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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

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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) | Room/suite
1101 14TH STREET NW NO 300

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20005

D Employer identification number
52-1706646

E Telephone number
(202) 408-4848

G Gross receipts $ 12,543,092

F Name and address of principal officer
JESSE MILAN JR
1101 14TH STREET NW NO 300
WASHINGTON, DC 20005

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

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**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	39
6	Total number of volunteers (estimate if necessary)	**6**	16
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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,464,739	12,085,459
9	Program service revenue (Part VIII, line 2g)	465,775	284,409
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	91,128	124,539
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	72,646	8,753
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,094,288	12,503,160
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,538,271	8,488,013
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,116,334	2,652,057
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶157,722		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,994,905	2,914,436
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,649,510	14,054,506
19	Revenue less expenses Subtract line 18 from line 12	-1,555,222	-1,551,346

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	9,344,244	10,134,091
21	Total liabilities (Part X, line 26)	907,605	2,848,375
22	Net assets or fund balances Subtract line 21 from line 20	8,436,639	7,285,716

Part II Signature Block

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

Sign Here

****** 2018-11-14
Signature of officer Date

JESSE MILAN JR PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
R MICHAEL SORRELLS	R MICHAEL SORRELLS			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

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 $ 4,748,722 including grants of $ 3,820,170) (Revenue $)

See Additional Data

4b (Code) (Expenses $ 3,971,441 including grants of $ 3,289,104) (Revenue $)

See Additional Data

4c (Code) (Expenses $ 1,184,719 including grants of $ 600,000) (Revenue $)

See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)

(Expenses $ 3,792,543 including grants of $ 778,739) (Revenue $ 284,409)

4e **Total program service expenses ▶** 13,697,425

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *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		No
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		No
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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	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**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**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 . .	**1a**	86		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	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**	39		
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	**1a** 16		
	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	**1b** 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**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**	Yes	
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) ROBERT HILLIARD CHAIR	2 00	X		X				0	0	0
(2) GLEN PIETRADONI VICE CHAIR	2 00	X		X				0	0	0
(3) KATY CALDWELL TREASURER	2 00	X		X				0	0	0
(4) GAIL CROCKETT SECRETARY	2 00	X		X				0	0	0
(5) WILLIAM H COLLIER TRUSTEE	2 00	X						0	0	0
(6) DUANE CRAMER 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) MARJORIE HILL TRUSTEE	2 00	X						0	0	0
(10) JUNE GIPSON TRUSTEE (BEG 11/17)	2 00	X						0	0	0
(11) VENTON C JONES JR TRUSTEE (THRU 10/17)	2 00	X						0	0	0
(12) NAINA KHANNA TRUSTEE	2 00	X						0	0	0
(13) EDGAR MENDEZ TRUSTEE	2 00	X						0	0	0
(14) DAVID MUNAR TRUSTEE	2 00	X						0	0	0
(15) JAMIE NESBIT TRUSTEE	2 00	X						0	0	0
(16) CRAIG E THOMPSON TRUSTEE	2 00	X						0	0	0
(17) JESSE MILAN JR PRESIDENT & CEO	40 00			X				206,524	0	47,966

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(18) JOSHUA DAVIN HALKO DIRECTOR OF FINANCE	40 00			X				86,613	0	5,222
(19) RONALD JOHNSON VP OF POLICY & ADVOCACY	40 00			X				122,291	0	24,229
(20) MATHEW J KESSLER VP OF OPERATIONS (THRU 1/17)	40 00			X				21,562	0	3,559
(21) JOHN EDWARDS ROANE JR VP OF OPERATIONS (BEG 5/17)	40 00			X				85,841	0	6,364
(22) CARL BALONEY JR DIRECTOR OF GOVERNMENT AFFAIRS	40 00					X		111,960	0	12,111
(23) WILLIAM MCCOLL DIRECTOR OF HEALTH POLICY	40 00					X		105,092	0	17,572
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								739,883	0	117,023

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 4

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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	5,143,378		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,942,081		
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶		12,085,459		

Program Service Revenue	Business Code				
2a MEMBERSHIP DUES	900099	272,125	272,125		
b REGISTRATION FEE	900099	9,100	9,100		
c FEE FOR SERVICE	900099	3,184	3,184		
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f . . . . ▶		284,409			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		80,160			80,160
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					
	(i) Real / (ii) Personal				
6a Gross rents	6,223				
b Less rental expenses	0				
c Rental income or (loss)	6,223				
d Net rental income or (loss) . . . . . ▶		6,223			6,223
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	84,311				
b Less cost or other basis and sales expenses	39,932				
c Gain or (loss)	44,379				
d Net gain or (loss) . . . . . ▶		44,379			44,379
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	2,530			2,530
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶		2,530			
12 Total revenue. See Instructions . . . . . ▶		12,503,160	284,409	0	133,292

