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## 990

#### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2014

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.

For the 2014 calendar year, or tax year beginning January 1 2014, and ending 20 14 December 31 C Name of organization AIDS United Check if applicable D Employer identification number Address change Doing business as 52-1706646 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change П Initial return 1424 K Street NW 200 (202) 408-4848 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return Washington, DC 20005 G Gross receipts \$ F Name and address of principal officer Application pending Michael Kaplan, President & CEO H(a) Is this a group return for subordinates? Tyes Vo 1424 K Street NW - Suite 200, Washington, DC 20005 H(b) Are all subordinates included? Tyes No. 501(c)(3) If "No," attach a list, (see instructions) 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status Website: ▶ www.aidsunited.org H(c) Group exemption number ▶ Form of organization Corporation Trust Association ☐ Other ▶ L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: AU's mission is to end the AIDS epidemic within the Activities & Governance US. We seek to achieve our mission through strategic grantmaking initiatives that cover a broad range of areas including access to care, advocacy, and syringe access. Public Policy efforts are guided by local AIDS service organizations. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 16 Total number of individuals employed in calendar year 2014 (Part V. line 2a) 5 137 Total number of volunteers (estimate if necessary) . . . . . 6 16 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T. line 34 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h). 10,270,047 10,674,026 Program service revenue (Part VIII, line 2g) 369,604 469,582 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 10 (136, 143)(375,015)11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . 130,460 22,222 12 Total revenue—add lines 8 through 1 thus ed al Part VIII, column (A), line 12) 10,633,968 10,790,815 13 6.896.335 6.270.232 14 15 2,561,889 3,171,024 16a 16,331 11,421 Total fundraising expenses (Part (X) column (0) time 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 2,039,742 2,194,870 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11,514,297 11,647,549 Revenue less expenses. Subtract line 18 from line 12 19 (880, 329)(856,734) Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 17,529,739 11,372,445 21 Total liabilities (Part X, line 26) . . 2,610,528 1,162,476 22 Net assets or fund balances. Subtract line 21 from line 20 14,919,211 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (others than officer) is based on all information of which preparer has any knowledge Sign Here Michael Kaplan, President & CEO Type or print name and title Print/Type preparer's name Preparer's signature Paid Check I If Preparer Charles R. Deppe self-employed P00064245 Firm's name Matthews, Carter & Boyce, P.C. Firm's FIN ▶ 54-1487262

**Use Only** 



Firm's address ► 12500 Fair Lakes Circle, Suite 260, Fairfax, VA 22033

May the IRS discuss this return with the preparer shown above? (see instructions)

Phone no

✓ Yes 
☐ No

703.218.3600

Part I	Statement of Program Service Accomplishments
•	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
	grant-making, capacity building, advocacy and policy. Grant-making 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
	includes a broad array of local AIDS Service and allied organizations
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
2	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?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	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.
	the total expenses, and retends, in any, for each program control reported.
4a	(Code: ) (Expenses \$ 4,092,866 including grants of \$ 3,220,290 ) (Revenue \$ 0 )
	Access to Care 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 12 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://www.aidsunited.org/Programs-0024-Grantmaking/Access-to-Care aspx
	AU manages the groundbreaking national evaluation, led by Drs 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
	toward self-sufficiency through treatment adherence, job training, housing stabilization, and peer to peer support
4b	(Code:) (Expenses \$1,724,010 including grants of \$1,405,500 ) (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 2013-2014 grant
	period, AU awarded 32 grants to organizations located in 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 75 community partners outside of the REACH cohort that were engaged and dozens of policy
	improvements benefited from education and awareness raising by REACH grantees. To learn more about this initiative, visit
	http://southernreach.aidsunited.org/
4c	(Code: ) (Expenses \$ 1,177,040 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
	•
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4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 3,925,471 including grants of \$ 644,442) (Revenue \$ 0)
	Total program service expenses ► 10,919,387

Part	IV Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		_	
	complete Schedule A	1	<b>✓</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓_	
3	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	_	1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4	<b>√</b>	
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," complete Schedule D, Part IV	9		1
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	1	
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.	(g 4;		
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	of its total assets reported in Part X, line 16? If "Yco," complete Schedule D, Part VIII	11c		1
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
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	<b>√</b>	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a	<u> </u>	✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
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		1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	†	<del>                                     </del>

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Part	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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>✓</b>
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		1
b c	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), 501(c)(4), and 501(c)(29) 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>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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 "Yes," complete Schedule L, Part II	26		<b>√</b>
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		1
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	28a 28b		1
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? <i>If</i> "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	•

Form **990** (2014)

Part	Statements Regarding Other IRS Filings and Tax Compliance				
•	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u> </u>		
4.		1.1	·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 44	⊣	الم المراج	٠. ٤٠
b c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments		)  ; (')  •; •/ -	,	3 - x3 \ .
U	reportable gaming (gambling) winnings to prize winners?	to vendors and	1c	1	لدححة
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		. ^	* *	7 7
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 137	7 2 m x	*	°
b	If at least one is reported on line 2a, did the organization file all required federal employment		2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst		* .		* 1.00
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	r?	За		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So	chedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature of				
	over, a financial account in a foreign country (such as a bank account, securities account, or	or other financial		ĺ	
	account)?		4a	- V W 16	<b>√</b>
b	If "Yes," enter the name of the foreign country: ▶			300	K 3
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fi	nancial Accounts	1	10.7	اد ا اد ا
_	(FBAR).		م سند	لستمك	للد دسد
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a 5b	<del>  -</del> -	<u>/</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter if "Yes" to line 5a or 5b, did the organization file Form 8886-T?	r transaction?	5c	-	<del>  •</del>
с 6а	Does the organization have annual gross receipts that are normally greater than \$100,0	 00 and did the	100	-	<del> </del>
Ou .	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		1	_	Ė
-	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		**************************************	- 4	330
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods	1.5	3 7 1 3 3 2 1	
	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?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property	for which it was			
	required to file Form 8282?		7c	yn	- Tunnia
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			ششيف
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal base		7e 7f	1	<b>V</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit the organization received a contribution of qualified intellectual property, did the organization file Form		7g		<b>  V</b>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7 <del>9</del>		+
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund		3,3, 70,		ia (ia.)
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.			v.j.d	100
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	son?	9b		
10	Section 501(c)(7) organizations. Enter		1	1:.	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		3000 C	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b	<b>-</b>   ` ' ,		,
11	Section 501(c)(12) organizations. Enter:	1	/		> 5
a	Gross income from members or shareholders	11a	<b>-</b>   , ; ; ;	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	446			Hig
40-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 10/12	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	120		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		- r	133	V ŝ
ıs a	Is the organization licensed to issue qualified health plans in more than one state?		13a	1 23 25	1 3
a	Note. See the instructions for additional information the organization must report on Schedu	le O.	r 19-2 4	34	179
b	Enter the amount of reserves the organization is required to maintain by the states in which			1.03	
	the organization is licensed to issue qualified health plans	13b		1	10:
С	Enter the amount of reserves on hand	13c	1.7.7.1	TÀ.	
14a	Did the organization receive any payments for indoor tanning services during the tax year? .		14a		1
b	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in	Schedule O .	14b	}	1

Part \				
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Conti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u>· · · · </u>	_ 🖳
Section	on A. Governing Body and Management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year   1a   16	1 9	*	
1a	9	* *	·*	· // 🕸
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar		<b>`</b> ]	. <del>4</del> ~,
	committee, explain in Schedule O.	- }	8-0	1
b		* · · / ·	·	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	3004		
_	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct	<del>-</del>		<del></del>
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>√</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>√</b>
6	Did the organization have members or stockholders?	6		<b>✓</b>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		1	
	one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			<b>√</b>
	stockholders, or persons other than the governing body?	7b		<b>-</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	6.5	<b>™</b> .⊼∮	<i>**</i>
	the year by the following:			<u>* 3 1</u>
а	The governing body?	8a	<b>√</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			,
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>✓</u>
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ves	No
40-	Did the average have least charters branches or offiliates?	10a		<b>√</b>
10a b	Did the organization have local chapters, branches, or affiliates?	iva		
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>√</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	7 70 2	\$ \$ 1.3 4	, y <sup>2</sup>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	-	✓	
13	Did the organization have a written whistleblower policy?	13	<b>√</b>	
14	Did the organization have a written document retention and destruction policy?	14	✓	7 % 3
15	Did the process for determining compensation of the following persons include a review and approval by	1 3	* *	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		····	لنگ
a	The organization's CEO, Executive Director, or top management official	15a	<u>√</u>	
b	Other officers or key employees of the organization	15b	<u>√</u>	1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	3,	" #	
.00	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		8-19-3	1
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		M),#	
	organization's exempt status with respect to such arrangements?	16b	.**	
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ see attached Schedule O			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	✓ 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 int	erest p	oolicy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords:		
	Michael Kaplan c/o AIDS United, 1424 K Street NW - Suite 200, Washington, DC 20005, (202) 408-4848			

Form	aan	(201	4١
COLL	330	1201	4,

Page **7** 

Form **990** (2014)

