

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
2019
Open to Public Inspection

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

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: AIDS UNITED

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 1101 14TH STREET NW NO 300

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

D Employer identification number: 52-1706646

E Telephone number: (202) 408-4848

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

G Gross receipts \$ 19,911,920

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.AIDSUNITED.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1990 **M** State of legal domicile: OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 AU'S MISSION IS TO END THE AIDS EPIDEMIC WITHIN THE US. WE SEEK TO ACHIEVE OUR MISSION THROUGH STRATEGIC GRANTMAKING INITIATIVES THAT COVER A BROAD RANGE OF AREAS INCLUDING ACCESS TO CARE, ADVOCACY, AND SYRINGE ACCESS. PUBLIC POLICY EFFORTS ARE GUIDED BY LOCAL AIDS SERVICE ORGANIZATIONS.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	40
6 Total number of volunteers (estimate if necessary)	6	100
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	15,734,731	19,309,885
9 Program service revenue (Part VIII, line 2g)	532,691	423,712
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	98,435	78,620
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,172	99,703
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,373,029	19,911,920
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,240,582	14,159,800
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,357,648	3,400,903
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶198,236		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,104,947	4,123,100
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	15,703,177	21,683,803
19 Revenue less expenses. Subtract line 18 from line 12	669,852	-1,771,883

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	11,348,027	12,135,072
21 Total liabilities (Part X, line 26)	3,701,528	5,780,404
22 Net assets or fund balances. Subtract line 21 from line 20	7,646,499	6,354,668

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: 2020-11-13

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

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00001737
Firm's name ▶ RSM US LLP			Firm's EIN ▶ 42-0714325	
Firm's address ▶ 2021 L STREET NW 400 WASHINGTON, DC 20036			Phone no. (202) 293-2200	

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 \$ 5,158,724 including grants of \$ 4,055,612) (Revenue \$)

See Additional Data

4b (Code:) (Expenses \$ 4,183,807 including grants of \$ 2,961,000) (Revenue \$)

See Additional Data

4c (Code:) (Expenses \$ 2,616,055 including grants of \$ 2,034,867) (Revenue \$)

See Additional Data

(Code:) (Expenses \$ 8,584,049 including grants of \$ 5,108,321) (Revenue \$ 423,712)

OTHER PROGRAMS: PUBLIC POLICY, SYRINGE ACCESS FUND, GETTING TO ZERO (G2ZERO), SECTOR TRANSFORMATION, PUERTO RICO, PARTNERING AND COMMUNICATING TOGETHER TO ACT AGAINST AIDS (PACT), POSITIVE ORGANIZING PROJECT

4d Other program services (Describe in Schedule O.)
(Expenses \$ 8,584,049 including grants of \$ 5,108,321) (Revenue \$ 423,712)

4e Total program service expenses ▶ 20,542,635

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, 12, and 14. Each row has a corresponding '1' through '21' in the first column of the table grid.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 []

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16. Each question has a corresponding box for the answer.

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 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review processes.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about states where Form 990 is required, public inspection of Form 1023, and disclosure of governing documents.

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.

See instructions for the order in which to list the persons above.

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 MD CHAIR	2.00	X		X			0	0	0	
(2) GELN PIETRANONI R PH AAHIVP 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 MEMBER	2.00	X					0	0	0	
(6) DUANE CRAMER MEMBER	2.00	X					0	0	0	
(7) ERIC DUBE PHD MEMBER	2.00	X					0	0	0	
(8) AMY FLOOD MEMBER	2.00	X					0	0	0	
(9) JUNE GIPSON PHD MEMBER	2.00	X					0	0	0	
(10) MARJORIE HILL PHD MEMBER	2.00	X					0	0	0	
(11) DAVID HOLTGRAVE PHD MEMBER	2.00	X					0	0	0	
(12) KIMBERLY JEFFRIES LEONARD PHD MEMBER	2.00	X					0	0	0	
(13) NAINA KHANNA MEMBER	2.00	X					0	0	0	
(14) AMELIA KORANGY MSW MEMBER	2.00	X					0	0	0	
(15) EDGAR MENDEZ MEMBER	2.00	X					0	0	0	
(16) DAVID MUNAR MEMBER	2.00	X					0	0	0	
(17) JAMIE NESBITT PHD MEMBER	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) LOUIS THARP MEMBER	2.00	X						0	0	0
(19) CRAIG THOMPSON MEMBER	2.00	X						0	0	0
(20) JESSE MILAN JR CEO	40.00			X				210,217	0	14,025
(21) JOHN ROANE JR COO	40.00			X				141,820	0	9,024
(22) VALERIE ROCHESTER VP PROGRAM STRATEGY	40.00					X		148,200	0	9,215
(23) WILLIAM CABAL DIRECTOR OF GRANT MAKING	40.00					X		110,135	0	6,706
(24) WILLIAM MCCOLL VP OF POLICY	40.00					X		124,337	0	7,971
(25) CARL BALONEY JR VP OF POLICY	40.00					X		111,151	0	7,217
1b Sub-Total								845,860	0	54,158
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								845,860	0	54,158

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
ERIC GELMAN 619 GATESTONE ST GAITHERSBURG, MD 20878	GRANT & BUSINESS PROCESS MANAGEMENT	203,689

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and other contributions.