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	8,488,013	8,488,013		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	696,914	523,311	144,888	28,715
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,640,784	1,232,061	341,117	67,606
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	71,221	53,480	14,807	2,934
9 Other employee benefits	84,080	63,135	17,480	3,465
10 Payroll taxes	159,058	119,436	33,068	6,554
11 Fees for services (non-employees)				
a Management	134,256	111,723	19,635	2,898
b Legal	3,003	2,499	439	65
c Accounting	50,690	42,183	7,413	1,094
d Lobbying	41,057	34,166	6,005	886
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,140,963	949,471	166,867	24,625
12 Advertising and promotion	125,584	125,043		541
13 Office expenses	404,433	315,882	75,898	12,653
14 Information technology				
15 Royalties . .				
16 Occupancy				
17 Travel	776,677	746,040	28,148	2,489
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	78,160	72,756	5,193	211
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	43,159		43,159	
23 Insurance . . .	7,661		7,661	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a HONORARIA	51,085	34,466	15,217	1,402
b DUES	24,359	16,434	7,256	669
c BAD DEBT	24,000	16,192	7,149	659
d TAXES AND LICENSES	10,566	7,129	3,147	290
e All other expenses	-1,217	744,005	-745,188	-34
25 **Total functional expenses.** Add lines 1 through 24e	14,054,506	13,697,425	199,359	157,722
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	5,945,139	1	5,295,422
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	920,322	3	1,532,635
	4	Accounts receivable, net	192,102	4	132,338
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see 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	67,135	9	64,759
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 736,146			
	b	Less accumulated depreciation — 10b: 161,241	33,927	10c	574,905
	11	Investments—publicly traded securities	2,095,072	11	2,462,551
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	90,547	15	71,481
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	9,344,244	16	10,134,091
Liabilities	17	Accounts payable and accrued expenses	155,845	17	199,111
	18	Grants payable	627,500	18	1,862,413
	19	Deferred revenue	50,953	19	682,856
	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	
	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	73,307	25	103,995
	26	**Total liabilities.** Add lines 17 through 25	907,605	26	2,848,375
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,317,275	27	854,392
	28	Temporarily restricted net assets	5,703,512	28	5,009,447
	29	Permanently restricted net assets	1,415,852	29	1,421,877
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	8,436,639	33	7,285,716
	34	Total liabilities and net assets/fund balances	9,344,244	34	10,134,091

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,503,160
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,054,506
3	Revenue less expenses Subtract line 2 from line 1	3	-1,551,346
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,436,639
5	Net unrealized gains (losses) on investments	5	400,423
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,285,716

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 52-1706646

Name: AIDS UNITED

Form 990 (2017)

Form 990, Part III, Line 4a:

SOUTHERN HIV IMPACT FUND THE SOUTHERN HIV IMPACT FUND FOCUSES ON THE NEEDS OF INDIVIDUALS AND COMMUNITIES AFFECTED BY HIV IN THREE PRIMARY AREAS PREVENTION, CARE AND SUPPORT, AND POLICY, ADVOCACY AND MOVEMENT BUILDING TO MAXIMIZE EFFORTS AND IMPACT, THIS NEW INITIATIVE EXPLICITLY FOCUSES ON INCREASING CROSS-SECTIONAL WORK AMONG TRADITIONALLY HIV-FOCUSED ORGANIZATIONS AND THOSE WITH LITTLE OR NO PRIOR HIV EXPERIENCE, BUT WITH A HISTORY OF WORKING TO ADVANCE SOCIAL JUSTICE AND/OR CIVIL RIGHTS ORGANIZATIONS WORKING IN THE INTERSECTING FIELDS OF RACIAL AND SOCIAL JUSTICE, GENDER EQUALITY AND REPRODUCTIVE RIGHTS, LGBTQ, IMMIGRATION, DETENTION AND MASS INCARCERATION, AMONG OTHERS ARE WELL-POSITIONED TO POSITIVELY IMPACT THE SOCIAL DETERMINANTS OF HEALTH THAT HAVE SIGNIFICANT IMPLICATIONS FOR PEOPLE LIVING WITH OR AT RISK FOR HIV IN THE SOUTH

Form 990, Part III, Line 4b:

HRSA-SPNS-ITAC THE IMPLEMENTATION AND TECHNICAL ASSISTANCE CENTER IS SUPPORTED BY A FOUR-YEAR COOPERATIVE AGREEMENT WITH HRSA'S SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE (SPNS) AND IS FOCUSED ON REPLICATION AND EVALUATION OF FOUR PREVIOUSLY-IMPLEMENTED SPNS INITIATIVES AIDS UNITED IS CHARGED WITH SELECTING, FUNDING AND PROVIDING TRAINING AND TECHNICAL ASSISTANCE TO TWELVE PERFORMANCE SITES AROUND THE COUNTRY THE END GOAL OF THE INITIATIVE IS TO PRODUCE FOUR EVIDENCE-INFORMED CARE AND TREATMENT INTERVENTIONS (CATIS) THAT ARE REPLICABLE, COST-EFFECTIVE, CAPABLE OF PRODUCING OPTIMAL HIV CARE CONTINUUM OUTCOMES, AND EASILY ADAPTABLE TO THE CHANGING HEALTH CARE ENVIRONMENT

Form 990, Part III, Line 4c:

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

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

(Code) (Expenses $ 1,068,443 including grants of $) (Revenue $ 272,125)

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

(Code) (Expenses $ 907,021 including grants of $ 218,441) (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 STRATEGIC PLANNING, STRATEGIC PARTNERSHIP DEVELOPMENT AND MANAGEMENT, HCV AND HARM REDUCTION INTERVENTIONS, HUMAN AND FISCAL RESOURCE DEVELOPMENT AND MANAGEMENT, CULTURALLY HUMBLE PREP APPROACHES, AND CDC'S EFFECTIVE BEHAVIORAL INTERVENTIONS G2Z IS CURRENTLY IN ITS FOURTH PROGRAM YEAR AND, TO DATE, HAS RESPONDED TO 150 REQUESTS FOR TRAINING AND TA FROM CBOS AROUND THE COUNTRY, WITH PARTICULAR STRENGTHS IN THE AREAS OF ORGANIZATIONAL DEVELOPMENT AND MANAGEMENT AND HARM REDUCTION AND WITH CBOS ACROSS THE U S SOUTH AND IN LOW RESOURCE SETTINGS

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

(Code) (Expenses $ 553,326 including grants of $ 300,000) (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 $ 163,660 including grants of $ 35,000) (Revenue $)

PUERTO RICO AIDS UNITED'S PUERTO RICO FUNDER'S PORTFOLIO SUPPORTS ESSENTIAL AND INNOVATIVE HIV PREVENTION PROGRAMS THAT NOT ONLY ARE MAKING A DIFFERENCE ON THE ISLAND, BUT MAY NOT HAVE BEEN POSSIBLE OR SUSTAINABLE WERE IT NOT FOR THE RESOURCES PROVIDED BY THE COLLABORATIVE AS PART OF CAPACITY-BUILDING EFFORTS IN PUERTO RICO, 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 $ 479,823 including grants of $ 100,298) (Revenue $ 12,284)

