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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

AIDS United

Doing business as

Number and street (or P O box if mail is not delivered to street address)

1424 K Street NW No 200

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Washington, DC 20005

F Name and address of principal officer

Jesse Milan Jr

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

www.aidsunited.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1990

M State of legal domicile

OH

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

AU's mission is to end the AIDS epidemic within the US We seek to achieve our mission through 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

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	139
6	Total number of volunteers (estimate if necessary)	6	14
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

	Prior Year	Current Year	
8	Contributions and grants (Part VIII, line 1h)	10,674,026	11,167,132
9	Program service revenue (Part VIII, line 2g)	469,582	405,984
10	Investment income (Part VIII, column (A), lines 3, 4, and 7 d)	-375,015	186,233
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,222	35,401
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,790,815	11,794,750

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,270,232	6,151,461
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,171,024	3,253,418
16a	Professional fundraising fees (Part IX, column (A), line 11e)	11,421	5,516
b	Total fundraising expenses (Part IX, column (D), line 25) ▶170,739		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,194,870	2,652,811
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,647,547	12,063,206
19	Revenue less expenses Subtract line 18 from line 12	-856,732	-268,456

Net Assets or Fund Balances

	Beginning of Current Year	End of Year	
20	Total assets (Part X, line 16)	11,372,445	10,397,084
21	Total liabilities (Part X, line 26)	1,162,476	573,859
22	Net assets or fund balances Subtract line 21 from line 20	10,209,969	9,823,225

Part II

Signature Block

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

Sign Here

Signature of officer

2016-08-29

Date

Jesse Milan JR Interim PRESIDENT & CEO

Type or print name and title

Print/Type preparer's name

R Michael Sorrells

Preparer's signature

R Michael Sorrells

Date

Check ☐ if self-employed

PTIN P00001737

Firm's name ▶ TATE & TRYON

Firm's EIN ▶ 52-1855942

Firm's address ▶ 2021 L ST NW

Washington, DC 20036

Phone no (202) 293-2200

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

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

Part III

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 in the United States. We seek to fulfill our mission through strategic grantmaking, capacity building, policy/advocacy, technical assistance and formative research.

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code) (Expenses \$ 3,452,998 including grants of \$ 2,678,354) (Revenue \$)

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 \$ 1,581,905 including grants of \$ 1,358,500) (Revenue \$)

The AIDS United Southern Regional Expansion of Access and Capacity to Address HIV/AIDS (REACH) initiative shapes policies and builds local capacity to challenge HIV and the disparities that fuel the epidemic in the South. Building on the strengths of local leadership and community-based organizations, the initiative supports targeted policy and advocacy efforts driven by and for people affected by HIV through strategic grants, technical assistance, and a network of advocates dedicated to the cause. In 2015, there were 29 grantees located in the region that includes Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, and Tennessee. This work has been generously supported by the Ford Foundation for over 10 years.

4c

(Code) (Expenses \$ 1,332,648 including grants of \$ 736,928) (Revenue \$)

Sector Transformation. With support from Johnson & Johnson and BMS, AIDS United provides unmatched national and local leadership to help the HIV/AIDS sector demonstrate its relevance, create seamless prevention, care and treatment service models, and ensure the sector viability in the midst of vast changes in healthcare policy, financing and service delivery models. Cash Grants and/or specialized technical assistance help 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 client transition, and service integration.

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ 4,943,966 including grants of \$ 1,372,179) (Revenue \$ 405,984)

4e

Total program service expenses

11,311,517

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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
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	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
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	No
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 Yes	
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
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 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
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	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
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	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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 Yes	
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	No
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 Yes	
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	No
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	No
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	45	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	139
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a 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 person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a14		
	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 committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL , AZ , CA , CO , CT , FL , GA , IL , KS , ME , MD , MA , MI , MS , MO , NJ , NM , NY , NC , OH , OK , PA , SC , TN , VA , WA , WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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 interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	The Organization 1424 K STREET NW SUITE 200 WASHINGTON, DC 20005 (202) 408-4848

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Katy Caldwell Chair	2 00	X		X				0	0	0
(2) Richard Gomez Treasurer	2 00	X		X				0	0	0
(3) Robert Hilliard Vice Chair	2 00	X		X				0	0	0
(4) William H Collier Trustee	2 00	X						0	0	0
(5) Duane Cramer Trustee	2 00	X						0	0	0
(6) Gail Crockett Trustee	2 00	X						0	0	0
(7) Amy Flood Trustee	2 00	X						0	0	0
(8) Debra Fraser-Howze Trustee	2 00	X						0	0	0
(9) Margone Hill Trustee	2 00	X						0	0	0
(10) Naina Khanna Trustee	2 00	X						0	0	0
(11) Jamie Nesbit Trustee	2 00	X						0	0	0
(12) Glen Pietradoni Trustee	2 00	X						0	0	0
(13) Randall Russell Trustee	2 00	X						0	0	0
(14) Craig E Thompson Trustee	2 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Vignetta Charles Senior VP	40 00			X				98,984	0	9,915
(16) Joshua Davin Halko Director of Finance	40 00			X				68,170	0	4,254
(17) Ronald Johnson VP Of Policy & Advocacy	40 00			X				99,543	0	19,243
(18) Michael J Kaplan President & CEO	40 00			X				208,447	0	20,130
(19) Mathew J Kessler VP of Operations	40 00			X				111,411	0	12,459
(20) Maura Riordan VP of Access & Innovation	40 00			X				97,884	0	16,913
(21) Monique E Tula Director of Capacity Building	40 00			X				121,966	0	19,750
(22) Bryan R Wilt Chief Fiscal Officer	40 00			X				35,579	0	3,357