## 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	or any relate	d orga	anız	atio	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.
(A)	(B)	(do n	ot ch		ition more	than o	one	(D)	(E)	(F)
Name and Title	Average hours per	box, unless person is both an Reportable Rep			box, unless person is both an			Reportable compensation from	Estimated amount of	
	week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) <u>Armitaqe</u> , Tim	3									
Trustee, Board Secretary		[ ✓		1				0	0	
(2) Caldwell, Katy	3									
Trustee, Board Chair		✓		✓				. 0	0	0
(3) Collier, William	2									
Trustee		✓						0	0	0
(4) Cramer, Duane	2									
Trustee		✓						0	0	0
(5) Crockett, Gail	2								'	
Trustee		/		<u> </u>				0	0	0
(6) Flood, Amy	2	1								
Trustee		✓		<u> </u>				0	0	0
(7) Fraser-Howe, Debra	2									
Trustee	ļ	✓.	<u> </u>	<u> </u>			_	0	0	0
(8) Gomez, Rick	3									
Trustee, Board Treasurer	ļ	<b>✓</b>	<u> </u>	✓	<u> </u>		ļ	0	0	0
(9) Hill, Marjorie	2				ł					
Trustee		<b>✓</b>	_	_	<u> </u>			0	0	0
(10) Hilliard, Jr , Robert	2									
Trustee		<b>✓</b>	┞	_			<u> </u>	0	0	0
(11) Ho, Tam	3			١.			1			
Trustee, Vice Chair		<b>✓</b>	┞	1	┞	ļ	ļ	0	0	0
(12) Khanna, Naina	2	ļ ,								
Trustee	ļ	<b>/</b>	—	<u> </u>	ļ	<b> </b>	<u> </u>	Ö	_0	0
(13) Nesbitt, Jamie	2		1			1				
Trustee		<b>  √</b>	ـــ	<u> </u>	<u> </u>			0	0	0
(14) Pietrandoni, Glen	2	. ↓								
Trustee			<u>L</u>	<u> </u>	<u> </u>	L		0	0	0

Part VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees		nd H	lighes	st C	ompensated E	mployees (conti	nued)
(A) Name and title	(B) Average hours per week (list any hours for	officer and a director/tru				ıs both or/trust	an ee)	(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15) Russell, Randy	2	1								
Trustee (16) Thompson, Craig	2	•	-		-			0	0	0
Trustee	<del> </del>	1						0	0	l 0
(17) Kaplan, Michael	40						<u> </u>	<u> </u>		
President & CEO				✓	L.			202,353	0	20,903
(18) Charles, Vignetta	40									
Senior Vice President				<b>✓</b>	-		<u> </u>	156,777	0	29,945
(19) Wilt, Bryan	40			1				110 100	,	11.040
Chief Fiscal Officer (20) Riordan, Maura	40		-	-	<del> </del>		-	113,192	0	11,848
Vice President of Access & Innovation	<del>-</del>			1				107,142	0	17,840
(21) Kessler, Matthew	40									
Vice President of Operations				✓				106,564	0	13,604
(22) Johnson, Ronald	40									
Vice President of Policy & Advocacy			_	1	_			97,403	0	24,827
(23)		ļ								
(24)			╁	<del> </del>	├─		-			
<i>S</i> <del>-</del>	†	1			ļ					
(25)										
	<u> </u>		<u> </u>							
1b Sub-total			•	٠				783,431	0	<del> </del>
c Total from continuation sheets to Part			٠	•	-			0	0	<del></del>
d Total (add lines 1b and 1c)						above	e) w	783,431 ho received m		
3 Did the organization list any former of employee on line 1a? If "Yes," complete								-	nest compensat	
4 For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$	ble 150,	000	npe )? <i>I</i>	nsatic f "Ye	on a s,"	and other comp complete Sch	pensation from t nedule J for su	ch
5 Did any person listed on line 1a receive of for services rendered to the organization									zation or individe	ual 4 1
Section B. Independent Contractors									· · ·	
<ol> <li>Complete this table for your five highest compensation from the organization. Rej year.</li> </ol>										
(A) Name and business add	dress							(B) Description of s	services	(C) Compensation
Robert Greenwald, 50 Elmhurst Road, Newton, MA							Pro	ofessional serv	ices	111,475
Jemal's Orme, LLC, 702 H Street, NW - Suite 400, V	Vashington,	DC 2	000	1			Of	fice rent		217,766
Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who	

Part	VIII	Statement of Reve				D-41/III	- ·· ·· <u>·</u>	
4		Check if Schedule O	contains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Gifts, Grants	1a	Federated campaigns	i 1a	56,955		revenue		7 7 3
Contributions, Gifts, Grants and Other Similar Amounts	b c	Membership dues . Fundraising events .	1b				No serie	
ar A	d	Related organizations			A.a b	# // * #		The Royal
imil	е	Government grants (con	tributions) 1e	3,439,762	,	ŗ		
itior er S	f	All other contributions, gi				, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	
oth O	_	and similar amounts not inc		7,177,309	~~ <5~ , ~	· *		
Contributions, and Other Sim	g h	Noncash contributions include <b>Total.</b> Add lines 1a–11		<b>-</b>	10,674,026			
	••	Total Add lines to 1	<u> </u>	Business Code	10,074,020			
Program Service Revenue	2a	Membership Dues		9000099	402,350	402,350	A CONTRACTOR OF THE PARTY OF TH	***************************************
e Re	b	Fee for Service		9000099	67,232	67,232		
Zi	C							
n Se	d							
gran	e f	All other program sen	vice revenue					
Pro	g g	Total. Add lines 2a-2		•	469,582	\$ \$5 Y. v		·
	3	Investment income	(including divid					
	_	and other similar amo	•		249,027		_	249,027
	4	Income from investment	t of tax-exempt b	ond proceeds				
	5	Royalties	(ı) Real	(II) Personal	¥. , , , , , .		www.	
	6a	Gross rents	22,222					
	b	Less: rental expenses	<del>.</del>					
	С	Rental income or (loss)	22,222					
	d	Net rental income or (loss)  Gross amount from sales of (i) Securities		(ii) Other	22,222		+ ~ ( `, , , , , )	22,222
	7a	assets other than inventory	34,659,874	(11) 1,2771121	mirana mananana 💉	keti mingis Minimphis	remoden promise	i i idiramii ng i nganganada yi igi
	ь	Less: cost or other basis	34,039,674					
		and sales expenses	35,283,916					
	С	Gain or (loss)	(624,042)			<u> </u>		Z I Z
	d	Net gain or (loss) .		▶	(624,042)	+ Sho 1 *	With the	(624,042)
e	- Ra	Gross income from fu	ındraisınd					
Other Revenue		events (not including \$	a.a.ag			SA COLOR		
Ŗ		of contributions reporte						
Jer		See Part IV, line 18 .						
₹	l	Less: direct expenses					* <u>*</u>	
	C 9a	Net income or (loss) f Gross income from ga		events . ►		\$ 25 A	V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	"	See Part IV, line 19 .						
	b	Less: direct expenses	s <b>b</b>		3.0 m - 110 M	S. C. San Market		
	С	Net income or (loss) f		ivities ►				
	10a	Gross sales of in	•					
	_	returns and allowance	_					
	b	Less: cost of goods s Net income or (loss) f			<u> </u>	<u> </u>		<u></u>
	<u>~</u>	Miscellaneous R		Business Code	Ĩ.			
	11a							
	b							
	C	All other revenue			<del> </del>	<b></b>	<del> </del>	<del> </del>
	d e	All other revenue .  Total. Add lines 11a-			<del> </del>	**************************************	**********	21" 1 - 71X - N
	12	Total revenue. See I	· · ·		10,790,815	469,582		(352,795)
					, , , , , , , ,			Form <b>990</b> (2014)

## Form 990 (2014) Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX								
				<u> </u>					
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,270,232	6,270,232						
2	Grants and other assistance to domestic individuals. See Part IV, line 22								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	902,398	683,512	187,849	31,037				
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	1,870,003	1,771,619	50,376	48,008				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	44,416	39,641	2,928	1,847				
9	Other employee benefits	156,847	149,175	3,482	4,190				
10	Payroll taxes	197,360	180,221	11,482	5,657				
11	Fees for services (non-employees):								
а	Management								
b	Legal								
C	Accounting	17,717		17,717					
d	Lobbying	,,,,,,,,							
e	Professional fundraising services. See Part IV, line 17	11,421	.j		11,421				
f	Investment management fees	11,421	0.00 ° 7%		1171661				
g	Other. (If line 11g amount exceeds 10% of line 25, column								
9	(A) amount, list line 11g expenses on Schedule O.)								
40		15,400	14.071		500				
12	Advertising and promotion	15,460	14,871	01.000	589				
13	Office expenses	160,397	130,921	21,322	8,154				
14	Information technology	118,485	97,885	12,225	8 375				
15	Royalties				<del></del>				
16	Occupancy	221,259		221,259	<u> </u>				
17 18	Travel	557,789	529,270	18,553	9,966				
19	Conferences, conventions, and meetings .	17,578	15,623	1,855	100				
20	Interest								
21	Payments to affiliates	·····			_				
22	Depreciation, depletion, and amortization .	20,168		20,168					
23	Insurance	2,730		2,730					
24	Other expenses. Itemize expenses not covered	2,730		-43.1	N. 3 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
24	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.)								
_		1,015,349	1,002,804	9,471	3,074				
a	Outside services			<del></del>	<del></del>				
b	Other expenses	47,940	33,613	4,734	9,593				
C			1						
d				<del>.</del>					
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	11,647,549	10,919,387	586,151	142,011				
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)								
	, <del></del>			<u> </u>	Form <b>990</b> (2014)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 1 2 2 5,261,619 2,676,584 3 3 927.088 5,446,431 4 4 5 Loans and other receivables from current and former officers, directors, 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 Assets 7 7 8 8 9 21.636 9 Prepaid expenses and deferred charges . 37,159 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c 57,945 b Less: accumulated depreciation . . . . (121.160)78,113 11 7,651,916 6,616,649 11 12 12 Investments—other securities. See Part IV, line 11 . . . . . . . 13 13 Investments—program-related. See Part IV, line 11 . . . . 14 14 89,768 15 37,276 15 17.529.739 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 11,372,445 17 281,838 225,777 17 18 2,293,399 920,544 18 10,757 19 19 10,563 20 20 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 24,534 2,610,528 26 1,162,476 26 Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 782,220 363,897 28 28 12,733,149 8,439,102 1,403,842 29 1,406,970 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 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 14,919,211 33 10,209,969 33 17,529,739 11,372,445