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 $ 121,354 including grants of $) (Revenue $)

SYRINGE ACCESS FUND THE SYRINGE ACCESS FUND (SAF) IS A COLLABORATIVE FUNDING INITIATIVE OF THE ELTON JOHN AIDS FOUNDATION, LEVI STRAUSS FOUNDATION, OPEN SOCIETY FOUNDATIONS, 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 $ 126,214 including grants of $) (Revenue $)

USING EVIDENCE-INFORMED INTERVENTIONS (E2I) TO IMPROVE HEALTH OUTCOMES AMONG PEOPLE LIVING WITH HIV--COORDINATING CENTER FOR TECHNICAL ASSISTANCE (CCTA)AIDS UNITED, IN COLLABORATION WITH THE FENWAY INSTITUTE, SERVES AS THE COORDINATING CENTER FOR TECHNICAL ASSISTANCE (CCTA) ON THE E2I INITIATIVE THROUGH THIS INITIATIVE, AIDS UNITED FUNDS AND MONITORS 26 SUBRECEIPIENTS AROUND THE COUNTRY WHO ARE IMPLEMENTING EVIDENCE-INFORMED INTERVENTIONS IN ONE OF FOUR DIFFERENCE FOCUS AREAS INTERVENTIONS IN FOUR FOCUS AREAS IMPROVING HIV HEALTH OUTCOMES FOR TRANSGENDER WOMENIMPROVING HIV HEALTH OUTCOMES FOR BLACK MEN WHO HAVE SEX WITH MENINTEGRATING BEHAVIORAL HEALTH WITH PRIMARY MEDICAL CARE FOR PEOPLE LIVING WITH HIV/AIDSIDENTIFYING AND ADDRESSING TRAUMA AMONG PEOPLE LIVING WITH HIV/AIDS THE CCTA ALSO COORDINATES TWO CONVENINGS EACH YEAR FOR ALL FUNDED SITES AS WELL AS ONGOING TECHNICAL ASSISTANCE TO THE SITES TO IMPLEMENT THEIR SELECTED INTERVENTIONS

(Code) (Expenses $ 132,702 including grants of $) (Revenue $)

M2MPOWER/ACT AGAINST AIDS M2MPOWER (ALSO REFERRED TO AS PARTNERING AND COMMUNICATING TOGETHER TO ACT AGAINST AIDS [PACT AAA] JUMPSTARTS THE CONVERSATION ABOUT HIV AMONG LGBTQ PEOPLE, PARTICULARLY MEN WHO HAVE SEX WITH MEN AND TRANSGENDER PEOPLE, BY RAISING AWARENESS M2MPOWER EMPOWERS COMMUNITIES DISPROPORTIONATELY IMPACTED BY HIV BY GIVING INDIVIDUALS THE KNOWLEDGE AND TOOLS THEY NEED TO MAKE HEALTHY DECISIONS FOR THEMSELVES AND THOSE THEY LOVE THIS IS ACCOMPLISHED THROUGH STRATEGIC PARTNERING WITH NATIONAL LGBTQ ORGANIZATIONS, CREATING AND DISTRIBUTING INNOVATIVE RESOURCES LIKE THE WHAT DO I DO HANDBOOK, FACILITATING HIV TESTING AT EVENTS, AND REACHING LGBTQ PEOPLE WITH TARGETED HIV PREVENTION AND TREATMENT MESSAGING THROUGH SOCIAL MEDIA M2MPOWER IS FUNDED THROUGH A COOPERATIVE AGREEMENT WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

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

(Code) (Expenses $ 240,000 including grants of $ 125,000) (Revenue $)

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

(Code) (Expenses $ including grants of $) (Revenue $)

HIV HURRICANE RELIEF FUND GROWING INITIALLY OUT OF SUPPORT OFFERED TO STAFF STRANDED AT THE U S CONFERENCE ON AIDS BY HURRICANE IRMA, THE FUND QUICKLY GREW INTO A NEW PROGRAM COVERING EMERGENCY RESPONSE TO THAT SEASON'S THREE MASSIVE HURRICANES, HARVEY, IRMA AND MARIA TO DATE, WE HAVE GRANTED OUT $2 2M IN FUNDING TO SUPPORT RECOVERY AND ARE NOW, LOOKING TO WAYS THAT WE CAN NOT ONLY RESPOND, BUT BUILD RESILIENCY IN COMMUNITIES TO ENSURE THEY CAN WITHSTAND ANY DISASTER THAT MIGHT AFFECT THEM AND THEIR CLIENTS

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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

2017

Open to Public Inspection

Name of the organization
AIDS UNITED

Employer identification number
52-1706646

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

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

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	10,270,047	10,672,026	11,167,132	8,875,339	12,085,459	53,070,003
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	10,270,047	10,672,026	11,167,132	8,875,339	12,085,459	53,070,003
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)						17,772,899
6 **Public support.** Subtract line 5 from line 4						35,297,104

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	10,270,047	10,672,026	11,167,132	8,875,339	12,085,459	53,070,003
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	359,921	249,027	74,749	70,704	86,383	840,784
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	3,224		35,401	72,646	2,530	113,801
11 **Total support.** Add lines 7 through 10						54,024,588

12 Gross receipts from related activities, etc (see instructions) **12** 906,645

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	**14**	65 340 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	**15**	60 720 %

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

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

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***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*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***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)*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

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? *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*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

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)? *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)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a 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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

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)

			Yes	No
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? *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*	2a		
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? *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*	2b		
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? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	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**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS RELATED OR EXEMPT FUNCTION INCOME - 2013 AMOUNT $ 3,224 2015 AMOUNT $ 35,401 2016 AMOUNT $ 72,646 2017 AMOUNT $ 2,530

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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

2017

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-
1					
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		
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-		