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	841,984	0	106,021

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address		(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	3,699,126			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,468,006			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		11,167,132			
Program Service Revenue			Business Code				
	2a	MEMBERSHIP DUES	900099	342,600	342,600		
	b	FEE FOR SERVICE	900099	63,384	63,384		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		405,984			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		74,749		74,749	
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		111,484		111,484
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities . .					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory . .					
	Miscellaneous Revenue		Business Code				
	11a	OTHER INCOME	900099	35,401			35,401
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		35,401				
12	Total revenue. See Instructions		11,794,750	405,984	0	221,634	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	6,145,961	6,145,961		
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	5,500	5,500		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	967,993	872,043	56,317	39,633
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	1,906,806	1,717,889	110,359	78,558
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,244	23,187	3,083	974
9	Other employee benefits	145,220	135,127	3,863	6,230
10	Payroll taxes	206,155	190,490	7,211	8,454
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	22,540		22,540	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	5,516			5,516
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,534,281	1,461,179	70,017	3,085
12	Advertising and promotion	8,967	7,426		1,541
13	Office expenses	164,627	131,598	19,090	13,939
14	Information technology	43,152	35,880	5,564	1,708
15	Royalties				
16	Occupancy	224,299		224,299	
17	Travel	538,051	505,314	26,269	6,468
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29,807	28,910	897	
20	Interest	635		635	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,364		21,364	
23	Insurance	6,797		6,797	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	PUBLICATIONS	37,945	37,945		
b	DUES	11,650	9,150		2,500
c	CLASSIFIED ADS	5,283	3,020	2,263	
d	OTHER TAXES & LICENSES	2,515		382	2,133
e	All other expenses	898	898		
25	Total functional expenses. Add lines 1 through 24e	12,063,206	11,311,517	580,950	170,739
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing				1	6,705,131
	2	Savings and temporary cash investments			2,676,584	2	
	3	Pledges and grants receivable, net			927,088	3	486,270
	4	Accounts receivable, net				4	1,114,361
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.					
						5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.					
						6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			21,636	9	48,772
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	186,348			
	b	Less: accumulated depreciation	10b	129,517	57,945	10c	56,831
	11	Investments—publicly traded securities			7,651,916	11	1,941,361
	12	Investments—other securities. See Part IV, line 11.				12	
	13	Investments—program-related. See Part IV, line 11.				13	
Liabilities	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11.			37,276	15	44,358
	16	Total assets. Add lines 1 through 15 (must equal line 34).			11,372,445	16	10,397,084
	17	Accounts payable and accrued expenses			225,777	17	115,480
	18	Grants payable			920,544	18	376,864
	19	Deferred revenue			10,563	19	21,879
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.					
						22	
Net Assets or Fund Balances	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.			5,592	25	59,636
	26	Total liabilities. Add lines 17 through 25.			1,162,476	26	573,859
		Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			363,897	27	929,146
	28	Temporarily restricted net assets			8,439,102	28	7,483,808
	29	Permanently restricted net assets			1,406,970	29	1,410,271
		Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			10,209,969	33	9,823,225
	34	Total liabilities and net assets/fund balances			11,372,445	34	10,397,084

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,794,750
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,063,206
3	Revenue less expenses Subtract line 2 from line 1	3	-268,456
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,209,969
5	Net unrealized gains (losses) on investments	5	-118,288
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,823,225

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

Additional Data

Software ID:
Software Version:
EIN: 52-1706646
Name: AIDS United

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code)	(Expenses \$ 1,204,328	including grants of \$)	(Revenue \$)
---------	------------------------	--------------------------	---------------

The AIDS United AmeriCorps program is the first and broadest-reaching national AmeriCorps program focusing specifically on HIV prevention education, testing, and linkage to care. The AmeriCorps program develops the next generation of public health leaders by engaging Members in intensive training and hands-on experience as HIV testers, health educators, care navigators, and other direct service roles. The AmeriCorps program is funded by the Corporation for National and Community Service and raised match funds from AmeriCorps partners around the country. In 2015, the 54 AmeriCorps Members completed over 91,000 service hours, helped over 12,000 people learn their HIV status, and reached over 36,000 people through HIV prevention education and outreach services¹. Through the program's 21-year history, over 800 people have completed a year of service through our program.