Parl	XI Reconciliation of Net Assets		<u> </u>		
•	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u>.</u> .	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10,790	0,815
2	Total expenses (must equal Part IX, column (A), line 25)	2		11,647	7,549
3	Revenue less expenses. Subtract line 2 from line 1	3		(856	,734)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		14,919	9,211
5	Net unrealized gains (losses) on investments	5		33	3,642
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8		(3,886	<u>,150)</u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		10,209	9,969
Part					_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>	<del></del>	Ц
				Yes	No ,
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		_	3	
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	(piain ii	ו (۱۳۳۰   ۱		SP :
•				3.00	, ,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com-			39	<u>√</u>
	reviewed on a separate basis, consolidated basis, or both:	pilea o	'   ]		ki.
	Separate basis Consolidated basis Both consolidated and separate basis				
b			. 2b		1
D	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	,	•	
	separate basis, consolidated basis, or both:	ca on e	a   -,		;
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				4
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for committee that assumes responsibilities are committee that	versiah	t		,
Ŭ	of the audit, review, or compilation of its financial statements and selection of an independent according			1	
	If the organization changed either its oversight process or selection process during the tax year, ex				9774 900004
	Schedule O.		359	: 3000	· · <u>`</u> ************************************
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth ii	n		~
	the Single Audit Act and OMB Circular A-133?		.   3a	<b>✓</b>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo the	е		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	1	
			Forn	n <b>990</b>	(2014)

#### SCHEDULE A (Form 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.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

	United							06646
Pa		Reason for Public Char				•		ns.
The o		ation is not a private founda						
1		church, convention of church			ibed in <b>se</b>	ection 17	'0(b)(1)(A)(i).	
2		school described in section						
3		hospital or a cooperative hos					• • • • •	
4		medical research organizations poital's name, city, and state		onjunction with a nosp	oitai desc	ribea in s	section 170(b)(1)(A)(	iii). Enter the
5		organization operated for		collogo or upworeity	owned o	r oporate	d by a government	al unit described in
3		ction 170(b)(1)(A)(iv). (Comp		college or university	owned o	Operate	ed by a government	ar unit described in
6 7	✓ An	federal, state, or local govern organization that normally scribed in section 170(b)(1)	receives a subs	tantial part of its sup				the general public
8		community trust described in			Dart II \			
9	_	•				·	tributions moreless	hin food and arose
3	red su	organization that normally beipts from activities related pport from gross investme quired by the organization a	to its exempt nt income and	functions—subject to unrelated business	certain taxable ii	exception ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
10	□An	organization organized and	operated exclus	sively to test for public	safety.	See <b>sect</b> i	ion 509(a)(4).	
11	on	organization organized and e or more publicly supported box in lines 11a through 110	organizations d	escribed in section 50	09(a)(1) o	r <b>section</b>	509(a)(2). See secti	on 509(a)(3). Check
а	□ 7 t	Type I. A supporting organiz the supported organization(sorganization.	ation operated, s ) the power to re	supervised, or control	led by its	supporte	ed organization(s), ty	pically by giving
b	C	<b>Type II.</b> A supporting organia control or management of tho organization(s). <b>You must co</b>	e supporting org	janization vested in th				
С		Type III functionally integrats supported organization(s)						y integrated with,
d	t	Type III non-functionally into the interior in	ated. The organi	zation generally must	satisfy a	dıstributı	on requirement and	
е		Check this box if the organiz unctionally integrated, or Ty	ation received a	written determination	from the	IRS that	ıt ıs a Type I, Type I	I, Type III
f	Ente	er the number of supported o	organizations .					
g		ride the following information						
	(i) Nam	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	listed in you	irganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				(See mandenona))	Yes	No		
A)		-						-
B)								
D)	-	<u> </u>			-			
E)								
<del>-,</del>			*** *** ***	manus state, same	i če i	. Ø Ses.		
[ota								

instructions . . . . . . . .

Part	(Complete only if you checked the						
	Part III. If the organization fails to						amy under
Secti	on A. Public Support	<b>4</b>		, , , , , , , , , , , , , , , , , , ,			
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and		. ,				
	membership fees received. (Do not						
	include any "unusual grants.")	13,795,513	16,182,336	15,560,993	10,270,047	10,674,026	66,482,915
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	13,795,513	16,182,336	15,560,993	10,270,047	10,674,026	66,482,915
5	The portion of total contributions by	1 7 7 1	,m#\**		PARTIE S	15. C	
	each person (other than a						
	governmental unit or publicly	ريک ا	133 . 372-634 ·			*; **:	
	supported organization) included on		West Mile		a high his significant		
	line 1 that exceeds 2% of the amount		-	3.0			
_	shown on line 11, column (f)		, , -> - v · · ·	a		\$400000	27,132,623
6	Public support. Subtract line 5 from line 4.  on B. Total Support	<b>**</b> **********************************	# , <sub>1,2</sub> #			88 May 13 14	39,350,292
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	13,795,513	16,182,336	15,560,993	10,270,047	10,674,026	66,482,915
8	Gross income from interest, dividends,	13,795,513	10,102,330	15,560,993	10,270,047	10,074,020	00,402,913
0	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	405,876	288,465	424,472	359,921	249,027	1,727,761
9	Net income from unrelated business	403,070	200,403	727,772	333,321	240,027	1,,,,,,,,,,
·	activities, whether or not the business						
	is regularly carried on .	0	o	0	0	اه	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	3.856	14,673	14,443	3,224	0	36,196
11	••	"是一个	ing a significant				68,246,872
12	Gross receipts from related activities, etc					12	1,533,062
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u> </u>	· · · · ·	<u> </u>	▶ [
	on C. Computation of Public Support						
14	Public support percentage for 2014 (line		_			14	57 66 <b>%</b>
15	Public support percentage from 2013 Sci					15 mg/ or more of	52 76 %
16a	331/3% support test—2014. If the organi box and stop here. The organization qua						
h	331/3% support test—2013. If the organ			-			
b	check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	ganization .		. ▶ □
17a	10%-facts-and-circumstances test—2: 10% or more, and if the organization me Part VI how the organization meets the "torganization	ets the "facts-	and-circumsta ımstances" tes	nces" test, che	eck this box ar ation qualifies	nd <b>stop here.</b> E	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the neets the "facts 	e "facts-and-ci s-and-circums 	rcumstances" tances" test. T 	test, check the organization	nis box and <b>st</b> on qualifies as a	op here. a publicly . ► □
40	Drivete foundation If the organization d	id not chack a	hay on line 13	16a 16h 17a	a or 17h chec	k this how and	200

Schedul	e A (Form 990 or 990-EZ) 2014						Page <b>3</b>	
Part								
•	(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.)							
Section	on A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	<b>(f)</b> 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		İ					
	organization's tax-exempt purpose						<del> </del>	
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid							
	to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3					-		
	received from disqualified persons .							
b	Amounts included on lines 2 and 3							
	received from other than disqualified	-						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	•							
C	Add lines 7a and 7b		1 Casa 4 minus			Sharing and the task of		
8	line 6.)							
Secti	on B. Total Support	[ ] [ - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	***************************************	80: . # \$V	Barra Branton,			
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total	
9	Amounts from line 6	(4) 2010	(2) 2011	(0) 2012	(4) 20.0	(0,201)		
10a	Gross income from interest, dividends,							
100	payments received on securities loans, rents,	1						
	royalties and income from similar sources .							
b	Unrelated business taxable income (less							
_	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether		'					
	or not the business is regularly carried on							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,			!				
4.4	and 12.)	<u> </u>	la finat casan	al Abrigal Consider	or fifth toy u	l l	n F01(a\/2\	
14	First five years. If the Form 990 is for the							
Cook	organization, check this box and stop he			· · · · ·			<u> </u>	
15	on C. Computation of Public Support percentage for 2014 (line			3 column (fl)		15	<del></del>	
16	Public support percentage for 2014 (interpretage from 2013 Sc						%	
	on D. Computation of Investment In			· · · · ·	<u> </u>			
17	Investment income percentage for 2014			y line 13, colur	mn (f))	17	%	
18	Investment income percentage from 201	3 Schedule A,	Part III, line 17			18	%	
19a	331/3% support tests—2014. If the organ	nization did not	check the box	c on line 14, ai	nd line 15 is n	nore than 331/39		
	17 is not more than 331/3%, check this box	and stop here.	The organizati	on qualifies as	a publicly supp	orted organizati	on . ▶ 🗌	
b	331/3% support tests-2013. If the organi						31/3%, and	
-	line 18 is not more than 331/3%, check this							
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🔲	

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete F	Part V.	.)	
Secti	on A. All Supporting Organizations	-	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain.	1		140
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	(* Ag)	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		: XI
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	- <b>C</b> N 1	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	<u>(, 19</u>	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		îs ·
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		,
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	or in the injuries	nour malli
b c	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	3	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		or un intercuiren han
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		* ***
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below	10a	1	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	32		

determine whether the organization had excess business holdings.)