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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) 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?	Yes		1,167
d	Mailings to members, legislators, or the public?	Yes		7
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		39,013
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		3,807
i	Other activities?		No	
j	Total Add lines 1c through 1i			43,994
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		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 LOBBY SEEKING INCREASED FEDERAL APPROPRIATIONS FOR DOMESTIC HIV PROGRAMS, PROTECTION OF THE RYAN WHITE PROGRAM, MEDICAID AND MEDICARE, OPPOSING REPEAL OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, MAINTAINING CURRENT LANGUAGE ALLOWING THE USE OF FEDERAL FUNDS FOR SYRINGE ACCESS PROGRAMS, AND IN SUPPORT OF THE REPEAL HIV DISCRIMINATION ACT AIDS UNITED STAFF MET WITH COVERED ADMINISTRATION OFFICIALS TO DISCUSS CONTINUED IMPLEMENTATION OF THE NATIONAL HIV/AIDS STRATEGY AND THE FEDERAL BUDGET RELATED TO HIV

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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

2017

Open to Public Inspection

Name of the organization
AIDS UNITED

Employer identification number
52-1706646

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	1
2	Aggregate value of contributions to (during year)	472,907	21,113
3	Aggregate value of grants from (during year)	104,823	3,402
4	Aggregate value at end of year	2,329,036	81,995

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ 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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

- a Board designated or quasi-endowment ▶ 0 640 %
- b Permanent endowment ▶ 58 600 %
- c Temporarily restricted endowment ▶ 40 760 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		584,136	21,889	562,247
d Equipment		152,010	139,352	12,658
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				574,905

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
EMPLOYEE DEDUCTIONS FOR BENEFITS	103,995
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	103,995

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	AIDS UNITED DISBURSES INCOME GENERATED BY THE ENDOWMENT FUNDS TO SUPPORT GRANTS FOR CHARIT ABLE PURPOSES UNDER TERMS OF THE FUND AGREEMENTS AND ARE NOT ORGANIZATIONAL ENDOWMENTS OF AIDS UNITED

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AIDS UNITED

Employer identification number
52-1706646

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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
ABOUNDING PROSPERITY 2311 MARTIN LUTHER KING JR BLVD DALLAS, TX 75215	20-3746990	501C(3)	12,000				HURRICANE RELIEF/EMERGENCY SUPPORT
ABOVE THE STATUS QUO INC 811 JUNIPER STREET NE UNIT 121 ATLANTA, GA 30308	47-5172430	501C(3)	25,000				HURRICANE RELIEF/EMERGENCY SUPPORT

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

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ACADIANA CARES PO BOX 3865 LAFAYETTE, LA 705023865	58-1717018	501C(3)	35,000				HIV/AIDS STRATEGIC PARTNERSHIPS
AFFINITY HEALTH CENTER 500 LAKESHORE PARKWAY ROCK HILL, SC 29730	57-1092940	501C(3)	76,000				SOUTHERN HIV IMPACT FUND - GENERAL OPERATING

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

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AIDS ACTION COALITION OF HUNTSVILLE INC 600 ST CLAIR AVENUE HUNTSVILLE, AL 35801	57-0889447	501C(3)	30,000				HIV/AIDS STRATEGIC PARTNERSHIPS
AIDS ALABAMA 3529 7TH AVENUE SOUTH BIRMINGHAM, AL 35222	58-1727755	501C(3)	88,000				HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES, PREVENTION AND SYRINGE EXCHANGE POLICY, STRATEGIC PARTNERSHIPS

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

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AIDS ARMS INC 351 W JEFFERSON BLVD SUITE 300 DALLAS, TX 75208	75-2306145	501C(3)	30,000				HIV/AIDS STRATEGIC PARTNERSHIPS
AIDS CARE GROUP 2304 EDGMONT AVENUE CHESTER, PA 190135038	23-2965785	501C(3)	310,737				HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

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AIDS FOUNDATION HOUSTON INC 6260 WESTPARK DRIVE HOUSTON, TX 77057	76-0073661	501C(3)	15,000				HURRICANE RELIEF/EMERGENCY SUPPORT
ALAMO AREA RESOURCE CENTER INC 303 N FRIO SAN ANTONIO, TX 78207	74-2583211	501C(3)	60,000				SOUTHERN HIV IMPACT FUND - LINKAGE TO CARE

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ALL UNDER ONE ROOF LGBT ADVOCATES 838 E CLARK STREET POCATELLO, ID 83201	90-0805959	501C(3)	23,200				HIV/AIDS LEADERSHIP AND ADVOCACY FOR PEOPLE LIVING WITH HIV
ASSOCIATION FOR THE ADVANCEMENT OF MEXICAN AMERICANS 6001 GULF FREEWAY HOUSTON, TX 77023	74-1696961	501C(3)	15,000				THROUGH THIS GRANT, AAMA PROVIDED CLIENTS EMERGENCY FINANCIAL ASSISTANCE, MEDICAL/MEDICATION FINANCIAL ASSISTANCE, TRANSPORTATION ASSISTANCE, AND GIFT CARDS FOR FOOD, TOILETRIES, AND CLEANING SUPPLIES

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

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ATLANTA HARM REDUCTION COALITION PO BOX 92670 ATLANTA, GA 30314	58-2227958	501C(3)	65,000				HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES
BAPTIST HOSPITALS OF SOUTHEAST TEXAS FOUNDATION 3070 COLLEGE STREET SUITE 401 BEAUMONTH, TX 77702	61-1557670	501C(3)	15,000				HURRICANE RELIEF/EMERGENCY SUPPORT

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BASIC NWFL INC 432 MAGNOLIA AVENUE PANAMA CITY, FL 32401	59-2994863	501C(3)	65,000				HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES
BATON ROUGE BLACK ALCOHOLISM COUNCIL DBA METRO HEALTH BATON ROUGE, LA 70802	72-1135608	501C(3)	70,000				SOUTHERN HIV IMPACT FUND

