

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
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- 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

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

D Employer identification number
52-1706646

E Telephone number
(202) 408-4848

G Gross receipts \$ 17,883,207

- 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 ▶

- 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 ▶
- 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	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	45
6 Total number of volunteers (estimate if necessary)	6	27
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	19,132

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	12,085,459	15,734,731
9 Program service revenue (Part VIII, line 2g)	284,409	532,691
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	124,539	98,435
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,753	7,172
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,503,160	16,373,029
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,488,013	9,240,582
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)	2,652,057	3,357,648
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶166,725		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,914,436	3,104,947
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	14,054,506	15,703,177
19 Revenue less expenses Subtract line 18 from line 12	-1,551,346	669,852
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,134,091	11,348,027
21 Total liabilities (Part X, line 26)	2,848,375	3,701,528
22 Net assets or fund balances Subtract line 21 from line 20	7,285,716	7,646,499

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2019-11-13

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

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____

Firm's name ▶ TATE & TRYON Firm's EIN ▶ 52-1855942

Firm's address ▶ 2021 L ST NW Phone no (202) 293-2200
WASHINGTON, DC 20036

Check if self-employed PTIN P00001737

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

AIDS UNITED'S MISSION IS TO END THE AIDS EPIDEMIC IN THE UNITED STATES WE SEEK TO FULFILL OUR MISSION THROUGH STRATEGIC GRANTMAKING, CAPACITY BUILDING, POLICY/ADVOCACY, TECHNICAL ASSISTANCE AND FORMATIVE RESEARCH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 3,609,968 including grants of \$ 2,924,070) (Revenue \$ 0)
See Additional Data

4b (Code) (Expenses \$ 3,356,597 including grants of \$ 2,833,623) (Revenue \$ 0)
See Additional Data

4c (Code) (Expenses \$ 2,906,726 including grants of \$ 2,121,217) (Revenue \$ 0)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses \$ 4,200,618 including grants of \$ 1,361,672) (Revenue \$ 532,691)

4e Total program service expenses ▶ 14,073,909

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Contains 22 numbered questions regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	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	45		
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		Yes	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b		Yes	
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? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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; 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.

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 JR CHAIR	2 00	X		X				0	0	0
(2) GLEN PIETRADONI RPH 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) CECILIA CHUNG TRUSTEE	2 00	X						0	0	0
(6) DUANE CRAMER TRUSTEE	2 00	X						0	0	0
(7) ERIC DUBE PHD TRUSTEE	2 00	X						0	0	0
(8) AMY FLOOD TRUSTEE	2 00	X						0	0	0
(9) DEBRA FRASER-HOWZE TRUSTEE	2 00	X						0	0	0
(10) JUNE GIPSON PHD TRUSTEE	2 00	X						0	0	0
(11) MARJORIE HILL PHD TRUSTEE	2 00	X						0	0	0
(12) DAVID HOLTGRAVE PHD TRUSTEE	2 00	X						0	0	0
(13) NAINA KHANNA TRUSTEE	2 00	X						0	0	0
(14) EDGAR MENDEZ TRUSTEE	2 00	X						0	0	0
(15) DAVID MUNAR TRUSTEE	2 00	X						0	0	0
(16) JAMIE NESBITT PHD TRUSTEE	2 00	X						0	0	0
(17) CRAIG THOMPSON TRUSTEE	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JESSE MILAN JR PRESIDENT & CEO	40 00			X				211,913	0	28,697
(19) JOHN E ROANE JR VP OPERATIONS	40 00			X				138,219	0	24,652
(20) VALERIE ROCHESTER VP OF PROGRAMS	40 00			X				138,433	0	11,015
(21) WILLIAM MCCOLL VP OF POLICY	40 00			X				129,748	0	14,742
(22) CARL BALONEY JR DIRECTOR OF GOVERNMENT AFFAIRS	40 00					X		115,994	0	13,365
(23) ERIN NORTRUP DIRECTOR OF PROGRAMS	40 00					X		101,565	0	15,030
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								835,872	0	107,501

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 **▶ 6**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
MEETING MASTERS INC 15 TALLY HO DRIVE FREDERICKSBURG, VA 22405	MEETINGS PLANNING AND LOGISTICS	170,741