10b

	EX (1 0 m 000 0 000 EE) 2014			age o
Part	Supporting Organizations (continued)	- 1		
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	· (%)	1	3.3
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		<b>\</b> /.	
		25 J.m.	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	88	26.314g	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	, , , , , , , , , , , , , , , , , , ,		
	controlled the organization's activities. If the organization had more than one supported organization,		13.	y
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		* 1×*	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	المناها	≯غظامدد	أتمدسدنا
•	Did the annual to the feether has fit of an annual description of the state of the	$\vdash$	n 4 106 h 82	Sec. A sec.
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>	12.8		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	5.3		
	supervised, or controlled the supporting organization.	2	نستخدث	
Secti	on C. Type II Supporting Organizations			
Occu	on o. Type it dapporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	<b>4.</b>	 ે	<u> </u>
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	3		
	or management of the supporting organization was vested in the same persons that controlled or managed		Tale Alle	. 4
	the supported organization(s).	1	_ Secure :	لششا
Secti	on D. All Type III Supporting Organizations	1		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	700.0		1
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the		9-6	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	ամինֆես Հ		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	7		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		# #W	20.40
	significant voice in the organization's investment policies and in directing the use of the organization's		\$5.	( Sept. )
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	<u> </u>		
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	s)·
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line</i> 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.	73.00	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	40	, <b>"₹</b> ,3"	100
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>		ار پر از	ا رايا السائيل
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.		عقت	
	·	2a	(4) Miles	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		TO THE T	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these	747 3144	- 10	2.je
	activities but for the organization's involvement.		1200	r:Ti
_	•	2b	· · · · · · ·	ا دوځنې پر څ
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		1.3	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	ننننئذ		اعدتا
		3a	₹ %	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	2h	<u> </u>	
	of its supported organizations? If the first the first of the role played by the organization in this regard.	3b	<u> </u>	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations						
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
1 Net short-term capital gain	1							
2 Recoveries of prior-year distributions	2							
3 Other gross income (see instructions)	3							
4 Add lines 1 through 3	4							
5 Depreciation and depletion	5							
6 Portion of operating expenses paid or incurred for production or								
collection of gross income or for management, conservation, or								
maintenance of property held for production of income (see instructions)	6							
7 Other expenses (see instructions)	7							
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8							
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1 Aggregate fair market value of all non-exempt-use assets (see	\$25m.	Assis to the same						
instructions for short tax year or assets held for part of year):			out to the second					
a Average monthly value of securities	1a							
<b>b</b> Average monthly cash balances	1b							
c Fair market value of other non-exempt-use assets	1c							
d Total (add lines 1a, 1b, and 1c)	1d		_					
e Discount claimed for blockage or other	1.50		70VX - 808					
factors (explain in detail in <b>Part VI</b> ):								
2 Acquisition indebtedness applicable to non-exempt-use assets	2							
3 Subtract line 2 from line 1d	3							
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,								
see instructions).	4	•						
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6 Multiply line 5 by .035	6							
7 Recoveries of prior-year distributions	7							
8 Minimum Asset Amount (add line 7 to line 6)	8							
Section C - Distributable Amount			Current Year					
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1							
2 Enter 85% of line 1	2							
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3							
4 Enter greater of line 2 or line 3	4							
5 Income tax imposed in prior year	5	TO THE STATE OF TH						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			,					
emergency temporary reduction (see instructions)	6	ia ista ika						
7 Check here if the current year is the organization's first as a non-functional	ly-ır	ntegrated Type III supportin	g organization (see					
instructions)								

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organ	izations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	inizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.	J		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		<i>(</i> :)	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:	j, will in the		
а	The state of the s	3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· 🔆 - '%'* - '%'	
b	Angle and the Carlot of the Ca		side in the state of the second	. Electrical Call
С		81 *** \	**************************************	
d	DO THE RESERVE OF THE SECOND STATE OF THE SECOND SE		V2	18 an 18 an
е	From 2013		Take the	
f	Total of lines 3a through e		34.	
g	Applied to underdistributions of prior years	A roth Mark		
h	Applied to 2014 distributable amount	2. X	13. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
i	Carryover from 2009 not applied (see instructions)			(\$\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section	ந்து தெற்றார் பார்கள்	in in the signature of the signature of	manananin) ara matang
•	D, line 7: \$			
а	Applied to underdistributions of prior years	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
b	Applied to 2014 distributable amount	· 100	āti i i i i i i i i i i i i i i i i i i	
C	Remainder. Subtract lines 4a and 4b from 4.			117 127 137 138 138 138 138 138 138 138 138 138 138
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h	in the second	· · · · · · · · · · · · · · · · · · ·	
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j	**************************************		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	and 4c.			
8	Breakdown of line 7:	in the succession		-A.M (2) (3) (4) (4) (4)
a			9-94	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
b		Sanda Sa	all and the	. 44 4: , 3: ,
C		\$ 23 SW	*****	
d	Excess from 2013	\$ ·	, % , , , , , , , , , , , , , , , , , ,	4: ×
e	Excess from 2014		· * , · · * , · ·	
				<del> </del>

Part VI 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
2010 Miscellaneous related or exempt function income = \$ 3,856
2011 Miscellaneous related or exempt function income = \$ 14,673
2012 Miscellaneous related or exempt function income = \$ 14,443
2013 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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

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(h)) Complete Part II-B Do not complete Part II-A

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

Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955 . ▶ \$		ection 501(c)(4), (5), or (6) org	anizations Complete Part III			
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.  1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.  2 Political expenditures	Name	of organization			Employer ide	ntification number
Part LB Complete if the organization is exempt under section 501(c)(3).  Enter the amount of any excise tax incurred by the organization under section 4955 \$ 0.0  Enter the amount of any excise tax incurred by organization under section 4955 \$ 0.0  If the organization incurred a section 4955 tax, did it file Form 4720 for this year? \$ 0.0  If the organization incurred a section 4955 tax, did it file Form 4720 for this year? \$ 0.0  If "Yes," describe in Part IV.  Part LC Complete if the organization is exempt under section 501(c), except section 501(c)(3).  Enter the amount of directly expended by the filing organization for section 527 exempt function activities \$ 0.0  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 0.0  Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 0.0  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is enfectly delivered to a separate political contributions received that were promptly and directly delivered to a separate political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name (b) Address (c) EIN (d) Amount paid from filing organization is funds. Also enter the amount of political contributions received and received and received information in Part IV.  (a) Amount paid from filing organization in IPAT IV.  (b) Address (e) EIN (e) Amount paid from filing organization in IPAT IV.  (c) Amount paid from filing organization in IPAT IV.  (d) Amount paid from filing organization in I						
2 Political expenditures					· · · · · · · · · · · · · · · · · · ·	organization.
Part I-B   Complete if the organization is exempt under section 501(c)(3).   Enter the amount of any excise tax incurred by the organization under section 4955   \$ 0.0     Enter the amount of any excise tax incurred by organization managers under section 4955   \$ 0.0     If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   Yes   No     Was a correction made?   Yes   No     If "Yes," describe in Part IV.   Part I-C   Complete if the organization is exempt under section 501(c), except section 501(c)(3).     Enter the amount directly expended by the filing organization for section 527 exempt function activities   \$     Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b   \$     Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b   \$     Did the filing organization file Form 1120-POL for this year?   Yes   No     Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.    (a) Name   (b) Address   (c) EIN   (d) Amount paid from filing organization is undersorby and promptly and directly delivered to a separate political organization is received and promptly and directly delivered to a separate political organization is none, enter-0-		•	•		•	
Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955		•				
Enter the amount of any excise tax incurred by the organization under section 4955 . Senter the amount of any excise tax incurred by organization managers under section 4955 . Senter the amount of any excise tax incurred by organization managers under section 4955 . Senter the amount of any excise tax incurred by organization managers under section 4955 . Senter the amount of middle organization is exempt under section 501(c), except section 501(c)(3).    Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3).    Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . Senter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . Senter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part of the filing organization's funds. If none, enter -0-  (1)  (2)  (3)  (4)	3	Volunteer hours			• • • • • •	0
2 Enter the amount of any excise tax incurred by organization managers under section 4955. \$ \$ 0 if the organization incurred a section 4955 tax, did it file Form 4720 for this year? \$ Ves No Ves No If "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ \$ 4 Did the filling organization file Form 1120-POL for this year? \$ Ves No Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filling organization made payments. For each organization listed, enter the amount paid from the filling organizations funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name (b) Address (c) EIN (d) Amount paid from lining organization in Part IV.  (b) Address (c) EIN (d) Amount paid from lining organization if none, enter 0.  (c) Amount of political organization if none, enter 0.	Part	I-B Complete if th	e organization is exempt un	der section 501	(c)(3).	
## If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   Yes   No   No   Was a correction made?   Yes   No   No   No   Yes   No   No   Yes   No   No   No   Yes   No   No   Yes   No   No   Yes   No   No   No   No   No   No   No   N	1				M 4000	0
Was a correction made?  b If "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds if none, enter -0-  (e) Amount paid promotive organization if none, enter -0-  (e) Amount of political organization if none, enter -0-  (i)  (2)  (3)  (4)	2					0
If "Yes," describe in Part IV.	3	-		· · · · · · · · · · · · · · · · · · ·	/ear?	
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	4a					Yes No
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities						( ) (0)
activities  Enter the amount of the filing organization's funds contributed to other organizations for section  527 exempt function activities  Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds if none, enter -0-  If (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds if none, enter -0-  If (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds if none, enter -0-  If (a) Name (b) Address (d) Amount paid from filing organization's funds if none, enter -0-  If (a) Name (b) Address (d) Amount paid from filing organization if none, enter -0-  If (a) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-  If (a) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-  If (b) Address (c) EIN (d) Amount paid from filing organization if none, enter -0-  If (a) Amount paid from filing organization if none, enter -0-  If (b) Address (d) Amount paid from filing organization if none, enter -0-  If (a) Amount paid from filing organization if none, enter -0-  If (b) Address (e) EIN (f) Amount paid from filing organization if none, enter -0-  If (a) Amount paid from filing organization if none, enter -0-  If (a) Amount paid from filing organization is not not not not not not not not n						(c)(3).
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	1					
527 exempt function activities  Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  Did the filling organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds if none, enter -0-  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-  (1)  (2)  (3)  (4)	2					)
Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	2				•	<u> </u>
Inima 17b   State	3	•				, 
Did the filing organization file Form 1120-POL for this year?	•					
Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filling organization made payments. For each organization listed, enter the amount paid from the filling organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filling organization's funds. If none, enter -0-  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-  (1)  (2)  (3)  (4)	4					Yes No
organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds if none, enter -0-  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-  (1)  (2)  (3)  (4)  (4)	_		-			
the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds if none, enter -0-  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-  (1)  (2)  (3)						
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter -0-  (1) (2) (3) (4)		the amount of political c	ontributions received that were pr	omptly and directly	y delivered to a separate p	political organization, such
filing organization's funds if none, enter -0-		as a separate segregated	fund or a political action commit	tee (PAC). If addition	onal space is needed, prov	vide information in Part IV.
filing organization's funds if none, enter -0-		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
delivered to a separate political organization if none, enter -0-  (1)		(a) Hamo	(5) / (55)	(0, 2	filing organization's	contributions received and
political organization If none, enter -0-  (1)					funds If none, enter -0-	
(1)       (2)       (3)       (4)						political organization if
(2)						none, enter -u-
(2)	(1)					
(3) (4)						
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(4)		<del></del>	· · · · · · · · · · · · · · · · · · ·		<del></del>	
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(5)	(4)		<b> </b>			
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	(5)					
(6)	(G)	<del></del>				