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BIG BEND CARES INC 2201 SOUTH MONROE STREET TALLAHASSEE, FL 32301	59-2816580	501C(3)	50,000				HURRICANE RELIEF/EMERGENCY SUPPORT
BILLS KITCHEN INC PO BOX 195678 SAN JUAN, PR 00919	66-0493399	501C(3)	15,000				HURRICANE RELIEF/EMERGENCY SUPPORT

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

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BIRMINGHAM AIDS OUTREACH 205 32ND STREET SOUTH BIRMINGHAM, AL 35233	63-0948495	501C(3)	132,000				HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES
BLACK AIDS INSTITUTE 1833 W 8TH ST SUITE 200 LOS ANGELES, CA 90057	95-4742741	501C(3)	10,000				HIV/AIDS ACCESS TO CARE AND SUPPORT SERVICES

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CAPITOL AREA REENTRY PROGRAM INC PO BOX 74772 BATON ROUGE, LA 70874	06-1793810	501C(3)	62,000				SOUTHERN HIV IMPACT FUND - GENERAL OPERATING
CARACOLE 4138 HAMILTON AVENUE CINCINNATI, OH 45223	31-1210524	501C(3)	35,000				HIV/AIDS STRATEGIC PARTNERSHIPS

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CENTRO ARARAT INC 8169 CALLE CONCORDIA PNCE, PR 007171567	66-0604909	501C(3)	220,495				HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
COALICION DE CAOLICIONES PRO PERSONAS SIN HOGAR DE PR INC 44 ISABEL STREET PONCE, PR 00730	66-0635464	501C(3)	25,000				HURRICANE RELIEF/EMERGENCY SUPPORT

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COOPER UNIVERSITY HOSPITAL EIP THREE COOPER PLAZA CAMDEN, NJ 08103	21-0634462	501C(3)	342,406				HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
CORPORACION LA FONDITA DE JESUS 704 MONSERRATE ST ESQ FERNANDEZ JUNCOS SAN JUAN, PR 00907	66-0426787	501C(3)	15,000				HURRICANE RELIEF/EMERGENCY SUPPORT

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DUKE UNIVERSITY OFFICE OF RESEARCH SUPPORT DURHAM, NC 27708	56-0532129	501C(3)	50,000				HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES
EAST TEXAS CARES RESOURCES CENTER 427 OAKLAND AVENUE TYLER, TX 75702	75-2316322	501C(3)	65,000				SOUTHERN HIV IMPACT FUND - PREVENTION, CARE AND SUPPORT SERVICES

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EQUALITY FLORIDA INSTITUTE INC PO BOX 13184 ST PETERSBURG, FL 33713	59-3435235	501C(3)	136,000				SOUTHERN HIV IMPACT FUND - POLICY, ADVOCACY, MOVEMENT BUILDING
EQUALITY FOUNDATION OF GEORGIA 1530 DEKALB AVENUE ATLANTA, GA 30307	58-2346744	501C(3)	282,600				HIV/AIDS STRATEGIC PARTNERSHIPS, CAPACITY BUILDING - SOUTHERN COMMUNITIES

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FOUNDCARE INC 2330 S CONGRESS AVENUE WEST PALM BEACL, FL 33406	54-2083748	501C(3)	25,000				HURRICANE RELIEF/EMERGENCY SUPPORT
FREDERIKSTED HEALTH CARE INC PO BOX 1198 FREDERIKSTED, VI 00840	66-0586667	501C(3)	10,000				HURRICANE RELIEF/EMERGENCY SUPPORT

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FREEDOM FUND NETWORK INC 50 FOSTER STREET NEW HAVEN, CT 06511	82-2069282	501C(3)	67,500				SOUTHERN HIV IMPACT FUND - PREVENTION, CARE AND SUPPORT SERVICES
FUNDACION LATINOAMERICANA DE ACCION SOCIAL INC 6666 HARWIN DRIVE 370 HOUSTON, TX 77036	76-0430109	501C(3)	12,000				HURRICANE RELIEF/EMERGENCY SUPPORT

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GAY MEN'S HEALTH CRISIS (GMHC) 446 WEST 33RD STREET NEW YORK, NY 10001	13-3130146	501C(3)	35,000				HIV/AIDS STRATEGIC PARTNERSHIPS
GRADY HEALTH SYSTEM 341 E PONCE DE LEON AVENUE ATLANT, GA 30308	26-2037695	501C(3)	260,237				HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

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HARLEM UNITED 306 LENOX AVENUE NEW YORK, NY 10027	13-3461695	501C(3)	30,800				HIV/AIDS STRATEGIC PARTNERSHIPS
HEALTH EQUITY INSTITUTE - SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVENUE SAN FRANCISCO, CA 94132	93-1137247	115	18,199				HIV/AIDS CAPACITY-BUILDING PROVIDER SUBCONTRACT (CDC CBA)

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HELPING EVERYONE RECEIVING ONGOING EFFECTIVE SUPPORT PO BOX 1258 COLUMBIA, LA 71418	72-1446886	501C(3)	75,000				SOUTHERN HIV IMPACT FUND - PREVENTION, CARE AND SUPPORT SERVICES
HOUSING WORKS INC 57 WILLOUGHBY STREET BROOKLYN, NY 11201	13-3584089	501C(3)	61,972				HIV/AIDS STRATEGIC PARTNERSHIPS

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HOWARD BROWN HEALTH CENTER 4025 N SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501C(3)	247,566				HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
INSTITUTO PREVOCACIONAL E INDUSTRIAL DE PUERTO RICO INC 68 CALLE PURO GIRAU PUEBLO ARECIBO, PR 00612	66-0421420	501C(3)	15,000				HURRICANE RELIEF/EMERGENCY SUPPORT