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 **▶ 1**

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 7,795				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 7,695,991				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 8,030,945				
	g Noncash contributions included in lines 1a - 1f \$ _____					
	h Total. Add lines 1a-1f		15,734,731			
Program Service Revenue	2a MEMBERSHIP DUES	Business Code 900099	489,450	489,450		
	b FEE FOR SERVICE	900099	27,300	27,300		
	c REGISTRATION FEE	900099	15,941	15,941		
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		532,691			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		74,713		74,713	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		3,600				
		b Less rental expenses	0			
		c Rental income or (loss)	3,600			
	d Net rental income or (loss)		3,600		3,600	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		1,533,900				
		b Less cost or other basis and sales expenses	1,510,178			
		c Gain or (loss)	23,722			
	d Net gain or (loss)		23,722		23,722	
	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	3,572		3,572		
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		3,572				
12 Total revenue. See Instructions		16,373,029	532,691	0	105,607	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	9,240,582	9,240,582		
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.	707,588	524,036	158,682	24,870
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.	2,201,882	1,630,702	493,789	77,391
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	75,284	55,755	16,883	2,646
9 Other employee benefits.	174,438	129,188	39,119	6,131
10 Payroll taxes.	198,456	146,976	44,505	6,975
11 Fees for services (non-employees)				
a Management.				
b Legal.	3,250		3,250	
c Accounting.	157,791	115,686	42,105	
d Lobbying.				
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).	1,012,911	885,711	96,007	31,193
12 Advertising and promotion.	726	90	636	
13 Office expenses.	139,959	70,905	67,881	1,173
14 Information technology.	148,516	31,358	111,807	5,351
15 Royalties.				
16 Occupancy.	256,366		256,366	
17 Travel.	644,661	627,821	16,277	563
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	401,191	408,444	-7,753	500
20 Interest.	1,522		1,522	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	66,633		66,633	
23 Insurance.	11,134	354	10,780	
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	84,925	84,925		
b DUES, SUBSCRIPTIONS & P	40,174	33,778	5,705	691
c PROMOTION	36,620	34,926	90	1,604
d BAD DEBT	31,875	31,875		
e All other expenses	66,693	20,797	38,259	7,637
25 Total functional expenses. Add lines 1 through 24e.	15,703,177	14,073,909	1,462,543	166,725
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 <input type="checkbox"/> 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	259,770	1	90,832
	2 Savings and temporary cash investments	5,035,652	2	2,656,460
	3 Pledges and grants receivable, net	1,532,635	3	5,681,324
	4 Accounts receivable, net	132,338	4	21,529
	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	64,759	9	84,351
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 736,146		
	b Less accumulated depreciation	10b 227,874	574,905	10c 508,272
	11 Investments—publicly traded securities	2,462,551	11	2,217,604
	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	71,481	15	87,655
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,134,091	16	11,348,027	
Liabilities	17 Accounts payable and accrued expenses	202,851	17	934,244
	18 Grants payable	1,862,413	18	1,892,252
	19 Deferred revenue	42,312	19	29,049
	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	740,799	25	845,983
	26 Total liabilities. Add lines 17 through 25	2,848,375	26	3,701,528
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	854,392	27	906,543
	28 Temporarily restricted net assets	5,009,447	28	5,318,079
	29 Permanently restricted net assets	1,421,877	29	1,421,877
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	7,285,716	33	7,646,499	
34 Total liabilities and net assets/fund balances	10,134,091	34	11,348,027	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,373,029
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,703,177
3	Revenue less expenses Subtract line 2 from line 1	3	669,852
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,285,716
5	Net unrealized gains (losses) on investments	5	-309,069
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	7,646,499

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
 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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 52-1706646

Name: AIDS UNITED

Form 990 (2018)

Form 990, Part III, Line 4a:

SOUTHERN HIV IMPACT FUND FOCUSES ON THE NEEDS OF INDIVIDUALS AND COMMUNITIES AFFECTED BY HIV IN TWO PRIMARY AREAS SERVICE PROVISION AND POLICY, ADVOCACY AND MOVEMENT BUILDING SERVING NINE STATES IN THE U S SOUTH (ALABAMA, FLORIDA, GEORGIA, LOUISIANA, MISSISSIPPI, NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE, & TEXAS), THIS INITIATIVE 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 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:

HRSA CCTA THE COORDINATION CENTER FOR TECHNICAL ASSISTANCE IS SUPPORTED BY A FOUR-YEAR SUBCONTRACT WITH THE FENWAY INSTITUTE, WHICH IS FUNDED DIRECTLY BY HRSA'S HIV/AIDS BUREAU THIS INITIATIVE IS FOCUSED ON IMPLEMENTING AND EVALUATING ELEVEN EVIDENCE-INFORMED INTERVENTIONS IN FOUR FOCUS AREAS IMPROVING HIV HEALTH OUTCOMES FOR MSM OF COLOR, IMPROVING HIV HEALTH OUTCOMES FOR TRANSGENDER WOMEN, IDENTIFYING AND ADDRESSING TRAUMA FOR PEOPLE LIVING WITH HIV AND INTEGRATING BEHAVIOR HEALTH IN HIV CARE AIDS UNITED IS CHARGED WITH THE SELECTION, FUNDING AND MONITORING OF THE 26 FUNDED SUBRECIPIENTS, ORGANIZING AND IMPLEMENTING TWO LEARNING SESSIONS PER YEAR AND PROVIDING TECHNICAL ASSISTANCE

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code)	(Expenses \$	895,107	including grants of \$	16,000)	(Revenue \$	532,691)
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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 HIV THAT 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 \$	784,076	including grants of \$	44,222)	(Revenue \$	0)
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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)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 566,469 including grants of \$ 458,750) (Revenue \$ 0)

SYRINGE ACCESS FUND THE SYRINGE ACCESS FUND (SAF) IS A COLLABORATIVE FUNDING INITIATIVE OF THE ELTON JOHN AIDS FOUNDATION, LEVI STRAUSS FOUNDATION, THE HENRY VAN AMERINGEN FOUNDATION, 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)

(Code) (Expenses \$ 754,828 including grants of \$ 193,000) (Revenue \$ 0)

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

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 332,383 including grants of \$ 267,000) (Revenue \$ 0)

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

(Code) (Expenses \$ 327,920 including grants of \$ 156,200) (Revenue \$ 0)

SECTOR TRANSFORMATION WITH SUPPORT FROM JOHNSON & JOHNSON AND BRISTOL-MYERS SQUIBB, 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 GRANTEEES 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)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 301,976 including grants of \$ 201,000) (Revenue \$ 0)

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 \$ 127,392 including grants of \$ 0) (Revenue \$ 0)