Page	2
Page	? Z

Pa	art I	I-Á		Complete if the section 501(h)).		n is exempt u	nder section 50	01(c)(3) and filed	d Form 5768 (ele	ection under
A	Ch	eck	<b>•</b>				iliated group (an e of excess lobb		each affiliated gro es).	oup member's
В	Ch	eck		if the filing org	ganization che	ecked box A a	nd "limited cont	rol" provisions a	apply	
						ying Expenditu			(a) Filing	(b) Affiliated
							paid or incurred.		organization's totals	group totals
1	la	Tota	l lot	obying expenditure	es to influence	public opinion	grass roots lobby	ıng)		
	b	Tota	l lot	obying expenditure	es to influence	a legislative bo	dy (direct lobbying	3)		
	С	Tota	l lot	obying expenditure	es (add lines 1a	a and 1b) .				
	d	Othe	er ex	kempt purpose exp	penditures					
	е	Tota	l ex	empt purpose exp	enditures (add	lines 1c and 1c	d)			
	f	Lobb colu	-	g nontaxable an s.	nount. Enter t	the amount from	om the following	table in both		
		If the	am	ount on line 1e, colu	umn (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
		Not o	ver	\$500,000		20% of the am	ount on line 1e			
		Over	\$50	0,000 but not over \$	1,000,000	\$100,000 plus	15% of the excess	over \$500,000		
		Over	\$1,0	000,000 but not over	\$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000	4, 44, 13	1.5
		Over	\$1,5	00,000 but not over	\$17,000,000	\$225,000 plus	5% of the excess or	ver \$1,500,000		, , , , , , , , , , , , , , , , , , , ,
		Over	\$17	,000,000		\$1,000,000			ST.	
	g	Gras	sro	ots nontaxable am	nount (enter 25	% of line 1f)				
	h	Subt	trac	t line 1g from line	1a. If zero or le	ss, enter -0-				
	i			t line 1f from line 1						
	j			is an amount of			1h or line 1i, did	the organization	file Form 4720	□Ves □Ne
		repo	rtın	g section 4911 ta						Yes No
		(Sc	me	organizations th	at made a sec	tion 501(h) ele	Period Under sec ection do not have uctions for lines	e to complete all	of the five colum	ns below.
					Lobbying	Expenditures	During 4-Year Av	veraging Period	T	· · · · · · · · · · · · · · · · · · ·
		С	alen	dar year (or fiscal ye beginning in)	ear	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	( <b>d)</b> 2014	(e) Total
2	2a	Lobi	oyin	g nontaxable amo	ount					_
	b			g ceiling amount of line 2a, column (	(e))					
	С	Tota	l lol	obying expenditure	es					
	d			ots nontaxable an						
	е			ots ceiling amount of line 2d, column						
	f	Gras	sro	ots lobbying expe	nditures					
									Cabadula O (Cam	m 990 or 990-E7\ 2014

	ule C (Form 990 or 990-EZ) 2014			Page <b>3</b>
Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).			
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(6	9)	(b)
	ription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?	<u></u>	<b>\</b>	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<b>✓</b>		
C	Media advertisements?		<b>√</b>	
d	Mailings to members, legislators, or the public?	-	<b>√</b>	
e	Publications, or published or broadcast statements?		<b>√</b>	
t	Grants to other organizations for lobbying purposes?	<u> </u>	✓_	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	<b>/</b>		24,616
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-	<b>√</b>	
!	Other activities?	-	<b>√</b>	<del></del>
J	Total. Add lines 1c through 1			. X 46 13 13 13 13 14 14 14 14 14 14 14 14 14 14 14 14 14
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	, 66	<b>√</b> ₹88	
b	If "Yes," enter the amount of any tax incurred under section 4912			<del></del>
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	7.	danielio .	
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	1/51	)	
raru	501(c)(6).	,,(J), (	) 3 <del>0</del>	Cuon
	oo 1(o)(o).			Yes No
4	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Were substantially all (90% or more) dues received nondeductible by members?			2
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			
T CIT	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."			
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of		
а	Current year		2a	
b	Carryover from last year		2b	
С	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 lobb	ying		
	and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
	t IV Supplemental Information			
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	t); Par	t II-A, lines 1 and
AIDS	United staff had direct contact with members of the US Congress and their staff to both provide education	abou	t, and	advocate for, the
remov	val of the ban on the use of federal funds for syringe access programs. Staff also directly advocated for in	creas	ed fed	eral appropriation
for do	omestic HIV programs, Medicaid and Medicare, and the Patient Protection Affordable Care Act AIDS Unite	d staff	also	had direct contact
with c	congressional staff to discuss decriminalization of HIV, improved HIV screening in prisons, and potential li	egislat	ion to	reauthorize the
Ryan	White Program AIDS United staff met with administration officials to discuss issues related to federal im	pleme	ntatio	n of healthcare

reform, progress on national HIV/AIDS strategy, implemetnation of the Ryan White Program, and the federal budgets

	rm 990 or 990-EZ) 2014	Page 4
Part IV	Supplemental Information (continued)	
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	•••••••••••••••••••••••••••••••••••••	
•••••		

#### **SCHEDULE D** (Form 990)

OMB No 1545-0047

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.