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INTERNATIONAL COMMUNITY OF WOMEN LIVING WITH HIV & AIDS NA REGION PO BOX 204 SUMMIT, NJ 07902	30-0596104	501C(3)	33,500				HIV/AIDS STRATEGIC PARTNERSHIPS
JACKSON MEDICAL MALL FOUNDATION 350 W WOODROW WILSON AVENUE JACKSON, MS 39213	64-0865274	501C(3)	76,000				SOUTHERN HIV IMPACT FUND - PREVENTION, CARE AND SUPPORT SERVICES

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JUSTICE NOW 1322 WEBSTER ST OAKLAND, CA 94612	42-1559699	501C(3)	22,200				HIV/AIDS LEADERSHIP AND ADVOCACY FOR TRANSGENDER POPULATIONS
KECK SCHOOL OF MEDICINE USC 1640 MARENGO STREET LOS ANGELES, CA 90033	95-1642394	501C(3)	314,760				HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

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LA PERLA DE GRAN PRECIO CALLE GAUTIER BENITEZ 66 URB FLORAL PARK SAN JUAN, PR 00917	66-0489388	501C(3)	15,000				HURRICANE RELIEF/EMERGENCY SUPPORT
LARKIN STREET 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-2917999	501C(3)	15,000				HIV/AIDS STRATEGIC PARTNERSHIPS

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LATINO COMMISSION ON AIDS INC 24 WEST 25TH ST NEW YORK, NY 10010	13-3629466	501C(3)	141,000				HIV/AIDS ACCESS TO CARE AND SUPPORT SERVICES
LEGACY COMMUNITY HEALTH SERVICES INC MONTROSE CLINIC HOUSTON, TX 77006	76-0009637	501C(3)	50,000				HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES

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LEGAL AID SERVICE OF BROWARD COUNTY INC 491 N STATE ROAD 7 PLANTATION, FL 33317	59-1547191	501C(3)	15,000				HURRICANE RELIEF/EMERGENCY SUPPORT
LEGAL SERVICES OF SOUTHERN PIEDMONT 1431 ELIZABETH AVENUE CHARLOTTE, NC 28204	56-1202940	501C(3)	47,500				HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES

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LIFE FOUNDATION 677 ALA MOANA BLVD HONOLULU, HI 96813	99-0230542	501C(3)	58,000				HIV/AIDS STRATEGIC PARTNERSHIPS
MEHARRY MEDICAL COLLEGE 1005 DR D B TODD JR BLVD NASHVILLE, TN 37208	62-0488046	501C(3)	254,820				HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

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METRO WELLNESS & COMMUNITY CENTERS 3251 3RD AVE N - SUITE 125 ST PETERSBURG, FL 33713	59-3153947	501C(3)	30,000				HIV/AIDS STRATEGIC PARTNERSHIPS
MISSISSIPPI CENTER FOR JUSTICE 5 OLD RIVER PLACE JACKSON, MS 392151023	13-4203234	501C(3)	135,000				HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES

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MOUNT OLIVE DEVELOPMENT CORPORATION 1530 NW 6TH STREET FORT LAUDERDALE, FL 33311	65-0548855	501C(3)	7,116				HURRICANE RELIEF/EMERGENCY SUPPORT
MOVEMENT STRATEGY CENTER - PWN-USA 436 14TH ST SUITE 500 OAKLAND, CA 94612	20-1037643	501C(3)	66,500				HIV/AIDS CAPACITY-BUILDING PROVIDER SUBCONTRACT (POSITIVE ORGANIZING)

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MY BROTHER'S KEEPER INC 710 AVIGNON DR RIDGELAND, MS 39157	64-0937314	501C(3)	117,500				HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES
NAESM INC 2140 MARTIN LUTHER KING JR DRIVE SW SW ATLANTA, GA 303101134	58-1986941	501C(3)	109,000				SOUTHERN HIV IMPACT FUND - POLICY, ADVOCACY, MOVEMENT BUILDING

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NASHVILLE CARES 633 THOMPSON LANE NASHVILLE, TN 372043616	62-1274532	501C(3)	75,000				HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES
NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS 444 N CAPITOL STREET NW WASHINGTON, DC 20001	91-1568650	501C(3)	11,624				HURRICANE RELIEF/EMERGENCY SUPPORT

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NEWARK BETH ISRAEL MEDICAL CENTERFAMILY TREATMENT CENTER 201 LYONS AVENUE NEWARK, NJ 07112	22-3452311	501C(3)	349,380				HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
NORTH CAROLINA AIDS ACTION NETWORK 208 BARCLAY RD CHAPEL HILL, NC 27516	32-0323779	501C(3)	137,500				HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES

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NORTH CAROLINA HARM REDUCTION COALITION 2416 HILLSBOROGH ST RALEIGH, NC 27607	20-3452075	501C(3)	127,500				HIV/AIDS STRATEGIC PARTNERSHIPS, CAPACITY BUILDING - SOUTHERN COMMUNITIES
ONE STOP CAREER CENTER OF PR INC 839 CALLE ANASCO SAN JUAN, PR 00925	66-0593598	501C(3)	15,000				HURRICANE RELIEF/EMERGENCY SUPPORT

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OPEN DOOR 1665 LARKIN AVENUE ELGIN, IL 60124	36-2899274	501C(3)	30,000				HIV/AIDS STRATEGIC PARTNERSHIPS
ORGANIZACION LATINA TRANS IN TEXAS 3339 ARBOR ST HOUSTON, TX 77004	47-4633481	501C(3)	15,000				HURRICANE RELIEF/EMERGENCY SUPPORT