PARTNERING AND COMMUNICATING TOGETHER TO ACT AGAINST AIDS (PACT) JUMPSTARTS THE CONVERSATION ABOUT HIV AMONG LGBTQ PEOPLE, PARTICULARLY MEN WHO HAVE SEX WITH MEN AND TRANSGENDER PEOPLE, BY RAISING AWARENESS PACT 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, FACILITATING HIV TESTING AT EVENTS, AND REACHING LGBTQ PEOPLE WITH TARGETED HIV PREVENTION AND TREATMENT MESSAGING THROUGH SOCIAL MEDIA PACT 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)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 110,467 including grants of \$ 25,500) (Revenue \$ 0)
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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	10,672,026	11,167,132	8,875,339	12,085,459	15,734,731	58,534,687
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	10,672,026	11,167,132	8,875,339	12,085,459	15,734,731	58,534,687
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)						16,284,543
6	Public support. Subtract line 5 from line 4						42,250,144

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	10,672,026	11,167,132	8,875,339	12,085,459	15,734,731	58,534,687
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	249,027	74,749	70,704	86,383	78,313	559,176
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.)		35,401	72,646	2,530	3,572	114,149
11	Total support. Add lines 7 through 10						59,208,012
12	Gross receipts from related activities, etc (see instructions)					12	580,282

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 2018 (line 6, column (f) divided by line 11, column (f))	14	71.360 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	65.340 %

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 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	<input type="checkbox"/> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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 - 2015 AMOUNT \$ 35,401 2016 AMOUNT \$ 72,646 2017 AMOUNT \$ 2,530 2018 AMOUNT \$ 3,572

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
Open to Public Inspection

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		8,767
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total Add lines 1c through 1i			8,767
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

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
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		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 7/25/06, 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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	2,426,492	2,038,568	1,941,460	2,037,891	1,971,737
b Contributions	0	6,025	5,581	3,301	3,127
c Net investment earnings, gains, and losses	-234,231	490,124	198,751	-163	152,995
d Grants or scholarships			99,184	91,575	82,208
e Other expenditures for facilities and programs	112,465				
f Administrative expenses	10,714	108,225	8,040	7,994	7,760
g End of year balance	2,069,082	2,426,492	2,038,568	1,941,460	2,037,891

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 560 %
 - b** Permanent endowment ▶ 68 720 %
 - c** Temporarily restricted endowment ▶ 30 720 %
- 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 | No | No |
| (ii) related organizations | No | 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	75,864	508,272
d Equipment		152,010	152,010	0
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				508,272

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED RENT AND LEASE INCENTIVE	723,916
EMPLOYEE DEDUCTIONS FOR BENEFITS	122,067
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 845,983

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	16,063,960
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		-309,069
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	-309,069
3	Subtract line 2e from line 1		3	16,373,029
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	16,373,029

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	15,703,177
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	15,703,177
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	15,703,177

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 CHARITABLE PURPOSES UNDER TERMS OF THE FUND AGREEMENTS AND ARE NOT ORGANIZATIONAL ENDOWMENTS OF AIDS UNITED

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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...
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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 129
3 Enter total number of other organizations listed in the line 1 table 6

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	501C3	115,500				SOUTHERN COLLABORATIVE FUND/SECTOR TRANSFORMATION
ABOVE THE STATUS QUO INC 811 JUNIPER STREET NE UNIT 121 ATLANTA, GA 30308	47-5172430	501C3	25,000				SOUTHERN COLLABORATIVE FUND

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
AFFINITY HEALTH CENTER 500 LAKESHORE PARKWAY ROCK HILL, SC 29730		501C3	70,000				SOUTHERN COLLABORATIVE FUND
AIDS ALABAMA 3529 7TH AVENUE SOUTH BIRMINGHAM, AL 35222	58-1727755	501C3	62,500				SOUTHERN COLLABORATIVE FUND/SECTOR TRANSFORMATION/SYRING ACCESS FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS CARE GROUP 2304 EDGMONT AVENUE CHESTER, PA 190135038	23-2965785	501C3	271,737				ITAC HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
AIDS FOUNDATION HOUSTON INC 6260 WESTPARK DRIVE SUITE 100 HOUSTON, TX 77057	76-0073661	501C3	32,500				SOUTHERN COLLABORATIVE FUND/SECTOR TRANSFORMATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS PARTNERSHIP MICHIGAN 3011 W GRAND BLVD SUITE 230 DETROIT, MI 48202	38-2464851	501C3	11,384				CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
AIDS SERVICES COALITION INC 121 COLLEGE STREET HATTIESNURG, MS 39401	14-1855167	501C3	28,778				SOUTHERN COLLABORATIVE FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS TASKFORCE OF GREATER CLEVELAND 2829 EUCLID AVENUE CLEVELAND, OH 44115	34-1433612	501C3	94,389				CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
ALAMO AREA RESOURCE CENTER INC 303 N FRIO SAN ANTONIO, TX 78207	74-2583211	501C3	60,000				SOUTHERN COLLABORATIVE FUND

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
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM 4000 AMBASSADOR DRIVE ANCHORAGE, AK 99508	92-0162721	501C3	17,992				CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
ALL UNDER ONE ROOF LGBT ADVOCATES 838 E CLARK STREET POCATELLO, ID 83201	90-0805959	501C3	22,500				POSITIVE ORGANIZING PROJECT

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
ATLANTA HARM REDUCTION COALITION INC PO BOX 92670 ATLANTA, GA 30314	58-2227958	501C3	65,000				SOUTHERN COLLABORATIVE FUND
BASIC NWFL INC 432 MAGNOLIA AVENUE PO BOX 805 PANAMA CITY, FL 32401	59-2994863	501C3	80,000				SOUTHERN COLLABORATIVE FUND

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
BATON ROUGE BLACK ALCOHOLISM COUNCIL 950 EAST WASHINGTON STREET BATON ROUGE, LA 70802	72-1135608	501C3	70,000				SOUTHERN COLLABORATIVE FUND
BIRMINGHAM AIDS OUTREACH 205 32ND STREET SOUTH BIRMINGHAM, AL 35233	63-0948495	501C3	156,160				CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE/SOUTHERN COLLABORATIVE FUND