(Code)	(Expenses \$ 1,210,000	including grants of \$ 975,000)	(Revenue \$)
---------	------------------------	----------------------------------	---------------

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-offpoints along the HIV care continuum. In the third and final project year 2015, the JHU Evaluation team has worked with local evaluators, sites, and AIDS United to highlight data trends, lessons learned, and to measure cost effectiveness of the interventions, while also determining a plan for dissemination of project results. Detailed profiles of grantees and their programs can be viewed at <http://aidsunited.org/Programs-0024-Grantmaking/Retention-in-Care.aspx>.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code)	(Expenses \$ 836,336	including grants of \$	(Revenue \$)
Getting to Zero (G2Zero) Getting to Zero (G2Zero), is AIDS United's capacity building initiative that is focused on strengthening service delivery and skills for CBO staff who serve people living with and affected by HIV, and enhancing organizational infrastructure and human resources through the delivery of no-cost specialized training and technical assistance Training and technical assistance areas include Organizational Development, HIV & Harm Reduction, Program Development, Implementation, & Evaluation, Staff Development, CDC's Effective Behavioral Interventions, and HIV Basics G2Z is currently in its third program year and, to date, has responded to 88 requests for training and TA from CBOs around the country During Years 1 (April 1, 2014-March 31, 2105) and 2 (April 1, 2015-March 31, 2016), the G2Z team responded to 48 TA requests, 21 training requests, and 15 joint training and TA requests			
(Code)	(Expenses \$ 633,016	including grants of \$	(Revenue \$ 342,600)
Public Policy AIDS United advocates for people living with or affected by HIV/AIDS and the organizations that serve them AIDS United's public policy team has been instrumental in the development and implementation of major public health policies that improve the quality of life for those living with and affected by HIV/AIDS AIDS United's Public Policy Committee (PPC), which provides guidance for AU's policy priorities, is made up of 33 of the country's leading national and local HIV organizations AU policy staff had nearly 250 visits with federal lawmakers on Capitol Hill in Washington, D C to educate them about issues related to HIVthat impact people living with and affected by the epidemic in the United States Issues include ensuring that the Ryan White Program is well integrated into the Medicaid expansion and health insurance marketplaces being created by the Affordable Care Act, ensuring adequate funding for other federal HIV/AIDS programs, through the budget and appropriations process, and ending the ban on the use of federal funds for syringe exchange programs In addition, AIDS United distributed weekly action alerts to more than 7,000 advocates and stakeholders encouraging them to make their voices heard as constituents of those lawmakers about HIV-related public policy issues, and coordinated AIDSWatch 2013, the largest national federal HIV-advocacy constituent event in the country			

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code)	(Expenses \$ 407,907	including grants of \$ 112,179	(Revenue \$ 63,384)
Other Programs & Communications AIDS United implements several small scale programs that have opportunity for large impact Examples include formative research on the delivery of Pre-Exposure Prophylaxis, consultations on the intersection of HIV and trauma, or supporting feedback loops for HIV-positive people to be heard related to health reform concerns To increase AIDS United's (AU) visibility and cultivate "buy-in" with its internal and external stakeholders, including funders, grantees, organizational colleagues, and advocates AU maintains a website and various social media presences, produces several electronic and print publications, generates appropriate advocacy action alerts, and develops program-specific communications pieces which are designed to inform stakeholders about the impact of AU's grantmaking portfolios Our communications work is also essential to encouraging efforts for sound HIV public policy Non-profit organizations, government agencies and for-profit companies increasingly recognize the expertise of AU as a valuable resource that could enhance their work AU occasionally receives requests by external entities to engage AU or specific staff in a fee-for-service agreement for a specific scope of work that is not otherwise covered by other private restricted income sources			
(Code)	(Expenses \$ 167,648	including grants of \$ 60,000	(Revenue \$)
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 Access Fund grants are to 1) ensure the access and availability of sterile syringes to IDUs residing in the country's communities most affected by HIV and other blood borne diseases to prevent the spread of these diseases, and 2) promote education and awareness among key decision-makers to inform national and state policy around syringe services programs (SSPs)			

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code)	(Expenses \$ 177,833	including grants of \$ 150,000)	(Revenue \$)
Positive Organizing Project (POP) The Positive Organizing Project is designed to revitalize a grass-roots organizing movement among people living with HIV and AIDS (PLWHA) that impacts HIV-related stigma, raises education and awareness among policy makers, and indirectly improves outcomes along the continuum of care The program supports local organizing efforts to address stigma and engagement in care This is being accomplished by (1) revitalizing the movement of HIV-positive mobilization in local communities, and (2) ensuring synergistic efforts that help us document models that are effective in achieving organizing goals, and can be shared and scaled elsewhere			
(Code)	(Expenses \$ 124,079	including grants of \$ 75,000)	(Revenue \$)
AIDS United's Puerto Rico Funder's portfolio supports essential and innovative HIV prevention programs that not only are making a difference on the island, but may not have been possible or sustainable were it not for the resources provided by the Collaborative As part of capacity-building efforts in Puerto Rico, AIDS United's investment extends to policy/advocacy activities as well as leadership development on the island			