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(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
POSITIVE EFFORTS INC 7135 TIDWELL BUILDING M-102 HOUSTON, TX 77092	75-2974581	501C(3)	15,000				HURRICANE RELIEF/EMERGENCY SUPPORT
POSITIVE IMPACT HEALTH CENTERS INC 3340 BRECKINRIDGE BLVD STE 200 DULUTH, GA 30096	58-1973324	501C(3)	59,150				SOUTHERN HIV IMPACT FUND - PREVENTION, 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
POSITIVE RESOURCE CENTER 785 MARKET STREET 10TH FLOOR SAN FRANCISCO, CA 94103	94-3078431	501C(3)	30,000				HIV/AIDS STRATEGIC PARTNERSHIPS
POSITIVELY LIVING INC 1501 EAST FIFTH AVENUE KNOXVILLE, TN 37917	62-1698383	501C(3)	80,000				SOUTHERN HIV IMPACT FUND - PREVENTION, 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
PROJECT INFORM 273 NINTH STREET SAN FRANCISCO, CA 941032621	94-3052723	501C(3)	25,000				HIV/AIDS ACCESS TO CARE AND SUPPORT SERVICES
PROJECT WEBER PO BOX 40112 PROVIDENCE, RI 02940	46-0964136	501C(3)	47,600				HIV/AIDS STRATEGIC PARTNERSHIPS, $2,600 TBD

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
PUERTO RICAN CULTURAL CENTER 2739 W DIVISION STREET CHICAGO, IL 60622	23-7347778	501C(3)	15,000				HURRICANE RELIEF/EMERGENCY SUPPORT
PUERTO RICO CONCRA URB GARCIA UBARRI SAN JUAN, PR 00925	66-0466365	501C(3)	85,000				HIV/AIDS STRATEGIC PARTNERSHIPS, PREVENTION AND SYRINGE EXCHANGE POLICY

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
REACHING ALL HIV MUSLIMS IN AMERICA 1440 G STREET NW WASHINGTON, DC 20005	46-1586946	501C(3)	8,000				SPONSORSHIP OF NATIONAL FAITH AIDS AWARENESS DAY
RURAL WOMEN'S HEALTH PROJECT INC 1108 SW 2 AVENUE GAINSVILLE, FL 32601	59-3429511	501C(3)	51,750				SOUTHERN HIV IMPACT FUND - GENERAL OPERATING

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
SISTERLOVE INC 3709 BAKERS FERRY RD SW ATLANTA, GA 30331	58-2016070	501C(3)	92,500				HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS 23532 CALABASAS ROAD SUITE A CALABASAS, CA 91302	95-4116679	501C(3)	340,500				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
SOUTH CAROLINA HIV TASK FORCE PO BOX 624 COLUMBIA, SC 29202	46-5475844	501C(3)	62,500				HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES
SOUTHEAST LOUISIANA AREA HEALTH EDUCATION CENTER 1302 JW DAVIS DRIVE HAMMOND, LA 70403	72-1155014	501C(3)	125,000				SOUTHERN HIV IMPACT FUND - PREVENTION, 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
SOUTHERN AIDS COALITION INC 1016 19TH STREET S BIRMINGHAM, AL 35205	63-0985623	501C(3)	142,500				HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES
SOUTHERN NEVADA HEALTH DISTRICT 280 S DECATUR BLVD LAS VEGAS, NV 89107	88-0151573	501C(3)	265,779				HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

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

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SOUTHERNERS ON NEW GROUND 580 HOLDERNESS STREET ATLANTA, GA 30310	61-1274170	501C(3)	50,000				HIV/AIDS CAPACITY BUILDING - SOUTHERN COMMUNITIES
SOUTHWEST LOUISIANA AREA HEALTH EDUCATION CENTER 103 INDEPENDENCE BLVD LAFAYETTE, LA 70506	72-1191867	501C(3)	42,000				SOUTHERN HIV IMPACT FUND - PREVENTION, CARE AND SUPPORT SERVICES

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

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SOUTHWEST RESEARCH AND INFORMATION CENTER PO BOX 4524 ALBUQUERQUE, NM 871964524	23-7159949	501C(3)	30,000				HIV/AIDS STRATEGIC PARTNERSHIPS
SPECIAL SERVICE FOR GROUPS 905 E 8TH STREET LOS ANGELES, CA 90021	95-1716914	501C(3)	30,000				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
ST LOUIS EFFORT FOR AIDS 1027 SOUTH VANDEVENTER AVENUE ST LOUIS, MO 63110	43-1395179	501C(3)	35,000				HIV/AIDS ACCESS TO CARE AND SUPPORT SERVICES
THE CHANGE PROJECT 2001 21ST AVENUE S NASHVILLE, TN 37212	46-2839821	501C(3)	26,000				HIV/AIDS LEADERSHIP AND ADVOCACY FOR PEOPLE LIVING WITH HIV

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
THE METROHEALTH SYSTEM 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	34-6004382	501C(3)	268,830				HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
THE POVERELLO CENTER INC 2056 N DIXIE HIGHWAY WILTON MANORS, FL 33305	65-0056218	501C(3)	10,000				HURRICANE RELIEF/EMERGENCY SUPPORT

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
THE RIGHT CHOICE PROJECT 516 E AIRLINE HIGHWAY LAPLACE, LA 70068	47-2778681	501C(3)	65,000				SOUTHERN HIV IMPACT FUND - PREVENTION, CARE AND SUPPORT SERVICES
THE TRANSLATIN COALITION 1730 W OLYMPIC BLVD LOS ANGELES, CA 90015	27-3801872	501C(3)	21,200				HIV/AIDS LEADERSHIP AND ADVOCACY FOR TRANSGENDER POPULATIONS

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
TRANS UNITED ATTN HAYDEN MORA WASHINGTON, DC 20009	26-3728794	501C(3)	30,215				HIV/AIDS LEADERSHIP AND ADVOCACY FOR TRANSGENDER POPULATIONS (22,600), BALANCE UNCLEAR
TRANSGENDER RESOURCE CENTER OF NEW MEXICO PO BOX 80872 ALBUQUERQUE, NM 87198	39-2076744	501C(3)	19,600				HIV/AIDS PREVENTION AND SYRINGE EXCHANGE POLICY

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
TRANSLATINA NETWORK INC 446 W 33 STREET NEW YORK, NY 10001	47-4807380	501C(3)	12,600				HIV/AIDS LEADERSHIP AND ADVOCACY FOR TRANSGENDER POPULATIONS
TRIANGLE AREA NETWORK INC 1495 7TH STREET BEUMONT, TX 77702	76-0226835	501C(3)	15,000				HURRICANE RELIEF/EMERGENCY SUPPORT

