presbytenan Church (START at Westminster)	400 I Street, SW	Washington, DC 20024	45-0789125	501c(3)		HIV/AIDS Prevention and Syringe Exchange Policy
Women With a Vision, Inc	1515 S Salcedo Street, #212	New Orleans, LA 70125	72-1202185	501c(3)	114 000	HIV/AIDS Prevention and Syringe Exchange Policy, Capacity
		I			I	Building - Southern Communities

Enter total number of section 501(c)(3) and governme 65
 Enter total number of other organizations

SCHEDULE J (Form 990)

Compensation Information

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

AIDS United

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 Attach to Form 990.
 See separate instructions.
 Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

52-1706646

Part | Questions Regarding Compensation No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees ☐ Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) ☐ Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 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. ☐ Written employment contract ✓ Compensation committee ☐ Compensation survey or study ☐ Independent compensation consultant Approval by the board or compensation committee ☐ Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 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) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a 5b **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a The organization? . 6b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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 in 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 are not 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 o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	Ta, applicable colum		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred benefits		(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
Kaplan, Michael, President & 1 CEO	(i) (ii)	189,942			2,017	17,654	209,613	
Charles, Vignetta, Senior Vice 2 President	(i) (ii)	156,721			10,135	18,443	185,299	
3	(i) (ii)							
4	(i) (ii)							
5	(i) (ii)							
6	(i) (ii)							
7	(i) (ii)							
8	(i) (ii)							
9	(i) (ii)							
10	(i) (ii)							
11	(i) (ii)						<u></u>	
12	(i) (ii)							
13	(i) (ii)							
14	(i) (i)							
15	(ii) (ii)							
16	(11)							

Schedule J (Form 990) 2013

	Form 990) 2013 Supplemental Information	Page 3
rovide ti	the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II	Also complete this part
or any ac	dditional information.	
· · · · · · · · · · · · · · · · · · ·		
		Schedule J (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

AIDS United	52-1706646
Part III Statement of Program Service Accomplishments - 4d Other program services (Schedule O)	·
NEW PROGRAMS	
(1) Empowered Community Grants Program Supported by Alicia Keys, Bristol-Myers Squibb and Woo	men Deliver – Catapult Project, funds
innovative programs for underserved populations of women that don't have or can't access HIV preve	ntive and care services. The community
grants program is part of a broader effort by Alicia Keys to reach women in the US about HIV/AIDS, inc	cluding a cross-platform public
information campaign developed with Greater Than AIDS. (Expenses \$90,274 including gran	nts of \$80,000)
(2) Sector Transformation With catalytic support from Johnson & Johnson, AIDS United provides un	matched national and local leadership
to help the HIV/AIDS sector demonstrate its relevance, create seamless prevention, care and treatmen	t service models and ensure the sector
viability in the midst of vast changes in healthcare policy, financing and service delivery models. Cash	n Grants and/or specialized technical
assistance help grantees explore, test the feasibility of, and execute strategic restructuring efforts crit	tical to the future of AIDS services in
the United States Strategic restructuring efforts may include but are not limited to, mergers, responsi	ble client transition, and service
integration (Expenses \$404,866 including gra	nts of \$84,500)
OTHER PROGRAMS.	
(3) Puerto Rico AIDS United's Puerto Rico Funder's Collaborative 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	ne resources provided by the
Collaborative As part of capacity-building efforts in Puerto Rico, AIDS United's investment extends to	o policy/advocacy activities as well as
leadership development on the island. (Expenses \$78,670. including grant	ts of \$0)
(4) AmeriCorps As the first and broadest-reaching national AmeriCorps program focusing specifical	ly on HIV prevention and care, the AIDS
United AmeriCorps Program delivers vital resources while training the next generation of AIDS leader	s Since 1994, the AIDS United
AmeriCorps Program has trained and supported more than 650 youth and adult members who share a	a passion for making a difference
and saving lives (Expenses \$617,413 including gran	nts of \$0)
(5) Syringe Access Fund The Syringe Access Fund (SAF) is a collaborative funding initiative of the El	ton John AIDS Foundation, Levi Strauss
Foundation, Open Society Foundations, Irene Diamond Fund and AIDS United The goals of the Syring	ge Access Fund grants are to 1) ensure
the access and availability of sterile syringes to IDUs residing the country's communities most affected	ed by HIV and other blood borne
diseases to prevent the spread of these diseases; and 2) promote education and awareness among ke	ey decision-makers to inform national
and state policy around syringe services programs (SSPs) (Expenses \$838,154 including grant	s of \$576,844)