Open to Public

Department of the Treasury Internal Revenue Service

Inspection

AIDS Limited  Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  Complete if the organization answered "Yes" to Form 990, Part IV, line 6.  1 Total number at end of year 2 Aggregate value of contributions to (cluring year) 3 Aggregate value of organization from (during year) 4 Aggregate value of organization from (during year) 5 Dd the organization from (during year) 6 Dd did reganization from all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Dd the organization from all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Post III Conservation Easements.  Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  Purpose(6) of conservation easements held by the organization (check all that appty).  Preservation of land for public use (e.g., recreation or education) Preservation of a controllar organization answered "Yes" to Form 990, Part IV, line 7.  Purpose(6) of conservation easements held by the organization (check all that appty).  Preservation of land for public use (e.g., recreation or education) Preservation of a contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements.  Total number of conservation easements of the decreasements of conservation of conservation of conservation easements.  Number of conservation easements included in (c) acquired after 8/17/06, and not on a histonocation of conservation easements included in (c) acquired after 8/17/06, and not on a histonocation of conservation easements included in (c) acquired after 8/17/06, and not on a histonocation of conservation easements included in (c) acquired after 8/17/06, and not on a histonocation of conservation easements included in (c) acquired after 8/17/06, and not	Name o	f the organization		Employer identification number
Complete if the organization answered "Ves" to Form 990, Part IV, line 5.  1 Total number at end of year  2 Aggregate value of contributions to (during year)  3 Aggregate value of organization answered "Ves" to Form 990, Part IV, line 6.  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds from (during year)  5 Did the organization inform all donors and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisors or advisors or advisor or advisors or advisors or advisors or advisors or advisors or advisors or any other purpose conferring impermissible private benefit?  8 Port II Conservation Easements  Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purposel's of conservation easements held by the organization (cleak all that apply).  1 Perservation of land for public use (e.g., recreation or education) Preservation of a historically important land area easement on the last day of the tax year.  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements the conservation easements.  2 Distribution of conservation easements in a certified historic structure included in (a).  2 December of conservation easements in a certified historic structure included in (a).  2 December of conservation easements on a certified historic structure included in (a).  2 December of conservation easements on a certified historic structure included in (a).  2 December of conservation easements on a certified historic structure included in (a).  2 December of conservation easements on a certified historic structure included in (a).  2 December of conservation easements on a certified historic structure included in (a).  2 December of conservation easements on a certified historic structure included in (a).  2 December of conservation easements on a certified historic structure included in (a).	AIDS U	nited		52-1706646
1 Total number at end of year   1		Organizations Maintaining Donor Adv		
2 Aggregate value of antibutions to (during year) 3 Aggregate value of grates from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements.  Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education)   Preservation of a certified historic structure  Protection of natural habitat   Preservation of a during the structure or easement on the last day of the tax year.  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements on a certified historic structure included in (a).  4 Number of conservation easements on a certified historic structure included in (a).  5 Number of conservation easements mounded in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements medified, transferred, released, evinguished, or terminated by the organization during the tax year    4 Number of states where property subject to conservation, inspection, handling of violations, and enforcement of the conservation easements in the lodds?  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in its revenue and expenses statement, and balance sheet, and muchale, if applicable, the text of the fortonic to the organization during the year  Part III Organizat		Complete if the organization answered		(b) Funds and other accounts
2 Aggregate value of antibutions to (during year) 3 Aggregate value of grates from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements.  Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education)   Preservation of a certified historic structure  Protection of natural habitat   Preservation of a during the structure or easement on the last day of the tax year.  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements on a certified historic structure included in (a).  4 Number of conservation easements on a certified historic structure included in (a).  5 Number of conservation easements mounded in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements medified, transferred, released, evinguished, or terminated by the organization during the tax year    4 Number of states where property subject to conservation, inspection, handling of violations, and enforcement of the conservation easements in the lodds?  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in its revenue and expenses statement, and balance sheet, and muchale, if applicable, the text of the fortonic to the organization during the year  Part III Organizat	1	Total number at end of year	1	1
3 Aggregate value of grants from (during year)  Aggregate value at end of year  1,37,599  52,761  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization from all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization from all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements.  Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Preservation of open space  2 Complete heas 2 at through 2 df if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements  5 Total acreage restricted by conservation easements  6 Number of conservation easements on a certified historic structure included in (a).  2 Description of conservation easements included in (e) acquired after 8/17/06, and not on a historic structure listed in the National Register  8 Number of conservation easements included in (e) acquired after 8/17/06, and not on a historic structure isset in the National Register  9 Number of states where property subject to conservation easements in sociated ▶  10 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements holded?  1 Number of states where property subject to conservation easements in its revenue and expense statement that describes the violations, and enforcement of the conservation easements.  10 Does the organization			<del></del>	<del></del>
A gargegate value at end of year   1,971,559   52,761   Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusives legal control? .				
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				
only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part     Conservation Easements.		Did the organization inform all donors and donor	advisors in writing that the assets h	eld in donor advised
Complete if the organization answered "Yes" to Form 990, Part IV, Jine 7.  1	6	only for charitable purposes and not for the benef	fit of the donor or donor advisor, or f	or any other purpose
Purpose(s) of conservation easements held by the organization (check all that apply).   Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Preservation of a certified historic structure   Preservation of or natural habitat   Preservation of a certified historic structure   Preservation of a certified historic structure included in (a)   Preservation of a conservation easement on the last day of the tax year.   Total number of conservation easements   Preservation   Preservation easements   Preservation   Preservat	Part			
Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Preservation of apen space		Complete if the organization answered "	'Yes" to Form 990, Part IV, line 7.	
Protection of natural habitat	1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
b Total acreage restricted by conservation easements . 2b	2	Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization he	☐ Preservation o	f a certified historic structure
b Total acreage restricted by conservation easements . 2b	а	Total number of conservation easements		2a
C Number of conservation easements on a certified historic structure included in (a)			s	2b
A Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	C	Number of conservation easements on a certified h Number of conservation easements included in	nistoric structure included in (a) (c) acquired after 8/17/06, and not	2c
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	3		sferred, released, extinguished, or terr	minated by the organization during the
Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year    \$	_	Does the organization have a written policy reg	garding the periodic monitoring, ins	·
<ul> <li>▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (iiii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part VIII, line 1 \$ (iii) Assets included in Form 990, Part VIII, line 1 \$ (iii) Assets included in Form 990, Part VIII, line 1 \$ (iiii) Assets included in Form 990, Part VIII, line 1 \$ (iiiii) Assets included in Form 990, Part VIII, line 1 \$ (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</li></ul>	6	Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcing conservation	easements during the year
and section 170(h)(4)(B)(ii)?	7		cting, and enforcing conservation ease	ements during the year
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included in Form 990, Part VIII, line 1	8			
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included in Form 990, Part VIII, line 1		balance sheet, and include, if applicable, the text o organization's accounting for conservation easeme	of the footnote to the organization's firents.	nancial statements that describes the
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included in Form 990, Part VIII, line 1	Part	<del>-</del>		Other Similar Assets.
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included in Form 990, Part VIII, line 1	1a	works of art, historical treasures, or other similar	assets held for public exhibition, ed	ducation, or research in furtherance of
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenue included in Form 990, Part VIII, line 1	b	works of art, historical treasures, or other similar public service, provide the following amounts relati	assets held for public exhibition, eding to these items:	ducation, or research in furtherance of
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenue included in Form 990, Part VIII, line 1		(i) Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
a Revenue included in Form 990, Part VIII, line 1	2	If the organization received or held works of art,	, historical treasures, or other simila	r assets for financial gain, provide the
a nevenue included in Form 990, Part X	_			
	a b	Assets included in Form 900 Part Y		• • •

Part								
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner records, chec	k any of the fo	bllowing that are a	significa	nt use	of its
а	☐ Public exhibition		d 🗌 Loan	or exchange p	rograms			
b	☐ Scholarly research		e 🗌 Othe	r				
C	☐ Preservation for future generations	5						
4	Provide a description of the organizat XIII.		nd explain how t	hey further the	organization's exe	mpt pur	pose i	n Part
5	During the year, did the organization assets to be sold to raise funds rather						Yes [	□No
Part			· · · · · · · · · · · · · · · · · · ·					
	Complete if the organization 990, Part X, line 21.		to Form 990, F	Part IV, line 9,	or reported an ar	nount o	n For	m 
1a	Is the organization an agent, trustee, included on Form 990, Part X?		_				Yes [	□ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following to	able:	7	Ámount		
С	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f					1f			
2a	Did the organization include an amour	nt on Form 990. Pa	rt X, line 21, for e	scrow or custo	dial account liabilit	ty? 🔲 '	Yes [	No
	If "Yes," explain the arrangement in Pa							
Par								
	Complete if the organization	answered "Yes"	' to Form 990, F	art IV, line 10	).			
		(a) Current year	(b) Prior year	(c) Two years ba		ck (e) Fo	our years	s back
1a	Beginning of year balance	1,971,737	1,583,473	1,423,	154 1,541,1	57	1,30	04,474
b	Contributions	3,128	44,590		0	0		0
c	Net investment earnings, gains, and		,,222					-
	losses	152,996	425,847	237,	197 (36,29	98)	2	36,683
d	Grants or scholarships	(82,208)	(75,796)					0
0	Other expenditures for facilities and	(02/200)	(10/150)	V-1	19/1	-/		
	programs		0		o	0		0
f	Administrative expenses	(7,760)	(6,377)	(5,7	(6,18	30)		0
g	End of year balance	2,037,892	1,971,737				1,5	41,157
2	Provide the estimated percentage of t							
а	Board designated or quasi-endowmer							
b		04%	· <del>-</del>					
С	Temporarily restricted endowment ▶	30 29%						
	The percentages in lines 2a, 2b, and 2		0%.					
3a	Are there endowment funds not in the	e possession of th	e organization th	at are held and	d administered for t	the		
	organization by:						_ Yes	No
	(i) unrelated organizations					. 3a(	<u>i)</u>	1
	(ii) related organizations					. 3a(i	ii)	1
b	If "Yes" to 3a(ii), are the related organ	ızatıons listed as re	equired on Sched	lule R?		. 3b	)	
4	Describe in Part XIII the intended uses	s of the organization	n's endowment f	unds.				
Par			<del></del>					
	Complete if the organization	answered "Yes"	' to Form 990, F	Part IV, line 11	la. See Form 990	, Part X	<u>, lıne</u>	10.
	Description of property	(a) Cost or ot	1 ' '	or other basis other)	(c) Accumulated depreciation	(d) B	Book valı	ue
	Land			, ž	A - Smit I			
b	Buildings							
c	Leasehold improvements							
d e	Equipment		179,105		121,160			57,945
	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part X, colum	n (B), line 10c )				57,945
				<del></del>				