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
BLACK AIDS INSTITUTE 1833 W 8TH ST SUITE 200 LOS ANGELES, CA 90057	95-4742741	501C3	21,000				SECTOR TRANSFORMATION
BROWARD HOUSE INC 1726 SE 3RD AVE FT LAUDERDALE, FL 33316	59-2913416	501C3	121,537				CCTA HIV/HOUSE SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE/SOUTHERN COLLABORATIVE FUND

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
CAL-PEP INC 2811 ADELINE STREET OAKLAND, CA 94606	94-2971732	501C3	71,640				CCTA HIV/HOUSE SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE/SOUTHERN COLLABORATIVE FUND
CAPITOL AREA REENTRY PROGRAM INC PO BOX 74772 BATON ROUGE, LA 70874	06-1793810	501C3	70,000				SOUTHERN COLLABORATIVE FUND

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
CARESOUTH CAROLINA INC PO BOX 1090 HARTSVILLE, SC 29551	57-0664826	501C3	6,000				SOUTHERN COLLABORATIVE FUND
CENTRO ARARAT INC 8169 CALLE CONCORDIA SUITE 412 PONCE, PR 007171567	66-0604909	501C3	301,859				CCTA/ITAC HIV/HOUSE SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE/SOUTHERN COLLABORATIVE FUND

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 BRIDGING GROUP 4096 PIEDMONT AVE 710 OAKLAND, CA 94611	26-2583229	501C3	17,933				G2ZERO
CHICAGO WOMEN'S AIDS PROJECT 6363 N BROADWAY CHICAGO, IL 60660	36-3813588	501C3	54,297				CCTA HIV/HOUSE SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE/SOUTHERN COLLABORATIVE FUND

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CHOICES 1726 POPULAR AVENUE MEMPHIS, TN 38104		501C3	70,000				SOUTHERN COLLABORATIVE FUND
COALICION DE CAOLICIONES PRO PERSONAS SIN HOGAR DE PR INC 44 ISABEL STREET PONCE, PR 00730	66-0635464	501C3	25,000				HURRICANE RELIEF FUND

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COLLABORATIVE SOLUTIONS INC PO BOX 130159 BIRMINGHAM, AL 352130159	85-0485864	501C3	100,000				SOUTHERN COLLABORATIVE FUND
COMMUNITY ACTION FOR SOCIAL JUSTICE 601 VETERANS MEMORIAL HIGHWAY SUITE 140 HAUPPAUGE, NY 11788	46-2223038	501C3	15,000				SECTOR TRANSFORMATION

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CHANGE HAPPENS 3353 ELGIN STREET HOUSTON, TX 77004	76-0297531	501C3	17,000				HURRICANE RELIEF FUND
COOPER UNIVERSITY HOSPITAL EIP THREE COOPER PLAZA CAMDEN, NJ 08103	21-0634462	501C3	253,474				ITAC HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

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EAST TEXAS CARES RESOURCES CENTER 427 OAKLAND AVENUE TYLER, TX 75702	75-2316322	501C3	25,000				SOUTHERN COLLABORATIVE FUND
EQUALITY FLORIDA INSTITUTE INC PO BOX 13184 ST PETERSBURG, FL 33713	59-3435235	501C3	80,000				SOUTHERN COLLABORATIVE FUND

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EQUALITY FOUNDATION OF GEORGIA 1530 DEKALB AVENUE SUITE A ATLANTA, GA 30307	58-2346744	501C3	239,000				POSITIVE ORGANIZING PROJECT/SOUTHERN COLLABORATIVE FUND
FREEDOM FUND NETWORK INC 50 FOSTER STREET NEW HAVEN, CT 06511	82-2069282	501C3	39,000				SOUTHERN COLLABORATIVE FUND/SOUTHERN HIV IMPACT FUND

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

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GENDER BENDERS 201 LUY ACRES DRIVE PIEDMONT, SC 29673	46-3989884	501C3	60,000				SOUTHERN COLLABORATIVE FUND
GENDER HEALTH CENTER 2020 29TH STREET SUITE 201 SACRAMENTO, CA 95817	26-3839452	501C3	7,500				SECTOR TRANSFORMATION

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GRADY HEALTH SYSTEM 341 E PONCE DE LEON AVENUE ATLANTA, GA 30308	26-2037695	501C3	221,423				ITAC HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
GREATER LAWRENCE FAMILY HEALTH CENTER 1 GRIFFIN BROOK DRIVE SUITE 101 METHUEN, MA 01844	04-2708824	501C3	96,842				CCTA HIV/HOUSE SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE / SOUTHERN COLLABORATIVE FUND

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MINISTERIO EN JEHOVA SERAN PROVISTOS INC PO BOX 141486 ARECIBO, PR 00614	66-0529242	501C3	50,000				HURRICANE RELIEF FUND
HAWAI'I HEALTH & HARM REDUCTION CENTER 677 ALA MOANA BLVD SUITE 226 HONOLULU, HI 96813	99-0284222	501C3	11,250				TRANSGENDER LEADERSHIP INITIATIVE

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HEALTH EMERGENCY LIFELINE PROGRAMS 1726 HOWARD STREET DETROIT, MI 48216	38-2719621	501C3	81,777				CCTA HIV/HOUSE SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE / SOUTHERN COLLABORATIVE FUND
HELPING EVERYONE RECEIVING ONGOING EFFECTIVE SUPPORT PO BOX 1258 COLUMBIA, LA 71418	72-1446886	501C3	70,000				SOUTHERN COLLABORATIVE FUND