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code)	(Expenses \$ 107,738	including grants of \$)	(Revenue \$)
m2MPower (also referred to as Partnering and Communicating Together to Act Against AIDS [PACT AAA] jumpstarts the conversation about HIV among LGBTQ people, particularly men who have sex with men and transgender people, by raising awareness. M2Mpower empowers communities disproportionately impacted by HIV by giving individuals the knowledge and tools they need to make healthy decisions for themselves and those they love. This is accomplished through strategic partnering with national LGBTQ organizations, creating and distributing innovative resources like the What Do I Do handbook, facilitating HIV testing at events, and reaching LGBTQ people with targeted HIV prevention and treatment messaging through social media. m2MPower is funded through a cooperative agreement with the Centers for Disease Control and Prevention (CDC).			
(Code)	(Expenses \$ 75,081	including grants of \$)	(Revenue \$)
The Implementation and Technical Assistance Center is supported by a four-year cooperative agreement with HRSA's Special Projects of National Significance (SPNS) and is focused on replication and evaluation of four previously-implemented SPNS initiatives. AIDS United is charged with selecting, funding and providing training and technical assistance to twelve performance sites around the country. The end goal of the initiative is to produce four evidence-informed Care and Treatment Interventions (CATIs) that are replicable, cost-effective, capable of producing optimal HIV Care Continuum outcomes, and easily adaptable to the changing health care environment.			

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization AIDS United	Employer identification number 52-1706646
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Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	16,182,336	15,560,993	10,270,047	10,672,026	11,167,132	63,852,534
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	16,182,336	15,560,993	10,270,047	10,672,026	11,167,132	63,852,534
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						26,502,949
6 Public support. Subtract line 5 from line 4						37,349,585

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	16,182,336	15,560,993	10,270,047	10,672,026	11,167,132	63,852,534
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	288,465	424,472	359,921	249,027	74,749	1,396,634
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	14,673	14,443	3,224		35,401	67,741
11 Total support. Add lines 7 through 10						65,316,909
12 Gross receipts from related activities, etc (see instructions)					12	1,533,062
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	57 180 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	57 660 %
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐	
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐	
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	☐	
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	☐	
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐	

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015.If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2014.If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation.If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

Supporting Organizations

(Complete only if you checked a box 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.)

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V

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

1

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

☐

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

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

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

Part V

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

Section D - Distributions	Current Year
1Amounts paid to supported organizations to accomplish exempt purposes	
2Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3Administrative expenses paid to accomplish exempt purposes of supported organizations	
4Amounts paid to acquire exempt-use assets	
5Qualified set-aside amounts (prior IRS approval required)	
6Other distributions (describe in Part VI) See instructions	
7Total annual distributions. Add lines 1 through 6	
8Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9Distributable amount for 2015 from Section C, line 6	
10Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1Distributable amount for 2015 from Section C, line 6			
2Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3Excess distributions carryover, if any, to 2015			
dFrom 2013.			
eFrom 2014.			
fTotal of lines 3a through e			
gApplied to underdistributions of prior years			
hApplied to 2015 distributable amount			
iCarryover from 2010 not applied (see instructions)			
jRemainder Subtract lines 3g, 3h, and 3i from 3f			
4Distributions for 2015 from Section D, line 7 \$			
aApplied to underdistributions of prior years			
bApplied to 2015 distributable amount			
cRemainder Subtract lines 4a and 4b from 4			
5Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7Excess distributions carryover to 2016. Add lines 3j and 4c			
8Breakdown of line 7			
cExcess from 2013.			
dFrom 2014.			
eFrom 2015.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

Return Reference

Explanation

Schedule A, Part II, Line 10,
Explanation of Other Income

Miscellaneous related or exempt function income

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A

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

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

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

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)	(b)
		Yes	No Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		
a	Volunteers?		No
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes	
c	Media advertisements?		No
d	Mailings to members, legislators, or the public?		No
e	Publications, or published or broadcast statements?		No
f	Grants to other organizations for lobbying purposes?	Yes	22,075
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No
i	Other activities?		No
j	Total. Add lines 1c through 1i.		22,075
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No
b	If "Yes," enter the amount of any tax incurred under section 4912.		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
Part I-A, Line 1	aids united staff had direct contact with members of the us congress and their staff to both provide education about, and advocate for, the removal of the ban of use of federal funds for syringe access programs. Staff also directly advocated for increased federal appropriation for domestic hiv programs, medicaid and medicare, and the patient protection affordable care act. aids united staff also had direct contact with congressional staff to discuss decriminalization of hiv, improved hiv screening in prisons, and potential legislation to reauthorize the ryan white program. aids united staff met with administration officials to discuss issues related to federal implementation of healthcare reform, progress on national hiv/aids strategy, implementation of the ryan white program, and federal budgets.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization AIDS United	Employer identification number 52-1706646
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1	1
2 Aggregate value of contributions to (during year)	328	2,889
3 Aggregate value of grants from (during year)	90,952	
4 Aggregate value at end of year	1,873,050	55,649

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?

☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☒ Yes ☐ No

Part II Conservation Easements.