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2013)

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

(6) Public Policy AIDS United advocate	es for people living with or affected by HIV/AIDS and the organizations that serve them. AIDS United's
public policy team has been instrument	tal in the development and implementation of major public health policies that improve the quality of
life for those living with and affected by	HIVIAIDS. AIDS United's Public Policy Committee (PPC), which provides guidance for AU's policy
priorities, is made up of 33 of the count	try's leading national and local HIV organizations
AU policy staff had nearly 250 visits with	th federal lawmakers on Capitol Hill in Washington, D.C. to educate them about issues related to HIV
that impact people living with and affec	cted by 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, thro	ough the budget and appropriations process, and ending the ban on the use of federal funds
for syringe exchange programs In add	dition 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 fe	ederal HIV-advocacy constituent event in the country (Expenses \$674,989 including grants of \$0)
(7) m2MPower Is supported by a coop	perative agreement with the Centers for Disease Control and Prevention (CDC) to encourage LGBTQ
organizations that may not have HIV-sc	pecific programming or messaging to reach out to the gay and bisexual men they serve with HIV
prevention messaging and/or programi	ming. Partnerships with both national and regional/local LGBTQ organizations have been forged
and strengthened. Integration of HIV at	these organizations has occurred in a number of ways including increasing the presence of HIV
awareness at one of the largest LGBTC	conferences in the U.S. though many additional workshops, an HIV-focused plenary session,
and on-site HIV testing.	(Expenses \$124,108 including grants of \$0.)
(8) Other Programs and Communication	ns AIDS United implements several small scale programs that have opportunity for large impact
Examples include formative research of	on the delivery of Pre-Exposure Prophylaxsis, consultations on the intersection of HIV and trauma, or
supporting feedback loops for HIV-pos	sitive people to be heard related to health reform concerns
To increase AIDS United's (AU) visibilit	ty and cultivate "buy-in" with its internal and external stakeholders, including funders, grantees,
organizational colleagues, and advoca	tes – AU maintains a website and various social media presences, produces several electronic and
print publications, generates appropria	ate advocacy action alerts, and develops program-specific communications pieces which are designed
to inform stakeholders about the impact	ct of AU's grantmaking portfolios Our communications work is also essential to encouraging
advocacy efforts for sound HIV public	policy Non-profit organizations, government agencies and for-profit companies increasingly
recognize the expertise of AU as a valu	uable 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 \$517.950 including grants of \$0.)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

