99Ö-T	AMENDED RETURN - S. Exempt Organization Bus			OMB No 1545-0687				
rom VVV I	(and proxy tax und	ler section 6033(e))	Inth	0040				
	For calendar year 2018 or other tax year beginning	, and ending	1614	2018				
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990T for in ► Do not enter SSN numbers on this form as it may			Open to Public Inspection for 501(c)(3) Organizations Only				
A Check box if address changed	Name of organization ((E	nployer identification number mployees' trust, see structions)					
B Exempt under section	Print AIDS UNITED		52-1706646					
X 501(c)(3)	Or Number, street, and room or suite no. If a P.O. bo		related business activity code se instructions)					
408(e)220(e)	TIUL 14TH STREET, NW,							
408A 530(a) 529(a)	City or town, state or province, country, and ZIP of WASHINGTON, DC 20005	or foreign postal code						
C Book value of all assets at end of year	F Group exemption number (See instructions.)	<u> </u>						
	27. G Check organization type ► X 501(c) cor							
_	organization's unrelated trades or businesses.		be the only (or first) unrelat					
trade or business here	lank space at the end of the previous sentence, complete Pa		ne, complete Parts I-V. If mo					
business, then complete		arts I and II, complete a Schedi	ule IVI TOT EACH AUGILIONAL ITA	ue oi				
	the corporation a subsidiary in an affiliated group or a pare	nt-subsidiary controlled group	2	Yes X No				
•	and identifying number of the parent corporation.	nt substatut y controlled group		100 [==] 110				
J The books are in care of	► THE ORGANIZATION	Tele	phone number > 202	-408-4848				
	d Trade or Business Income	(A) Income	(B) Expenses	(C) Net				
1a Gross receipts or sale	es							
b Less returns and allow	wances c Balance	1c						
2 Cost of goods sold (S	chedule A, line 7)	2		•				
3 Gross profit. Subtract	1	3						
4a Capital gain net incon	·	4a	· · ·					
	4797, Part II, line 17) (attach Form 4797)	4b		<u> </u>				
c Capital loss deduction		4c						
, ,	partnership or an S corporation (attach statement)	5						
6 Rent income (Schedu7 Unrelated debt-finance	ed income (Schedule E)	7	-	+				
	valties, and rents from a controlled organization (Schedule F)							
	a section 501(c)(7), (9), or (17) organization (Schedule G)							
	vity income (Schedule I)	10	1					
11 Advertising income (S	•	11		, ,				
12 Other income (See in:	structions; attach schedule)	12						
13 Total. Combine lines	3 through 12	13 0	•					
	ns Not Taken Elsewhere (See instructions for		•					
(Except for o	contributions, deductions must be directly connected	d with the unrelated busine	ss income)	·				
14 Compensation of off	icers, directors, and trustees (Schedule K)		14					
15 Salaries and wages			15					
16 Repairs and mainten	lance / RF7	VIII.	16					
17 Bad debts	dula) (aca matsustrana)	EIVEN	17					
_ `	dule) (see instructions) MAR 0		19					
	ons (See instructions for limitation rules)	2 2020 8	20					
21 Depreciation (attach				<u>' </u>				
	aimed on Schedule A and elsewhere on return SOF	228	22	-				
23 Depletion			23					
•	erred compensation plans		24					
25 Employee benefit pro	·		25					
26 Excess exempt expe	nses (Schedule I)		26	5				
27 Excess readership co	osts (Schedule J)		27	,				
28 Other deductions (at								
	dd lines 14 through 28		25					
	axable income before net operating loss deduction. Subtrac		30					
	erating loss arising in tax years beginning on or after Janua	ary 1, 2018 (see instructions)	31					
	axable income. Subtract line 31 from line 30		32					
823701 01-09-19 LHA FO	or Paperwork Reduction Act Notice, see instructions.			Form 990-T (2018)				

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-1	(2018) AIDS UNITED	52-170	6646	Page 2
Part I	II Total Unrelated Business Taxable Income	·		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34	_	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	35	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	J -		
	enter the smaller of zero or line 36		38	0.
Part I	V Tax Computation			,
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	•	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:			
	Tax rate schedule or Schedule D (Form 1041)	•	40	
41	Proxy tax. See instructions	•	41	
42	Alternative minimum tax (trusts only)	_	42	
43	Tax on Noncompliant Facility Income. See Instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part \				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
ь	Other credits (see instructions) 45b			
c	General business credit. Attach Form 3800 45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d			
	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47		ttach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	,	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
	Payments: A 2017 overpayment credited to 2018		- "	
	2018 estimated tax payments 50b			
	Tax deposited with Form 8868	4,300.		
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d			
	Backup withholding (see instructions) 50e			
	Credit for small employer health insurance premiums (attach Form 8941)			
	Other credits, adjustments, and payments: Form 2439			
۳	Form 4136 X Other Total	-282.		
51		2	51	4,018.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	_	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	53	
. 54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	CS	54	4,018.
COST	- 11 4 64 6 1	anded >	55	0.
Part \	/I Statements Regarding Certain Activities and Other Information (see Instruc			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	•		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			100 110
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	einn trust?		_ <u> </u>
•	If "Yes," see instructions for other forms the organization may have to file.	ngi. ti dot		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my knowled	lge and belief, if	is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	_		
Here	PRESIDENT & CEC	` .	y the IRS discu preparer show	ss this return with
	Signature of officer Date Title		structions)?	
	Print/Type preparer's name Preparer's signature Date (Check If		
Date		self- employed		
Paid	D MICHAEL CORRELL C / MICH SW/ CPA 2/10/20	unproyed	POOC	01737
Prepa	rer to the book to the	Fırm's EIN ►		714325
Use C	2021 L STREET, NW SUITE 400	I HIII S CIIV		
	Firm's address WASHINGTON, DC 20036	Phone no. (202) 2	93-2200
000711	THE CANADA P HINDITING TON, DC 20000		<u></u>	000 T