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

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

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

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

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

► \$ _____

b Assets included in Form 990, Part X

► \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	2,037,891	1,971,737	1,583,474	1,423,154	1,541,157
b Contributions	3,301	3,127	44,590		
c Net investment earnings, gains, and losses	-163	152,995	425,846	237,197	-36,298
d Grants or scholarships	91,575	82,208	75,796	71,146	75,525
e Other expenditures for facilities and programs					
f Administrative expenses	7,994	7,760	6,377	5,731	6,181
g End of year balance	1,941,460	2,037,891	1,971,737	1,583,474	1,423,153

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

0 660 %

b

Permanent endowment

72 640 %

c

Temporarily restricted endowment

26 700 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐

☐

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	36,138		34,505	1,633
e Other	150,210		95,012	55,198
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				56,831

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements	1	11,676,462	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-118,288	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d	2e	-118,288	
3	Subtract line 2e from line 1	3	11,794,750	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c	0	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	11,794,750	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements	1	12,063,206	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d	2e	0	
3	Subtract line 2e from line 1	3	12,063,206	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c	0	
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18)	5	12,063,206	

Part XIII Supplemental Information

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

Return Reference	Explanation
Part V, Line 4	aids united disburses income generated by the endowment funds to support grants for charitable purposes under terms of the fund agreements and are not organizational endowments of aids united

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AIDS United

Employer identification number
52-1706646

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Sub-Saharan Africa	0	1	PROGRAM SERVICES	fiscal sponsorship agreement	31,690
(2) North America	0	0	Program services	stipend	5,500
(3)					
(4)					
(5)					
3a Sub-total	0	1			37,190
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	1			37,190

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) STIPEND	North America	1	5,500	CHECK			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐

Yes

☒

No

Additional Data

Software ID:

Software Version:

EIN: 52-1706646

Name: AIDS United

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

OMB No 1545-0047

▶ **Attach to Form 990.**

Open to Public Inspection

52-1706646

☒ Yes ☐ No

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

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	▶	<u>68</u>
3	Enter total number of other organizations listed in the line 1 table	▶	

Part III

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

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

Part IV

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

Return Reference	Explanation
Part I, Line 2	AIDS United ensures the proper use of all grant funds awarded to other organizations. Monitoring procedures include the following: [1] Requiring a narrative application and budget from each grantee detailing the proposed use of grant funds, which serves as the basis for grant awards; [2] Issuing a detailed grant award contract letter outlining the terms and conditions of every grant, which is signed and returned prior to grant awards; and [3] Requiring narrative progress and financial reports from grantees at least annually, but often semi-annually. These reports are reviewed prior to making additional payments to grantees. Additionally, most grants involve considerable interactive contact between AIDS United and grantee organizations throughout the grant periods, including telephone conversations, e-mail communication, and site visits, which serve grant monitoring purposes as well as provide occasions for technical support.

Additional Data

Software ID:
Software Version:
EIN: 52-1706646
Name: AIDS United

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A H of Monroe County 1434 Kennedy Dr Key West, FL 33040	59-2678740	501c(3)	50,000				HIV/AIDS Strategic Partnerships
ACCESS Network Inc 5710 N Okatie Highway Suite B Ridgeland, SC 29936	57-0958723	501c(3)	55,000				HIV/AIDS Capacity Building - Southern Communities
ActionAIDS 1216 Arch Street 6th Floor Philadelphia, PA 19107	23-2446355	501c(3)	232,200				HIV/AIDS Access to Care and Support Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS Action Coalition of North Alabama 600 St Clair Avenue Bldg 6 Huntsville, AL 35801	57-0889447	501c(3)	35,000				HIV/AIDS Capacity Building - Southern Communities
AIDS Action Committee of Massachusetts 75 Amory Street Boston, MA 02119	22-2707246	501c(3)	342,875				HIV/AIDS Access to Care and Support Services
AIDS Alabama 3529 7th Avenue South Birmingham, AL 35222	58-1727755	501c(3)	200,000				HIV/AIDS Capacity Building - Southern Communities, Access to Care and Suppor

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS Foundation of Chicago 200 W Jackson Blvd Suite 2100 Chicago,IL 606066954	36-3412054	501c(3)	210,574				HIV/AIDS Access to Care and Support Services
AIDS Partnership Michigan 3011 W Grand Blvd Suite 230 Detroit,MI 48202	38-2464851	501c(3)	64,777				HIV/AIDS Strategic Partnerships
AIDS Project of Los Angeles 611 S Kingsley Drive 4th Floor Los Angeles,CA 90005	95-3842506	501c(3)	141,790				HIV/AIDS Access to Care and Support Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS Resource Center of Wisconsin 820 N Plankinton Avenue Milwaukee, WI 53203	39-1534049	501c(3)	50,000				HIV/AIDS Strategic Partnerships
AIDS Resource Center Ohio 15 W Fourth Street Suite 200 Dayton, OH 45402	31-1126780	501c(3)	10,000				HIV/AIDS Prevention and Syringe Exchange Policy
AIDS United Program Transfers 1424 K Street NW Ste 200 Washington, DC 20005	52-1706646	501c(3)	132,179				HIV/AIDS Prevention and Care, Access to Care and Support Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Amida Care 248 W 35th Street 7th Floor New York, NY 10001	13-4154068	501c(3)	400,915				HIV/AIDS Access to Care and Support Services
Asian & Pacific Islander Wellness Center 730 Polk St 4th Floor San Francisco, CA 94108	94-3096109	501c(3)	50,000				HIV/AIDS Strategic Partnerships
BASIC NWFL Inc 432 Magnolia Avenue PO Box 805 Panama City, FL 32401	59-2994863	501c(3)	28,000				HIV/AIDS Capacity Building - Southern Communities