AIDS United

Employer identification number

52-1706646

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
	•••••
	•••••••

AIDS UNITED DEPRECIATION SCHEDULE

Drate		Year of	Status	Date	Date	Rem	I		Accum Depr		Accum Depr			
Acoured	Description	Desposal	Ver-ed	l Ver-fed	Removed	Code	Cost	Life	2012	2013	2013			
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12 200	IBM ThinkCentre M57 HD Type-6075A5U SenfLKMTMBR + L197 19" Monitor SenfV1AG821	D-2014	55_5 * . // mreq	. : 2= 2	. 5" : 4		1,151 00	_3	1 151 00		1,151 00			
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	BM/Lenovo ThinkVision L171 17 Inch LCD Monitors (5) Type-9227AC1 @ \$229 each		D SPOSED OF	12/23/13	12/23/13		1,145 00	3 00	1,145 00		1,145 00		r	
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12 200	BIBM ThinkCentre M57 HD Type-5075A5U Ser#LKMTLXV + L197 19" Monitor Ser#V1AG850		D SPOSED OF	12/23/13	12/23/13		1 151 00	300	1,151 00		1,151 00			
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	Del Lattude E6410 Fasttrack Ser# 1K1XTM1		DISPOSED OF	12/23/13	12/23/13		1,277 48	300	993 60	283 88	1 277 48		r	
	AIDS Action FY08 Computers & Lan (96E1LT1 98E1RH1 63P137A, 778BBUK, 98E1LWI)		DISPOSED OF	12/23/13		111 13	1 283 00	5 00	1 176 08	106 92	1 283 00		-	
	ADS Action FY09 Computers & Lan (DELL CBCPFK1)		DISPOSED OF - CBCPFK1	12/23/13	12/31/13		660 00	500	407.00	132 00	539 00	121 00	Loss on dispo	vee!
	Dell Linttude E6410 Ser # 34951032973		DISPOSED OF	12/23/13	12/31/13		1,173 42	300	749 67	391 14	1 140 81	32.61	Loss on dispo	vosal
201		5-2013	5.5. 5025 61	122313	1237/13		1,110 75	3.00	1-501		- 11-01		- was or dista	
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ASSETS A	DUIRED 2013	1	 		 	 	+							
	3 Idealist Consulting - Conversion and Setup new database software [Sales Force/Foundation Connect]	 	 	-	t		71 100 00	5		11 850 00	11,850 00		 	
	3 Noower NY, Inc. Foundation Connect Software License - one time ficense charge	 	 		 	_	15 000 00	5		2 500 00	2 500 00		 -	
	3 Optiplex 390/PowerEdge T420 server 2 hard drives & 3 external hard drives	 	 			· · · · ·	5 344 62	3		148 00	148 00			
		 		-	1			-		1,70,00				
201	3 Total Fixed Alsets Acquired	 	 				91,444 62						r 	
	and a section of the	_				-		-			- 1		r	
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\vdash		1	 		†		218,043 09		121 263 28	18 513 27	139 776 55	153 61	r	
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		 	 -		r	1	 							
ASSETS R	MOVED FROM SCHEDULE 2013	1	 				 			i —			r 	
	3 2011 Asset Purchases Removed 2013 (Fully Depreciated/Disposed or Parts)	D-2013	REMOVED 12/31/13	12/23/13	12/31/13	11-13	(3,116 42)	_			(2 962 81)	(153 61)	Loss on draps	neel
	3 2010 Asset Purchases Removed 2013 (Fully Depreciated/Disposed or Parts)		REMOVED 12/31/13	12/23/13	12/31/13		(3 216 41)				(3 216 41)			
	3 2008 Assert Purchases Removed 2013 (Fully Depreciated/Disposed or Parts)		REMOVED 12/31/13	12/23/13	12/31/13		(5 095 00)			i	(5,095 00)		 -	
	3 2007 Asset Purchases Removed 2013 (Fully Depreciated/Disposed or Parts)	D-2013	REMOVED 12/31/13	12/23/13		07-13	(4 983 00)				(4 963 00)		 	
	3 2006 Asset Purchases Removed 2013 (Fully Deprecated/Disposed or Parts)		REMOVED 12/31/13	12/23/13	12/31/13		(8,999 93)	- 1		i — —	(8,999 93)		 +	
	3 2005 Asset Purchases Removed 2013 (Fully Depreciated/Disposed or Parts)		REMOVED 12/31/13	12/23/13	12/31/13		(1 749 00)				(1 749 00)		·	
	2010 THE STATE OF THE PROPERTY OF THE STATE		REMOVED 12/31/13	12/23/13	12/31/13		(5,392 00)	-		i——	(5 392 00)		t 	
12 201						,,13								
12 201	3 2004 Asset Purchases Removed 2013 (Fully Depreciated/Disposed or Parts)					02.13								
12 201	3 2003 Asset Purchases Removed 2013 (Fully Depreciated/Disposed or Parts) 3 2003 Asset Purchases Removed 2013 (Fully Depreciated/Disposed or Parts)		REMOVED 12/31/13	12/23/13	12/31/13	03-13	(3 588 00)				(3 588 00)			
12 201						03-13	(3 588 00)				(3 588 00)	(153.64)	1000 5	
12 201						03-13						(153 61)	Loss on disp	posal
12 201 12 201						03-13	(3 588 00)			10 500 00	(3 588 00)		Loss on disp	posal