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HENRY FORD HEALTH SYSTEM 2799 WEST GRAND BOULEVARD DETROIT, MI 482022689	38-1357020	501C3	98,399				CCTA HIV/HOUSE SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE / SOUTHERN COLLABORATIVE FUND
HOPE HOUSE DAYCARE INC 23 S IDLEWILD ST MEMPHIS, TN 38104	62-1579024	501C3	7,500				SOUTHERN HIV IMPACT FUND

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HOUSING WORKS INC 57 WILLOUGHBY STREET 2NF FLOOR BROOKLYN, NY 11201	13-3584089	501C3	95,000				SOUTHERN HIV IMPACT FUND / HURRICANE RELIEF FUND / SYRING ACCESS FUND
HOUSTON COUNTY BOARD OF HEALTH 201 SECOND STREET SUITE 1100 MACON, GA 31201	58-1110625	GEORGIA GOVERNMENT A	75,345				CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

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HOWARD BROWN HEALTH CENTER 4025 N SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501C3	195,766				ITAC HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
HUMBOLDT AREA CENTER FOR HARM REDUCTION PO BOX 7365 EUREKA, CA 95502	47-2822261	501C3	7,500				SYRINGE ACCESS FUND

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HYACINTH AIDS FOUNDATION 317 GEORGE STREET SUITE 203 NEW BRUNSWICK, NJ 08901	22-2648820	501C3	20,000				SYRINGE ACCESS FUND
INDIANA RECOVERY ALLIANCE 315 W DODDS STREET BLOOMINGTON, IN 47403		501C3	7,500				SYRINGE ACCESS FUND

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IOWA HARM REDUCTION COALITION 1639 MORNINGSIDE DRIVE IOWA CITY, IA 52245	82-1864287	501C3	39,000				SYRINGE ACCESS FUND
JACKSON MEDICAL MALL FOUNDATION 350 W WOODROW WILSON AVENUE SUITE 101 JACKSON, MS 39213	64-0865274	501C3	70,000				SOUTHERN COLLABORATIVE FUND

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JUSTICE NOW 1322 WEBSTER ST SUITE 210 OAKLAND, CA 94612	42-1559699	501C3	11,250				TRANSGENDER LEADERSHIP INITIATIVE
KECK SCHOOL OF MEDICINE USC 1640 MARENGO STREET SUITE 300A LOS ANGELES, CA 90033	95-1642394	501C3	156,864				ITAC HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

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LA CLINICA DEL PUEBLO INC CALLE GAUTIER BENITEZ 66 URB FLORAL PARK SAN JUAN, PR 00917	52-1942551	501C3	109,289				CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE / SECTOR TRANSFORMATION
LATINO COMMISSION ON AIDS INC 24 WEST 25TH ST 9TH FLOOR NEW YORK, NY 10010	13-3629466	501C3	75,000				SOUTHERN COLLABORATIVE FUND

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MAVEN LEADERSHIP COLLECTIVE 1951 NW 7TH AVENUE SUITE 600 MIAMI, FL 33136	81-3828531	501C3	17,500				SOUTHERN COLLABORATIVE FUND
MED CENTRO PO BOX 220 MERCEDITA, PR 007150220	66-0292961	NA	30,287				CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE / SECTOR TRANSFORMATION

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MEHARRY MEDICAL COLLEGE 2001 ALBION STREET SUITE 612 NASHVILLE, TN 37208	62-0488046	501C3	202,825				ITAC HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
MICHIGAN ORGANIZATION ON ADOLESCENT SEXUAL HEALTH 3105 S MARTIN LUTHER KING BLVD 125 LANSING, MI 48910	26-3566862	501C3	11,250				TRANSGENDER LEADERSHIP INITIATIVE

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UNIVERSITY OF TEXAS MEDICAL BRANCH - GALVESTON 301 UNIVERSITY BLVD GALVESTON, TX 77555	74-6000949	501C3	15,000				HURRICANE RELIEF FUND
VICTORIA COUNTY PUBLIC HEALTH DEPARTMENT 2805 N NAVARRO VICTORIA, TX 77901	74-6002448	GOVERNMENT ENTITY	15,000				HURRICANE RELIEF FUND

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MISSISSIPPI CENTER FOR JUSTICE 5 OLD RIVER PLACE SUITE 203 JACKSON, MS 392151023	13-4203234	501C3	80,250				SOUTHERN COLLABORATIVE FUND
MOVEMENT STRATEGY CENTER - PWN-USA 436 14TH ST SUITE 500 OAKLAND, CA 94612	20-1037643	501C3	35,500				POSITIVE ORGANIZING PROJECT / INNOVATION FUNDS

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MULTICULTURAL AIDS COALITION 566 COLUMBUS AVE BOSTON, MA 02118		501C3	116,081				CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
MY BROTHER'S KEEPER INC 710 AVIGNON DR RIDGELAND, MS 39157	64-0937314	501C3	20,000				SOUTHERN COLLABORATIVE FUND

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WAVES AHEAD CORP 60 WINSTON CHURCHILL AVENUE S 1503 SAN JUAN, PR 00926	99-0886812	501C3	50,000				HURRICANE RELIEF FUND
NEW YORK TRANSGENDER ADVOCACY GROUP 175 VARICK STREET NEW YORK, NY 10014	81-1370263	501C3	11,250				TRANSGENDER LEADERSHIP INITIATIVE

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NEWARK BETH ISRAEL MEDICAL CENTERFAMILY TREATMENT CENTER 201 LYONS AVENUE NEWARK, NJ 07112	22-3452311	501C3	277,993				ITAC HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
NOAIDS TASK FORCE DBA CRESCENTCARE 1631 ELYSIAN FIELDS NEW ORLEANS, LA 70117	72-1059635	501C3	102,763				CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