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
UNITED CHURCH OF CHRIST HIV & AIDS NETWORK 700 PROSPECT AVENUE EAST CLEVELAND, OH 441151100	13-1957221	501C(3)	11,972				HIV/AIDS ACCESS TO CARE AND SUPPORT SERVICES
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 109 KINKEAD HALL LEXINGTON, KY 405060057	61-6033693	501C(3)	256,417				HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

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
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL UNC INSTITUTE FOR GLOBAL HEALTH AND INFECTIOUS DISEASES CHAPEL HILL, NC 27599	56-6001393	501C(3)	238,278				HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
VALLEY AIDS COUNCIL 2306 CAMELOT PLAZA HARLINGEN, TX 78550	74-2512591	501C(3)	76,000				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
WASHINGTON HEIGHTS CORNER PROJECT 566 WEST 181ST STREET FLOOR 2 NEW YORK, NY 10033	20-8672015	501C(3)	30,000				HIV/AIDS STRATEGIC PARTNERSHIPS
WESTERN NORTH CAROLINA AIDS PROJECT (WNCA) 554 FAIRVIEW RD ASHEVILLE, NC 28803	58-1772685	501C(3)	42,180				SOUTHERN HIV IMPACT FUND - PREVENTION, CARE AND SUPPORT SERVICES

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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

2017

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 appropiate 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	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ 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?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	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?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described 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 accured 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
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JESSE MILAN JR PRESIDENT & CEO	(i)	206,524	0	0	6,655	41,311	254,490	0
	(ii)	0	0	0	0	0	0	0

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

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

2017

Open to Public Inspection

Name of the organization
AIDS UNITED

Employer identification number
52-1706646

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	TRANSGENDER LEADERSHIP INITIATIVE THE TRANSGENDER LEADERSHIP INITIATIVE BUILDS GRASSROOTS LEADERSHIP WITHIN TRANSGENDER COMMUNITIES ACROSS THE UNITED STATES USING PRINCIPLES OF M EANINGFUL INVOLVEMENT OF PEOPLE LIVING WITH HIV/AIDS (MIPA) AS A GUIDE, TRANSGENDER INDIVI DUALS ARE INVOLVED IN DECISION-MAKING AT ALL LEVELS OF THIS PROJECT THE TRANSGENDER LEADE RSHIP INITIATIVE WILL INCREASE TRANSGENDER LEADERSHIP WITHIN ORGANIZATIONS, COMMUNITY PLAN NING BODIES, AND NETWORKS SPECIFICALLY, THE TRANSGENDER LEADERSHIP INITIATIVE WILL DEVEL OP LEADERS IN THE TRANSGENDER COMMUNITY TO IMPROVE HIV SERVICE DELIVERY FOR THEIR PEERS, I NCREASE TRANSGENDER LEADERSHIP PRESENCE IN HIV POLICY ARENAS, AND CREATE A COHORT OF CONNE CTED TRANSGENDER LEADERS WHO SUPPORT EACH OTHER AND NETWORK TO IMPROVE THEIR COMMUNITIES' HIV OUTCOMES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	CHRISTINE CAMPBELL OF CM CONSULTING SERVED AS SENIOR TECHNICAL ADVISOR TO MANAGE AND OVERS EE THE PROGRAM DEPARTMENT WHILE A SEACH FOR A NEW VICE PRESIDENT FOR PROGRAMS WAS CONDUCTE D

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY THE DIRECTOR OF FINANCE, REVIEWED BY THE BOARD OF TRUSTEE'S BU DGET & FINANCE COMMITTEE, AND APPROVED BY THE TREASURER OF THE BOARD OF TRUSTEES THE TREA SURER SHALL DOCUMENT HIS/HER APPROVAL ON THE REQUIRED FORM WHICH WILL BE MAINTAINED IN THE ORGANIZATION'S RECORDS THE FORM 990 WILL BE SIGNED BY THE PRESIDENT AND CEO, AS THE INDI VIDUAL AUTHORIZED UNDER EXISTING POLICIES AND PROCEDURES ESTABLISHED BY AU PRIOR TO FILIN G, THE BOARD OF TRUSTEES SHALL BE PROVIDED WITH THE COMPLETED FORM 990 AND RELATED SCHEDUL ES IN AN ELECTRONIC FORMAT FOR FURTHER COMMENT

990 Schedule O, Supplemental Information

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 U PON ELECTION AND PRIOR TO THE START OF THEIR TERM OF SERVICE SUBSEQUENTLY, THE FORM IS PR OVIDED TO ALL OFFICERS, DIRECTORS, TRUSTEES AND STAFF ANNUALY, STAFF ARE REQUESTED TO UPDA TE THEIR FORMS ON AN ONGOING BASIS IT IS THE INDIVIDUAL'S RESPONSIBILITY TO NOTIFY THE OR GANIZATION OF ANY NEW CONFLICTS OF INTEREST THAT MAY OCCUR THROUGHOUT THE YEAR

990 Schedule O, Supplemental Information

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 INDEP ENDENT 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 O N 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 EX ECUTES ANY DECISIONS ABOUT COMPENSATION INCREASES BASED ON A FORMAL REVIEW, DELIBERATION A ND 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 TH EIR SUPERVISOR, WHO IN TURN, MAKES RECOMMENDATIONS FOR ANY PERFORMANCE-BASED SALARY INCREA SES TO THE PRESIDENT & CEO FOR CONSIDERATION AND A FINAL DECISION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AIDS UNITED'S FORM 1023, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, 990, AND AUDITE D FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST VIA PRINT OR ELECTRONIC ME DIA AU'S 990 IS ALSO AVAILABLE AT WWW AIDSUNITED ORG

990 Schedule O, Supplemental Information

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