Part VII	Investments - Other Securi		- 000 0 : "/ :	445 0 5	000 Ded V 8 40
	Complete if the organization				
	(a) Description of security or ca (including name of security		(b) Book value		hod of valuation -of-year market value
(1) Financial	derivatives				
(2) Closely-h	eld equity interests				
(3) Other					
(A)				<u></u>	
(B)					
(C)					
(D)					<u></u>
(E)					
(F)					<del></del>
(G)					
(H)					
	b) must equal Form 990, Part X, col (B) line 12		_		* · · · · · · · · · · · · · · · · · · ·
Part VIII	Investments – Program Rel		000 David IV I lim		000 Dort V line 12
	Complete if the organization		_		
	(a) Description of investme	nt	(b) Book value	, , ,	thod of valuation i-of-year market value
(1)					
(2)		·			
(3)		<del></del>			
(4)		<del></del>			<del></del>
(5)					
(6)					<del></del>
(7)					<del>=</del>
(8)		<del></del>		<del>                                     </del>	
(9)	b) must equal Form 990, Part X, col (B) line 13			** **	
Part IX	Other Assets.	1)		* * * * * * * * * * * * * * * * * * * *	
Partix	Complete if the organization	answered "Ves" to Ec	orm 000 Part IV Ju	ne 11d See Form	990 Part X line 15
	Complete ii the organization	(a) Description	7111 220,1 GILLIV, III	ie i i di dee i diii	(b) Book value
(1)		(a) boompaon			(4)
(1)					
(2)		<del></del>		<del></del>	
(4)			<del></del>		
(4)		<del></del>		<u> </u>	
(5)					
(5)				*****	
(6)					
(6) (7)					
(6) (7) (8)					
(6) (7) (8) (9)	mn (b) must equal Form 990, Part	X, col. (B) line 15.) .			
(6) (7) (8) (9) <b>Total.</b> (Colum	mn (b) must equal Form 990, Part Other Liabilities.	X, col. (B) line 15.) .			
(6) (7) (8) (9)	Other Liabilities.		orm 990, Part IV, Iır	<b>.</b> ▶	Form 990, Part X,
(6) (7) (8) (9) <b>Total.</b> (Colum	Other Liabilities. Complete if the organization		orm 990, Part IV, IIr	▶	e Form 990, Part X,
(6) (7) (8) (9) <b>Total.</b> (Columnia) Part X	Other Liabilities.			▶ ne 11e or 11f. Sec	e Form 990, Part X,
(6) (7) (8) (9) <b>Total.</b> (Columnia) Part X	Other Liabilities. Complete if the organization line 25.  (a) Description of liability	answered "Yes" to Fo		ne 11e or 11f. See	e Form 990, Part X,
(6) (7) (8) (9)  Total. (Column Part X	Other Liabilities. Complete if the organization line 25. (a) Description of liability accome taxes	answered "Yes" to Fo		ne 11e or 11f. Sec	e Form 990, Part X,
(6) (7) (8) (9)  Total. (Columnation of the columnation of the columna	Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes ee deductions for benefits	answered "Yes" to Fo		ne 11e or 11f. Sec	e Form 990, Part X,
(6) (7) (8) (9)  Total. (Colu.  Part X  1. (1) Federal in (2) Employe (3) Deposit	Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes ee deductions for benefits	answered "Yes" to Fo	5,193	ne 11e or 11f. See	e Form 990, Part X,
(6) (7) (8) (9)  Total. (Columnation of the columnation of the columna	Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes ee deductions for benefits	answered "Yes" to Fo	5,193	ne 11e or 11f. Sec	e Form 990, Part X,
(6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal in (2) Employ(3) Deposit (4) (5) (6)	Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes ee deductions for benefits	answered "Yes" to Fo	5,193	ne 11e or 11f. See	e Form 990, Part X,
(6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal in (2) Employ(3) Deposit (4) (5) (6)	Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes ee deductions for benefits	answered "Yes" to Fo	5,193	ne 11e or 11f. Sec	e Form 990, Part X,
(6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal in (2) Employ: (3) Deposit (4) (5)	Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes ee deductions for benefits	answered "Yes" to Fo	5,193	ne 11e or 11f. Sec	e Form 990, Part X,
(6) (7) (8) (9)  Total. (Columna Part X  1. (1) Federal in (2) Employ: (3) Deposit (4) (5) (6) (7)	Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes ee deductions for benefits	answered "Yes" to Fo	5,193	ne 11e or 11f. Sec	e Form 990, Part X,
(6) (7) (8) (9)  Total. (Columna Part X  1. (1) Federal in (2) Employs (3) Deposit (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes ee deductions for benefits	answered "Yes" to Fo	5,193	ne 11e or 11f. Sec	e Form 990, Part X,

Part			Return.	
_,	Complete if the organization answered "Yes" to Form 990, Pa	art IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements .		1	10,824,457
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
a	Net unrealized gains (losses) on investments	<b>2a</b> 33,642	[ <u>\$</u>	
b	Donated services and use of facilities	2b		
С		2c		
d		2d		
e	Add lines 2a through 2d		2e	(33,642)
3	Subtract line 2e from line 1		3	10,790,815
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		756	,,
a		4a	1.0	
b	· · · · · · · · · · · · · · · · · · ·	4b	8 4	
c	Add lines <b>4a</b> and <b>4b</b>	1	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.		5	10,790,815
Part				
rait	Complete if the organization answered "Yes" to Form 990, Pa		, netuin	
1	Total expenses and losses per audited financial statements		11	11,647,549
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		<del>-                                    </del>	11,047,343
	Donated services and use of facilities	2a		
a		2b	***	
b				
C		2c		
d		2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	11,647,549
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	_	7 4	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	`	
b	Other (Describe in Part XIII.)	4b	0.79	
C		40)	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	11 647,549
	XIII Supplemental Information.	4.5.104.	<u> </u>	- 4. D 1 V. P
Previd	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 16 and 2r	s; Part V, IIr	ie 4; Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			
Part V,	Line 4 - Intended use of endowment funds AIDS United disburses income gen	erated by the endowment f	unds to sup	port grants for
charita	ble purposes under terms of the fund agreements and are NOT organziational e	endowments of AIDS United		
Part X,	Line 2 - Footnote disclosure "AU has analyzed its tax positions, and has conc	luded that no liability shoul	le be record	ed related to any
uncert	ain positions. AU is not aware of any tax positions which it believes will change	e materially in the next twelv	ve months "	

chedule D (Fo	rm 990) 2014	Page <b>5</b>
Part XIII	Supplemental Information (continued)	

# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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OMB No 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990.

Employer identification number

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, **%** □ (h) Purpose of grant or assistance 59 √ Yes 52-1706646 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash gran Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (p) EIN 1 (a) Name and address of organization (1) see attached schedule AIDS United Partl Part II ო (12) 8 E 5 8 ල € 9 9 8 <u></u>

Schedule I (Form 990) (2014)

Cat No 50055P

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

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	nestic Individua space is needec	als. Complete if the	organization answ	ered "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
-						
7						
ဗ						
4						
5						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line	he information r	equired in Part I, lin	e 2, Part III, columr	2, Part III, column (b), and any other additional information.	onal information.
AIDS Unite	AIDS United ensures the proper use of all grant funds awarded to other organizations. Monitoring procedures include the following. [1] Requiring a narrative application and budget from	arded to other orga	nizations Monitoring	procedures include the	following [1] Requiring a na	rrative application and budget from
each grante	each grantee detailing the proposed use of grant funds, which serves as		basis for grant awards	, [2] Issuing a detailed	grant award contract letter o	the basis for grant awards, [2] Issuing a detailed grant award contract letter outlining the terms and conditions
of every gr	of every grant, which is signed and returned prior to grant awards, and [3] Requiring narrative progress and financial reports from grantees at least annually, but often semi-annually	t awards, and [3] R	equiring narrative prog	ress and financial rep	orts from grantees at least an	nually, but often semi-annually
These repo	These reports are reviewed prior to making additional payments to grantees. Additionally, most grants involve considerable interactive contact between AIDS United and grantee	ments to grantees	Additionally, most gra	ants involve considera	ble interactive contact betwe	an AIDS United and grantee
organizatio	organizations throughout the grant periods, including telephone conversations, e-mail communication, and site visits, which serve grant monitoring purposes as well as provide occasions	phone conversation	ons, e-mail communicat	tion, and site visits, w	iich serve grant monitoring p	urposes as well as provide occasions
for technical support	al support					

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No 1545-0047

2014

AIDS United 52-1706646 Part | Questions Regarding Compensation Yes No 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. 1 ☐ 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 ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 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. Compensation committee ☐ Written employment contract ✓ 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 4b **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . 4c Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a 5b If "Yes" to line 5a or 5b, describe in Part III. Ž., 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: The organization? . . . . . . 6a 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 7 7 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 9

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.

(B) Breakdown of W-2 and/or 1099-MISC compensation		(B) Breakdown of	W-2 and/or 1099-MIS		(C) Oxtromont and (E) Comparestion		(-) - (-)	(E) Companyation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(ii) Other reportable compensation	other deferred	benefits	(B)(HD)	in column (B) reported as deferred in prior Form 990
Kaplan, Michael	€ !	202,353			12,225	8,678	223,256	
1 President & CEO								
Charles, Vignetta 2 Senior Vice President	<b>E E</b>	156,777			10,236	19,709	186,722	
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Schedule J (Form 990) 2014

#### 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

2014

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.