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NORTH CAROLINA AIDS ACTION NETWORK 208 BARCLAY RD CHAPEL HILL, NC 27516	32-0323779	501C3	75,000				SOUTHERN COLLABORATIVE FUND
NORTH CAROLINA HARM REDUCTION COALITION 2154 WRIGHTSVILLE AVE WILMINGTON, NC 28403	20-3452075	501C3	22,750				SOUTHERN COLLABORATIVE FUND

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NORTH JERSEY COMMUNITY RESEARCH INSTITUTE 363 CENTRAL AVENUE NEWARK, NJ 07103	52-1592616	501C3	100,213				CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
OKLAHOMA STATE UNIVERSITY CENTER FOR HEALTH SCIENCES PO BOX 645 STILLWATER, OK 74076	73-6017987	STATE AGENCY	75,572				CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

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COMMUNITY INITIATIVES 1000 BROADWAY STREET SUITE 480 OAKLAND, CA 94607	94-3255070	501C3	10,000				INNOVATION FUND
OPEN AID ALLIANCE 1500 W BROADWAY SUITE A MISSOULA, MT 59801	36-3652244	501C3	20,000				SECTOR TRANSFORMATION

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ORGANIZACION LATINA TRANS IN TEXAS 3339 ARBOR ST HOUSTON, TX 77004	47-4633481	501C3	35,000				HURRICANE RELIEF FUND
OUR LADY OF THE LAKE HOSPITAL INC 5000 HENNESSY BOULEVARD BATON ROUGE, LA 70808	72-0423651	501C3	47,330				CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

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PAULI MURRAY CENTER FOR HISTORY & SOCIAL JUSTICE PO BOX 541 DURHAM, NC 27702	45-4926223	501C3	19,500				SOUTHERN COLLABORATIVE FUND
POINT DEFIANCE AIDS PROJECTS NASSEN 535 DOCK STREET SUITE 112 TACOMA, WA 98402	91-1435394	501C3	101,500				SYRINGE ACCESS FUND

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POSITIVE EFFORTS INC 7135 TIDWELL BUILDING M-102 HOUSTON, TX 77092	75-2974581	501C3	20,000				HURRICANE RELIEF FUND
POSITIVE IMPACT HEALTH CENTERS INC 3350 BRECKINRIDGE BLVD STE 200 DULUTH, GA 30096	58-1973324	501C3	202,314				CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE / SECTOR TRANSFORMATION

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POSITIVELY LIVING INC 1501 EAST FIFTH AVENUE KNOXVILLE, TN 37917	62-1698383	501C3	80,000				SOUTHERN COLLABORATIVE FUND
PREVENTION 305 INC 400 ALTON RD 3007 MIAMI BEACH, FL 33139	81-4738905	501C3	72,000				SOUTHERN COLLABORATIVE FUND

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PREVENTION POINT PHILADELPHIA INC PO BOX 60990 PHILADELPHIA, PA 19133	23-2663699	501C3	27,500				SYRINGE ACCESS FUND
PRIDELINES YOUTH SERVICES INC PO BOX 014340 MIAMI, FL 33101	65-0670159	501C3	11,250				TRANSGENDER LEADERSHIP INITIATIVE / INNOVATION FUND

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PROJECT WEBER 640 BROAD STREET PROVIDENCE, RI 02907	46-0964136	501C3	17,500				SYRINGE ACCESS FUND
NATIONAL AIDS HOUSING COALITION INC 1000 VERMONT AVENUE NW 5TH FLOOR WASHINGTON, DC 20005	52-1917624	501C3	7,500				INNOVATION FUND

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PUERTO RICO CONCRA 1162 BRUMBAUGH ST SAN JUAN, PR 00925	66-0466365	501C3	55,250				GRANT MAKING / HURRICANE RELIEF FUND
RESEARCH FOUNDATION OF CITY UNIVERSITY 101 W 31ST STREET 6TH FLOOR NEW YORK, NY 10001	13-1988190	501C3	28,052				CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

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RURAL WOMEN'S HEALTH PROJECT INC 1108 SW 2 AVENUE GAINSVILLE, FL 32601	59-3429511	501C3	61,750				SOUTHERN COLLABORATIVE FUND
RUTGERS BIOMEDICAL AND HEALTH SCIENCES 33 KNIGHTSBRIDGE ROAD PISCATAWAY, NJ 08854	46-2354111	GOVERNMENT ENTITY	47,692				CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

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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
SILOAM WELLNESS 1133 SPRING GARDEN STREET PHILADELPHIA, PA 19123	23-2859179	501C3	20,000				SECTOR TRANSFORMATION
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS 23532 CALABASAS ROAD SUITE A CALABASAS, CA 91302	95-4116679	501C3	143,500				SOUTHERN COLLABORATIVE FUND

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
SONORAN PREVENTION WORKS 3201 N 16TH STREET SUITE 9 PHOENIX, AZ 85016	30-0760098	501C3	32,500				SYRINGE ACCESS FUND
SOUTHEAST LOUISIANA AREA HEALTH EDUCATION CENTER 1302 JW DAVIS DRIVE HAMMOND, LA 70403	72-1155014	501C3	62,500				SOUTHERN COLLABORATIVE FUND

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	501C3	162,485				SOUTHERN COLLABORATIVE FUND
SOUTHERN NEVADA AIDS RESEARCH & EDUCATION SOCIETY 1923 CAPISTRANO AVE LAS VEGAS, NV 89169	88-0388181	501C3	12,172				SYRINGE ACCESS FUND