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Birmingham AIDS Outreach 205 32nd Street South Birmingham, AL 35233	63-0948495	501c(3)	115,000				HIV/AIDS Capacity Building - Southern Communities, Strategic Partnerships
BOOMHealth 540 East Fordham Road Bronx, NY 10458	13-3599121	501c(3)	150,000				HIV/AIDS Access to Care and Support Services
Brothers United 3737 N Meridian Street Suite 401 Indianapolis, IN 46208	35-2072935	501c(3)	50,000				HIV/AIDS Strategic Partnerships

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catawba Care 500 Lakeshore Parkway Rock Hill, SC 29730	57-1092940	501c(3)	75,000				HIV/AIDS Capacity Building - Southern Communities, Strategic Partnerships
Chicago Women's AIDS Project 6363 N Broadway Chicago,IL 60660	36-3813588	501c(3)	15,000				HIV/AIDS Strategic Partnerships
Christie's Place 2440 Third Avenue San Diego, CA 92101	91-1878632	501c(3)	377,431				HIV/AIDS Access to Care and Support Services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Collaborative Solutions Inc PO Box 130159 Birmingham, AL 35213	85-0485864	501c(3)	62,000				HIV/AIDS Capacity Building - Southern Communities
Damien Center 26 N Arsenal Avenue Indianapolis,IN 462013808	35-1711878	501c(3)	185,375				HIV/AIDS Access to Care and Support Services
Down East AIDS Network 25A Pine Street Ste A Ellsworth,ME 04605	01-0441229	501c(3)	15,000				HIV/AIDS Strategic Partnerships

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Duke University Office of Research Support 2200 W Main St Suite 710 Durham,NC 27708	56-0532129	501c(3)	73,000				HIV/AIDS Capacity Building - Southern Communities
El Centro Hispano Inc 600 E Main Street Durham,NC 27701	56-2011661	501c(3)	30,000				HIV/AIDS Capacity Building - Southern Communities
Empowerment Resource Center 100 Edgewood Avenue NE Suite 1020 Atlanta,GA 30303	56-2587827	501c(3)	50,000				HIV/AIDS Strategic Partnerships

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Equality Foundation of Georgia 1530 DeKalb Avenue Suite A Atlanta,GA 30307	58-2346744	501c(3)	118,000				HIV/AIDS Capacity Building - Southern Communities, Strategic Partnerships
Friends For Life Corporation 43 N Cleveland Memphis,TN 38104	62-1511959	501c(3)	50,500				HIV/AIDS Capacity Building - Southern Communities
Health Foundation of Greater Indianapolis 429 East Vermont Street 400 Indianapolis,IN 46202	35-6203550	501c(3)	50,000				HIV/AIDS Prevention and Syringe Exchange Policy

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HIVAIDS Alliance for Region Two 4550 North Blvd 250 Baton Rouge, LA 70806	72-1283359	501c(3)	20,000				HIV/AIDS Capacity Building - Southern Communities
Housing Works Inc 57 Willoughby Street 2nd Floor Brooklyn, NY 11201	13-3584089	501c(3)	15,000				HIV/AIDS Strategic Partnerships
Iris House 2348 Adam Clayton Powell Jr Boulevard New York, NY 10030	13-3699201	501c(3)	50,000				HIV/AIDS Strategic Partnerships

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Justice Resource InstituteHealth Division 160 Gould Street Suite 300 Needham, MA 02494	04-2526357	501c(3)	50,000				HIV/AIDS Strategic Partnerships
Legal Services Alabama 207 Montgomery Street Suite 1200 Montgomery, AL 36104	63-0743038	501c(3)	63,500				HIV/AIDS Capacity Building - Southern Communities
Legal Services of Southern Piedmont 1431 Elizabeth Avenue Charlotte, NC 28204	56-1202940	501c(3)	33,000				HIV/AIDS Capacity Building - Southern Communities

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Louisiana Public Health Institute 1515 Poydras Street Ste 1200 New Orleans, LA 70112	72-1379921	501c(3)	237,010				HIV/AIDS Access to Care and Support Services, Strategic Partnerships
Mazzoni Center 21 South 12th Street 8th Floor Philadelphia, PA 19107	23-2176338	501c(3)	118,000				HIV/AIDS Access to Care and Support Services, Strategic Partnerships
Medical AIDS Outreach of Alabama 2900 McGehee Road Montgomery, AL 36111	63-0959628	501c(3)	127,378				HIV/AIDS Access to Care and Support Services