Page 3

Schedule A - Cost of Goods	Sold. Enter	method of invent	tory va	luation N/A					
1 Inventory at beginning of year	1		$\overline{}$	Inventory at end of yea	ır		6		
2 Purchases	2		7 Cost of goods sold. Subtract lin			line 6			
3 Cost of labor -	- 3		1	from line 5. Enter here	and in I	Part I,		-	
4a Additional section 263A costs				line 2		L	7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		1	property produced or a	cquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income ((see instructions)	From Real I	Property and	Pers	onal Property L	ease	d With Real Prope	erty) 		
1. Description of property									
(1)									
(2)							_		
(3)						***			
(4)									
		d or accrued				0/->2			
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for po	ersonal p	nal property (if the percenta property exceeds 50% or if d on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	connected with the 1 2(b) (attach sched	income in ule)	,
(1)									
(2)									
(3)									
(4)				-					
Total	0.	Total			0.]			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	(A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instruc	ctions)	,				
			2.	Gross income from		Deductions directly conne to debt-finance	ected with or alloca od property	ble	
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other (attach s	deduction chedule)	s
(1)						• =	<u> </u>		
(2)		<u> </u>							
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis llocable to iced property i schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocab (column 6 x t 3(a) a		
(1)	-			%			_		
(2)	_	·-		%					
(3)				%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A)	Enter here ar Part I, line 7		
Totals				•		0.			0.
Total dividends-received deductions in	cluded in column	8				•			0.
							•		

Schedule F - Interest, A		- •		Controlled O					structions	·
Name of controlled organizat	tion :	2. Employer dentification number		elated income instructions)		a) of specified nents made	ınclude	of column 4 to the contract of	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)	I									
Nonexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrelated (see instr		9. Total o	of specified payr made	nents	10. Part of column 9 that is included in the controlling organization's gross income		ductions directly connected income in column 10		
(1)	Ì									
(2)										
(3)					ì					
(4)										
						Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					•			0.		0.
Schedule G - Investme		f a Sectio	n 501(c)(7), (9), or (⁻	17) Org	anization				
(see inst	ructions)									
1. Desc	cription of income			2. Amount of	ıncome	 Deduction directly connected (attach sched) 	cted	4. Set-	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)		_								
(2)										
(3)										
(4)										
				Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals			▶		0.					0.
Schedule I - Exploited (see instru	*	vity Incon	ne, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. Gross unrelated busines income from trade or busines:	directi with	Expenses ly connected production unrelated tess income	4. Net incomfrom unrelated business (cominus columingain, compute through	trade or lumn 2 n 3) If a cols 5	Gross income from activity that is not unrelated business income G. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)										
(2)										
(3)		1								
(4)		1	-							
	Enter here and o page 1, Part I, line 10, col (A)	pag tine	here and on ge 1, Part I, 10, col (B)		•		······································			Enter here and on page 1, Part II, line 26
Totals -		0.	0.							0.
Part I Income From	ng Income(Periodicals F	see instructi Reported	ons) on a Cons	olidated	Basis				_	
1. Name of periodical	2. G advert inco	ising	3. Direct devertising costs	4. Advert or (loss) (c col 3) If a ga cols 5 th	ol 2 minus ain, compute	5. Circulat income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)				⊣ ·						
(3)				4						
(4)				 		 				
Totals (carry to Part II, line (5))	•	0.	0							0.
										Form 990-T (2018

Form 990-T (2018) AIDS UNITED 52-17066 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			-				
(2)							
(3)			-				
(4)							
Totals from Part I	▶	0.	0.		,		0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			,	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.			,	0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FOOTNOTES

STATEMENT 1

THE 2018 FORM 990-T HAS BEEN AMENDED PER IRS INSTRUCTION TO REFLECT THE RETROACTIVE REPEAL OF SECTION 512(A)(7) PURSUANT TO PUBLIC LAW 116-94 (DECEMBER 20, 2019). LINES 19, 20, 28, 29, 30, 32, 33, 34, 36, 38, 39, 44, 46, 48, 50G, 51, 54, AND 55 WERE CHANGED DUE TO THE REPEAL OF SECTION 512(A)(7).

FORM 990-T OTHER CREDITS AND PAYMENTS	STATEMENT 2
DESCRIPTION	AMOUNT
OVERPAYMENT CREDITED TO 2019 ON ORIGINAL RETURN	-282.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G	-282.