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 NEVADA HEALTH DISTRICT 280 S DECATUR BLVD LAS VEGAS, NV 89107	88-0151573	501C3	274,302				ITAC HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
SOUTHERNERS ON NEW GROUND 580 HOLDERNESS STREET ATLANTA, GA 30310	61-1274170	501C3	75,000				SOUTHERN COLLABORATIVE FUND

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
SOUTHSIDE HARM REDUCTION SERVICES 3301 BLOOMINGTON AVENUE MINNEAPOLIS, MN 55407	82-4602523	501C3	7,500				SYRINGE ACCESS FUND
SOUTHWEST LOUISIANA AREA HEALTH EDUCATION CENTER 103 INDEPENDENCE BLVD LAFAYETTE, LA 70506	72-1191867	501C3	120,000				SOUTHERN COLLABORATIVE FUND

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
SPARK REPRODUCTIVE JUSTICE NOW PO BOX 89210 ATLANTA, GA 30312	58-1872316	501C3	11,250				TRANSGENDER LEADERSHIP INITIATIVE
SUNY PO BOX 9 ALBANY, NY 122010009	14-1368361	501C3	53,854				CCTA 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
THE AFIYA CENTER 7441 W MARVIN D LOVE FWY DALLAS, TX 75237	36-4625704	501C3	25,000				SOUTHERN COLLABORATIVE FUND
PROYECTO AMOR QUE SANA INC CALLE ROSICH 14 PONCE, PR 00730		501C3	14,000				INNOVATION FUND

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 CHANGE PROJECT 2001 21ST AVENUE S APT 803 NASHVILLE, TN 37212	46-2839821	501C3	25,500				POSITIVE ORGANIZING PROJECT
HARM REDUCTION COALITION 22 WEST 27TH STREET 5TH FL NEW YORK, NY 10001	94-3204958	501C3	46,289				INNOVATION FUND/SECTOR TRANSFORMATION / G2ZERO

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 KNIGHTS AND ORCHIDS SOCIETY INC 108 BROAD STREET SELMA, AL 36701	45-2603909	501C3	17,500				SOUTHERN COLLABORATIVE FUND
THE METROHEALTH SYSTEM 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	34-6004382	501C3	216,048				ITAC 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
THE MONTROSE CENTER 401 BRANARD STREET 2ND FLOOR HOUSTON, TX 77006	74-2050245	501C3	7,500				SOUTHERN COLLABORATIVE FUND / SOUTHERN HIV IMPACT FUND
THE POVERELLO CENTER INC 2056 N DIXIE HIGHWAY WILTON MANORS, FL 33305	65-0056218	501C3	105,743				CCTA 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
THE REGENTS OF THE UNIVERSITY OF C 9500 GILMAN DRIVE MC 0602 LA JOLLA, CA 920930602	95-6006144	501C3	111,578				CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
THE RIGHT CHOICE PROJECT 516 E AIRLINE HIGHWAY LAPLACE, LA 70068	47-2778681	501C3	65,000				SOUTHERN COLLABORATIVE FUND

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 SAN FRANCISCO DRUG USERS UNION 1189 S VAN NESS AVENUE SAN FRANCISCO, CA 94110		501C3	20,000				SYRINGE ACCESS FUND
THRIVE SS INC 2577 SEMMES STREET ATLANTA, GA 30344	81-1080246	501C3	73,000				SOUTHERN COLLABORATIVE FUND

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
TIDES CENTER 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129	94-3213100	501C3	17,000				SECTOR TRANSFORMATION
TRANS UNITED INC 2425 17TH STREET NW UNIT 104 WASHINGTON, DC 20009	26-3728794	501C3	27,852				SOUTHERN COLLABORATIVE FUND

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
ONE TENT HEALTH 1440 G STREET NW WASHINGTON DC, DC 20005	81-3082227	501C3	7,500				INNOVATION FUND
TRANSGENDER RESOURCE CENTER OF NEW MEXICO PO BOX 80872 ALBUQUERQUE, NM 87198	39-2076744	501C3	11,250				TRANSGENDER LEADERSHIP INITIATIVE

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
UNIFIED HIV HEALTH AND BEYOND 3011 WEST GRAND RIVER 230 DETROIT, MI 48202	38-2464851	501C3	38,660				CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
UNITED TERRITORIES OF PACIFIC ISLANDERS ALLIANCE (UTOPIA SEATTLE) 205 E MEEKER ST KENT, WA 98032	61-1668192	501C3	7,500				TRANSGENDER LEADERSHIP INITIATIVE / INNOVATION FUND

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 KENTUCKY RESEARCH FOUNDATION 109 KINKEAD HALL LEXINGTON, KY 405060057	61-6033693	501C3	219,465				ITAC HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
UNIVERSITY OF MIAMI 475 BRICKELL AVENUE 4114 MIAMI, FL 33131	59-0624458	501C3	25,000				SYRINGE ACCESS FUND

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 MISSISSIPPI MEDICAL CENTER 2500 NORTH STATE STREET JACKSON, MS 392164505	64-6008520	POLITICAL SUBDIVISION	69,323				CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 130 MASON FARM ROAD CB7030 CHAPEL HILL, NC 27599	56-6001393	501C3	228,706				ITAC 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 SOUTHERN CALIFORNIA 1540 ALCAZAR STREET SUITE 206 LOS ANGELES, CA 90089	95-1642394	501C3	112,385				ITAC HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
TRANSGENDER LAW CENTER 1629 TELEGRAPH AVENUE SUITE 400 OAKLAND, CA 94612	05-0544006	501C3	25,500				POSITIVE ORGANIZING PROJECT