Open to Public Inspection

Name of the organization	Employer identification number
AIDS United	52-1706646
Part III Statement of Program Service Accomplishments - 4d Other program services (Schedule O)	
NEW PROGRAMS	
(1) Getting to Zero (G2Zero) Getting to Zero (G2Zero), is AIDS United's new capacity building initiative	that specializes in helping CBOs
implement creative, cost-effective, and time-proven approaches that reduce new HIV infections and im	prove the quality of life for people
living with HIV. We do this by providing no-cost training and technical assistance on High Impact Previous	ention and Public Health Strategies.
such as the CDC's Effective Behavioral Interventions and time-tested organizational development tools	5
(Expenses \$439,797 including grants of \$0)	
(2) Positive Organizing Project (POP) Positive Organizing Project is designed to revitalize a grass-root	s organizing movement among people
living with HIV and AIDS (PLWHA) that impacts HIV-related stigma, raises education and awareness and	nong policy makers, and indirectly
improves outcomes along the continuum of care. The program supports local organizing efforts to add	ress stigma and engagement in care
This is being accomplished by (1) revitalizing the movement of HIV-positive mobilization in local comm	nunities, and (2) ensuring synergistic
efforts that help us document models that are effective in achieving organizing goals, and can be share	ed and scaled elsewhere
(Expenses \$196,054 including grants of \$110,000)	
OTHER PROGRAMS	
(3) AmeriCorps As the first and broadest-reaching national AmeriCorps program focusing specifically	on HIV prevention and care, the AIDS
United AmeriCorps Program delivers vital resources while training the next generation of AIDS leaders	Since 1994, the AIDS United
AmeriCorps Program has trained and supported more than 700 youth and adult members who share a	passion for making a difference and
and saving lives	
(Expenses \$1,132,018 including grants of \$0)	
(4) Public Policy AIDS United advocates for people living with or affected by HIV/AIDS and the organiz	ations that serve them AIDS United's
public policy team has been instrumental in the development and implementation of major public healt	h policies that improve the quality of
life for those living with and affected by HIV/AIDS AIDS United's Public Policy Committee (PPC), which	provides guidance for AU's policy
priorities, is made up of 33 of the country's leading national and local HIV organizations	
AU policy staff had nearly 250 visits with federal lawmakers on Capitol Hill in Washington, D.C. to educ	ate them about issues related to HIV
that impact people living with and affected by the epidemic in the United States. Issues include ensuring	ng that the Ryan White Program is well
integrated into the Medicaid expansion and health insurance marketplaces being created by the Afford	able Care Act, ensuring adequate

Name of the organization	Employer identification number
funding for other federal HIV/AIDS programs, through the budget and appropriations process, and ending	52-1706646
the ban on the use of federal funds for syringe exchange programs. In addition AIDS United distributed we	eekly action alerts to more than
7,000 advocates and stakeholders encouraging them to make their voices heard as constituents of those	lawmakers about HIV-related public
policy issues, and coordinated AIDSWatch 2013, the largest national federal HIV-advocacy constituent even	ent in the country
(Expenses \$577,597 including grants of \$0)	
(5) Sector Transformation With catalytic support from Johnson & Johnson, AIDS United provides unmate	hed national and local leadership to
help the HIV/AIDS sector demonstrate its relevance, create seamless prevention, care and treatment serving	ce models and ensure the sector
viability in the midst of vast changes in healthcare policy, financing and service delivery models. Cash Gr	ants and/or specialized technical
assistance help grantees explore, test the feasibility of, and execute strategic restructuring efforts critical	to the future of AIDS services in the
United States Strategic restructuring efforts may include but are not limited to, mergers, responsible clier	nt transition, and service integration
(Expenses \$459,986 including grants of \$161,080)	
(6) Syringe Access Fund The Syringe Access Fund (SAF) is a collaborative funding initiative of the Elton	John AIDS Foundation, Levi Strauss
Foundation, Open Society Foundations, Irene Diamond Fund and AIDS United The goals of the Syringe A	ccess Fund grants are to 1) ensure
the access and availability of sterile syringes to IDUs residing in the country's communities most affected	by HIV and other blood borne
diseases to prevent the spread of these diseases, and 2) promote education and awareness among key de	ecision-makers to inform national
and state policy around syringe services programs (SSPs)	
(Expenses \$298,577 including grants of \$136,157)	
(7) Puerto Rico AIDS United's Puerto Rico Funder's Collaborative supports essential and innovative HIV p	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 re	esources provided by the
Collaborative As part of capacity-building efforts in Puerto Rico, AIDS United's investment extends to pol	licy/advocacy activities as well as
leadership development on the island	
(Expenses \$213,056 including grants of \$134,997)	
(8) m2MPower m2MPower is supported by a cooperative agreement with the Centers for Disease Control	and Prevention (CDC) to encourage
LGBTQ organizations that may not have HIV-specific programming or messaging to reach out to the gay a	and bisexual men they serve with
HIV prevention messaging and/or programming Partnerships with both national and regional/local LGBT0	Q organizations have been forged
and strengthened. Integration of HIV at these organizations has occurred in a number of ways including in	ncreasing the presence of HIV
awareness at one of the largest LGBTQ conferences in the U.S. though many additional workshops, an HI	V-focused plenary session, and on-
Site HIV testing	
(Expenses \$107,438 including grants of \$0)	

#### **SCHEDULE 0** (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 2014

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

Employer identification number

AIDS United	52-1706646
(9) Other Programs and Communications AIDS United implements several small scale programs that	have opportunity for large impact
Examples include formative research on the delivery of Pre-Exposure Prophylaxsis, consultations on	
supporting feedback loops for HIV-positive people to be heard related to health reform concerns	
To increase AIDS United's (AU) visibility and cultivate "buy-in" with its internal and external stakehold	ders, including funders, grantees,
organizational colleagues, and advocates – AU maintains a website and various social media presenc	es, produces several electronic and
print publications, generates appropriate advocacy action alerts, and develops program-specific comi	munications pieces which are designed
to inform stakeholders about the impact of AU's grantmaking portfolios. Our communications work is	s also essential to encouraging
efforts for sound HIV public policy Non-profit organizations, government agencies and for-profit com	npanies increasingly recognize the
expertise of AU as a valuable resource that could enhance their work. AU occasionally receives reque	ests by external entities to engage AU or
or specific staff in a fee-for-service agreement for a specific scope of work that is not otherwise cover	ed by other private restricted income
sources	
(Expenses \$500,948 including grants of \$102,208)	

#### 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

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

**Employer identification number** 

AIDS United 52-1706646 52-1706646	
Part VI, Section B Policies, Line 11b - The Form 990 is prepared by the CFO and subsequently reviewed and approved by the Treasurer of	<u>f</u>
the Board of Trustees. The Treasurer shall document his/her approval on the required form which will be maintained in the organization's	
records The Form 990 and related state returns will be signed by the President, as the individual authorized under existing policies and	
procedures established by AU Prior to filing, the Board of Trustees shall be provided with the completed Form 990 and related schedules	<u>.</u>
ın an electronic format	
Part VI, Section B Policies, Line 12c - The Conflict of Interest form is provided to new employees upon hire and to new trustees upon elec	tion
and prior to the start of their term of service. Subsequently, the form is provided to all officers, directors, trustees and staff in June of eve	<u>:гУ</u>
year it is the individual's responsibility to notify the organization of any new conflicts of interest that may occur throughout the year	
Part VI, Section B Policies, Lines 15a & b - The organization conducts a thorough benchmarking study of its compensation for all staff ev	<u>ery</u>
two years. This is done through the acquisition and use of data compiled by an independent human resources consulting firm to benchm	ark
salaries for the organization as well as identify best practices within our sector. Salaries are benchmarked by position based on the size of	<u>əf</u>
the organization, the region in which we operate, as well as the size of our annual budget. The compensation research for the President &	<b>'</b>
CEO IS provided to the Board Chair who uses it, along with a thorough annual performance review conducted by the Board of Trustees, to	Ω
work with the Executive Committee in making a recommendation to the Board of Trustees in regards to the annual salary and benefits	
package for the President & CEO. The Board of Trustees conducts an annual performance review of the President & CEO and executes an	<u>ny</u>
decisions about compensation increases based on a formal review, deliberation and vote on the annual compensation for the President 8	<u>k</u>
CEO The compensation data for key employees is provided to the President & CEO who, within budget guidelines approved by the Board	d of
Trustees and in consultation with respective supervisors, determines the annual salary ranges for key employees. Each employee receive	es
an annual performance review by their supervisor, who in turn, makes recommendations for any performance-based salary increases to t	the
President & CEO for consideration and a final decision	<b>-</b>
Part VI, Section C Disclosure, Line 17 - AL, AZ, CA, CO, CT, FL, GA, IL, KS, ME, MD, MA, MI, MS, MO, NJ, NM, NY, NC, OH, OK, PA, SC, TN	I, VA
WA, WI	·
Part VI, Section C Disclosure, Line 19 - AIDS United's Form 1023, governing documents, conflict of interest policy, 990 and audited finance	cial
statements are available to the public upon request via print or electronic media. AU's 990 is also available at www.aidsunited.org	,