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Memphis Center for Reproductive Health 1726 Poplar Ave Memphis, TN 38104	62-0931089	501c(3)	32,000				HIV/AIDS Capacity Building - Southern Communities
Metro TeenAIDS 651 Pennsylvania Ave SE Basement Washington, DC 200036301	52-1610088	501c(3)	30,000				HIV/AIDS Strategic Partnerships
Migrant Health Center Inc PO Box 7128 Mayaguez, mayaguez 00681-7128 RQ	66-0427801	501c(3)	25,000				HIV/AIDS Prevention and Care

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Ministero En Jehova Servan Provistos SIDA Pediatrico Inc PO Box 9531 Cotto Station Arecibo, arecibo 00613 RQ	66-0529242	501c(3)	-20,000				HIV/AIDS Prevention and Care
Mississippi Center for Justice 5 Old River Place Jackson, MS 392151023	13-4203234	501c(3)	67,500				HIV/AIDS Capacity Building - Southern Communities
Movement Strategy Center 436 14th St Suite 500 Oakland,CA 94612	20-1037643	501c(3)	19,000				HIV/AIDS Strategic Partnerships

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My Brother's Keeper Inc 710 Avignon Dr Ridgeland, MS 39157	64-0937314	501c(3)	40,000				HIV/AIDS Capacity Building - Southern Communities
Nashville CARES 633 Thompson Lane Nashville, TN 372043616	62-1274532	501c(3)	38,000				HIV/AIDS Capacity Building - Southern Communities
NOAIDS Task Force 2601 Tulane Avenue Suite 500 New Orleans, LA 701197400	72-1059635	501c(3)	33,000				HIV/AIDS Capacity Building - Southern Communities

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North Carolina AIDS Action Network PO Box 25044 Raleigh, NC 276115044	32-0323779	501c(3)	80,000				HIV/AIDS Capacity Building - Southern Communities
North Carolina Harm Reduction Coalition 2416 Hillsborough St Raleigh, NC 27607	20-3452075	501c(3)	73,000				HIV/AIDS Capacity Building - Southern Communities
Okaloosa AIDS Support and Informational Services PO Box 35 Ft Walton Beach, FL 32549	59-3089946	501c(3)	38,000				HIV/AIDS Capacity Building - Southern Communities

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Open Door 1665 Larkin Avenue Elgin,IL 60124	36-2899274	501c(3)	125,000				HIV/AIDS Access to Care and Support Services
Philadelphia Center 2020 Centenary Blvd Shreveport,LA 71104	72-1204252	501c(3)	20,000				HIV/AIDS Capacity Building - Southern Communities
Positive Impact Health Centers Inc 1117 West Peachtree Street NE Atlanta,GA 30309	58-1973324	501c(3)	47,151				HIV/AIDS Strategic Partnerships

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Puerto Rico CoNCRA Urb Garcia Ubarri 1162 Brumbaugh ST ST San Juan, san juan 00925 RQ	66-0466365	501c(3)	25,000				HIV/AIDS Prevention and Care
Rector & Visitors of the University of Virginia 1001 Emmet Street North PO Box 400195 Office of Sponsored Programs Charlottesville, VA 229044195	54-6001796	501c(3)	175,000				HIV/AIDS Access to Care and Support Services
Regional AIDS Interfaith Network 601 E 5th Street Suite 470 Charlotte, NC 28202	56-1825247	501c(3)	30,000				HIV/AIDS Strategic Partnerships

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San Antonio AIDS Foundation 818 E Grayson Street San Antonio, TX 78260	74-2427853	501c(3)	50,000				HIV/AIDS Strategic Partnerships
Shanti Project 730 Polk St Fl 3 San Francisco, CA 941097813	94-2297147	501c(3)	50,000				HIV/AIDS Strategic Partnerships
SisterLove Inc 3709 Bakers Ferry Rd SW Atlanta, GA 30331	58-2016070	501c(3)	80,000				HIV/AIDS Capacity Building - Southern Communities

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South Carolina HIVAIDS Council 1518 Pickens Street Columbia, SC 29201	57-0994526	501c(3)	35,000				HIV/AIDS Capacity Building - Southern Communities
St Louis Effort for AIDS 1027 South Vandeventer Avenue Suite 700 St Louis, MO 63110	43-1395179	501c(3)	91,563				HIV/AIDS Access to Care and Support Services
Taller Salud Inc PO Box 524 Loiza, loiza 00772 RQ	66-0494692	501c(3)	25,000				HIV/AIDS Prevention and Care

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Transgender Law Center 1629 Telegraph Avenue Suite 400 Oakland, CA 94612	05-0544006	501c(3)	50,000				HIV/AIDS Strategic Partnerships
University of Alabama at Birmingham 206 Bevill Biomedical Building 845 19th Street South Birmingham, AL 35233	63-6005396	501c(3)	137,148				HIV/AIDS Access to Care and Support Services
Washington AIDS Partnership 1400 16th Street NW Suite 740 Washington, DC 200362258	52-1756853	501c(3)	509,095				HIV/AIDS Access to Care and Support Services