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
URBAN SURVIVOR'S UNION - NORTH CAROLINA CHAPTER 1116 GROVE STREET GREENSBORO, NC 27403	46-3129789	501C3	25,000				SOUTHERN COLLABORATIVE FUND
VALLEY AIDS COUNCIL 2306 CAMELOT PLAZA HARLINGEN, TX 78550	74-2512591	501C3	95,000				SOUTHERN COLLABORATIVE FUND

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
MIGRANT HEALTH CENTER INC PO BOX 7128 MAYAGUEZ, PR 006817128	66-0427801	501C3	37,500				SYRINGE ACCESS FUND
WASHINGTON HEIGHTS CORNER PROJECT 566 WEST 181ST STREET FLOOR 2 NEW YORK, NY 10033	20-8672015	501C3	10,000				SECTOR TRANSFORMATION

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 CHICAGO RECOVERY ALLIANCE 3110 W TAYLOT STREET CHICAGO, IL 60612	36-3809778	501C3	7,500				SYRINGE ACCESS FUND
WESTERN NORTH CAROLINA AIDS PROJECT (WNCA) 554 FAIRVIEW RD ASHEVILLE, NC 28803	58-1772685	501C3	73,820				SOUTHERN COLLABORATIVE FUND

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
WESTERN NORTH CAROLINA COMMUNITY HEALTH SERVICES INC 257 BILTMORE AVENUE ASHEVILLE, NC 28801	56-1852922	501C3	93,969				CCTA HIV/AIDS SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
AIDS UNITED

Employer identification number
52-1706646

Part I Questions Regarding Compensation

	Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<p>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</p>	1b			
<p>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?</p>	2			
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<p>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</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	No		
	4b	No		
	4c	No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No		
	5b	No		
<p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No		
	6b	No		
<p>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</p>	7	No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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)	211,913	0	0	12,715	17,119	241,747	0
	(ii)	0	0	0	0	0	0	0
2 JOHN E ROANE JR VP OPERATIONS	(i)	138,219	0	0	8,293	20,168	166,680	0
	(ii)	0	0	0	0	0	0	0
3 VALERIE ROCHESTER VP OF PROGRAMS	(i)	138,433	0	0	8,306	6,683	153,422	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.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2018

Open to Public Inspection

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

Name of the organization
AIDS UNITED

Employer identification number

52-1706646

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 BUDGET & FINANCE COMMITTEE, AND APPROVED BY THE TREASURER OF THE BOARD OF TRUSTEES THE TREASURER SHALL DOCUMENT HIS/HER APPROVAL ON THE REQUIRED FORM WHICH WILL BE MAINTAINED IN THE ORGANIZATION'S RECORDS THE FORM 990 WILL BE SIGNED BY THE PRESIDENT AND CEO, AS THE INDIVIDUAL AUTHORIZED UNDER EXISTING POLICIES AND PROCEDURES ESTABLISHED BY AU PRIOR TO FILING, THE BOARD OF TRUSTEES SHALL BE PROVIDED WITH THE COMPLETED FORM 990 AND RELATED SCHEDULES IN AN ELECTRONIC FORMAT 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 UPON ELECTION AND PRIOR TO THE START OF THEIR TERM OF SERVICE. SUBSEQUENTLY, THE FORM IS PROVIDED TO ALL OFFICERS, DIRECTORS, TRUSTEES AND STAFF ANNUALLY. STAFF ARE REQUESTED TO UPDATE THEIR FORMS ON AN ONGOING BASIS. IT IS THE INDIVIDUAL'S RESPONSIBILITY TO NOTIFY THE ORGANIZATION 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 INDEPENDENT HUMAN RESOURCES CONSULTING FIRM TO BENCHMARK SALARIES FOR THE ORGANIZATION AS WELL AS IDENTIFY BEST PRACTICES WITHIN OUR SECTOR SALARIES ARE BENCHMARKED BY POSITION BASED ON THE SIZE OF THE ORGANIZATION, THE REGION IN WHICH WE OPERATE, AS WELL AS THE SIZE OF OUR ANNUAL BUDGET THE COMPENSATION RESEARCH FOR THE PRESIDENT & CEO IS PROVIDED TO THE BOARD CHAIR WHO USES IT, ALONG WITH A THOROUGH ANNUAL PERFORMANCE REVIEW CONDUCTED BY THE BOARD OF TRUSTEES, TO WORK WITH THE EXECUTIVE COMMITTEE IN MAKING A RECOMMENDATION TO THE BOARD OF TRUSTEES IN REGARDS TO THE ANNUAL SALARY AND BENEFITS PACKAGE FOR THE PRESIDENT & CEO THE BOARD OF TRUSTEES CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF THE PRESIDENT & CEO AND EXECUTES ANY DECISIONS ABOUT COMPENSATION INCREASES BASED ON A FORMAL REVIEW, DELIBERATION AND VOTE ON THE ANNUAL COMPENSATION FOR THE PRESIDENT & CEO THE COMPENSATION DATA FOR KEY EMPLOYEES IS PROVIDED TO THE PRESIDENT & CEO WHO, WITHIN BUDGET GUIDELINES APPROVED BY THE BOARD OF TRUSTEES AND IN CONSULTATION WITH RESPECTIVE SUPERVISORS, DETERMINES THE ANNUAL SALARY RANGES FOR KEY EMPLOYEES EACH EMPLOYEE RECEIVES AN ANNUAL PERFORMANCE REVIEW BY THEIR SUPERVISOR, WHO IN TURN, MAKES RECOMMENDATIONS FOR ANY PERFORMANCE-BASED SALARY INCREASES TO THE PRESIDENT & CEO FOR CONSIDERATION AND A FINAL DECISION

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 AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST VIA PRINT OR ELECTRONIC MEDIA AU'S 990 IS ALSO AVAILABLE AT WWW AIDSUNITED ORG

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