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Western North Carolina AIDS Project 554 Fairview Rd Ashville, NC 28803	58-1772685	501c(3)	55,000				HIV/AIDS Capacity Building - Southern Communities
Women With A Vision Inc 1226 N Broad Street New Orleans, LA 70119	72-1202185	501c(3)	52,000				HIV/AIDS Capacity Building - Southern Communities

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AIDS United

Employer identification number
52-1706646

Part I

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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Michael J Kaplan President & CEO	(i)	208,447	0	0	12,588	8,902	229,937	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization AIDS United	Employer identification number 52-1706646
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Return Reference	Explanation
Form 990, Part VI, Section B, line 11	The Form 990 is prepared by the CFO and subsequently reviewed and approved by the Treasurer of the Board of Trustees The Treasurer shall document his/her approval on the required form which will be maintained in the organization's records The Form 990 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 in an electronic format

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	The Conflict of Interest form is provided to new employees upon hire and to new trustees upon election and prior to the start of their term of service. Subsequently, the form is provided to all officers, directors, trustees and staff in June of every 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 every two years. This is done through the acquisition and use of data compiled by an independent human resources consulting firm to benchmark salaries for the organization as well as identify best practices within our sector. Salaries are benchmarked by position based on the size of the organization, the region in which we operate, as well as the size of our annual budget. The compensation research for the President & CEO is provided to the Board Chair who uses it, along with a thorough annual performance review conducted by the Board of Trustees, to work with the Executive Committee in making a recommendation to the Board of Trustees in regards to the annual salary and benefits package for the President & CEO. The Board of Trustees conducts an annual performance review of the President & CEO and executes any decisions about compensation increases based on a formal review, deliberation and vote on the annual compensation for the President & CEO. The compensation data for key employees is provided to the President & CEO who, within budget guidelines approved by the Board of Trustees and in consultation with respective supervisors, determines the annual salary ranges for key employees. Each employee receives an annual performance review by their supervisor, who in turn, makes recommendations for any performance-based salary increases to the President & CEO for consideration and a final decision.

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	THE ORGANIZATION CONDUCTS A THOROUGH BENCHMARKING STUDY OF ITS COMPENSATION FOR ALL STAFF EVERY TWO YEARS THIS IS DONE THROUGH THE ACQUISITION AND USE OF DATA COMPILED BY AN INDEPENDENT HUMAN RESOURCES CONSULTING FIRM TO BENCHMARK SALARIES FOR THE ORGANIZATION AS WELL AS IDENTIFY BEST PRACTICES WITHIN OUR SECTOR SALARIES ARE BENCHMARKED BY POSITION BASED ON THE SIZE OF THE ORGANIZATION, THE REGION IN WHICH WE OPERATE, AS WELL AS THE SIZE OF OUR ANNUAL BUDGET THE COMPENSATION RESEARCH FOR THE PRESIDENT & CEO IS PROVIDED TO THE BOARD CHAIR WHO USES IT, ALONG WITH A THOROUGH ANNUAL PERFORMANCE REVIEW CONDUCTED BY THE BOARD OF TRUSTEES, TO WORK WITH THE EXECUTIVE COMMITTEE IN MAKING A RECOMMENDATION TO THE BOARD OF TRUSTEES IN REGARDS TO THE ANNUAL SALARY AND BENEFITS PACKAGE FOR THE PRESIDENT & CEO THE BOARD OF TRUSTEES CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF THE PRESIDENT & CEO AND EXECUTES ANY DECISIONS ABOUT COMPENSATION INCREASES BASED ON A FORMAL REVIEW, DELIBERATION AND VOTE ON THE ANNUAL COMPENSATION FOR THE PRESIDENT & CEO THE COMPENSATION DATA FOR KEY EMPLOYEES IS PROVIDED TO THE PRESIDENT & CEO WHO, WITHIN BUDGET GUIDELINES APPROVED BY THE BOARD OF TRUSTEES AND IN CONSULTATION WITH RESPECTIVE SUPERVISORS, DETERMINES THE ANNUAL SALARY RANGES FOR KEY EMPLOYEES EACH EMPLOYEE RECEIVES AN ANNUAL PERFORMANCE REVIEW BY THEIR SUPERVISOR, WHO IN TURN, MAKES RECOMMENDATIONS FOR ANY PERFORMANCE-BASED SALARY INCREASES TO THE PRESIDENT & CEO FOR CONSIDERATION AND A FINAL DECISION

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	AIDS United's Form 1023, governing documents, conflict of interest policy, 990, and audited financial statements are available to the public upon request via print or electronic media AU's 990 is also available at www.aidsunited.org

Return Reference	Explanation
Form 990, Part IX, line 11g	OUTSIDE SERVICES Program service expenses 1,461,179 Management and general expenses 70,017 Fundraising expenses 3,085 Total expenses 1,534,281

Return Reference	Explanation
Form 990, Part XII, line 2c	the process for selection and oversight of the audit has not changed from the prior year