Table for Program Service Revenue with 5 columns. Rows include 2a MEMBERSHIP DUES, 2b FEE FOR SERVICE, and 2c-2e. Total for 2a-2f is 423,712.

Table for Other Revenue with 5 columns. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6c Rental income, 7a-7c Gain from sales of assets, 8a-8b Fundraising events, 9a-9b Gaming activities, 10a-10b Sales of inventory, and 11a-11d Miscellaneous Revenue. Total revenue is 19,911,920.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,159,800	14,159,800		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	375,086	354,093	20,993	
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	2,366,995	2,239,473	127,522	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	77,676	70,844	6,832	
9 Other employee benefits	404,591	360,860	43,731	
10 Payroll taxes	176,555	161,027	15,528	
11 Fees for services (non-employees):				
a Management	1,399,107	801,176	446,769	151,162
b Legal	39,140		39,140	
c Accounting				
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)				
12 Advertising and promotion				
13 Office expenses	929,343	893,487		35,856
14 Information technology	6,019	666	5,353	
15 Royalties				
16 Occupancy	268,729	201,133	67,596	
17 Travel	1,356,805	1,300,076	45,511	11,218
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	82,985		82,985	
23 Insurance	4,909		4,909	
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 MISCELLANEOUS	36,063		36,063	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	21,683,803	20,542,635	942,932	198,236
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	90,832	1	822,622
	2 Savings and temporary cash investments	2,656,460	2	4,424,483
	3 Pledges and grants receivable, net	5,681,324	3	3,420,183
	4 Accounts receivable, net	21,529	4	167,921
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	84,351	9	50,150
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	736,146		
	b Less: accumulated depreciation	310,859		
	11 Investments—publicly traded securities	2,217,604	11	2,736,771
	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	87,655	15	87,655
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,348,027	16	12,135,072	
Liabilities	17 Accounts payable and accrued expenses	934,244	17	1,090,186
	18 Grants payable	1,892,252	18	2,099,760
	19 Deferred revenue	29,049	19	1,778,812
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	845,983	25	811,646
	26 Total liabilities. Add lines 17 through 25	3,701,528	26	5,780,404
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	906,543	27	1,947,283
	28 Net assets with donor restrictions	6,739,956	28	4,407,385
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	7,646,499	32	6,354,668	
33 Total liabilities and net assets/fund balances	11,348,027	33	12,135,072	

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	19,911,920
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,683,803
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,771,883
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,646,499
5	Net unrealized gains (losses) on investments	5	480,052
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	6,354,668

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		No
2c		
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 52-1706646

Name: AIDS UNITED

Form 990 (2019)

Form 990, Part III, Line 4a:

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, Line 4b:

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 4c:

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.

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 instructions and the latest information.

OMB No. 1545-0047
2019
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) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	11,167,132	8,875,339	12,085,459	15,734,731	19,715,810	67,578,471
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	11,167,132	8,875,339	12,085,459	15,734,731	19,715,810	67,578,471
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) . . .						16,824,566
6 Public support. Subtract line 5 from line 4.						50,753,905

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	11,167,132	8,875,339	12,085,459	15,734,731	19,715,810	67,578,471
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	74,749	70,704	86,383	78,313	82,220	392,369
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	96,103	210,252
11 Total support. Add lines 7 through 10						68,181,092

12 Gross receipts from related activities, etc. (see instructions) **12** 128,487

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 2019 (line 6, column (f) divided by line 11, column (f))	14	74.440 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	71.360 %

16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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. 2019 AMOUNT: \$ 96,103.

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

2019
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
---	--

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.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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		2,590
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			2,590
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)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

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 instructions and the latest information.

Department of the Treasury Internal Revenue Service

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4.

- 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...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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).
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.

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a-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?
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)?
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:
(ii) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

Complete if the organization answered "Yes" 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	2,069,082	2,426,492	2,038,568	1,941,460	2,037,891
b Contributions			6,025	5,581	3,301
c Net investment earnings, gains, and losses	519,166	-234,231	490,124	198,751	-163
d Grants or scholarships	98,850			99,184	91,575
e Other expenditures for facilities and programs		112,465			
f Administrative expenses	9,389	10,714	108,225	8,040	7,994
g End of year balance	2,480,009	2,069,082	2,426,492	2,038,568	1,941,460

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

- a** Board designated or quasi-endowment ▶ 4.000 %
- b** Permanent endowment ▶ 68.000 %
- c** Temporarily restricted endowment ▶ 28.000 %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 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	158,849	425,287
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).) . . . ▶				425,287

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 811,646

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
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	
3	Subtract line 2e from line 1		3	
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	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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	
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	
3	Subtract line 2e from line 1		3	
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	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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.

Supplemental Information

Return Reference	Explanation
PART XI AND XIII	THE FINANCIAL STATEMENT AUDIT WAS NOT COMPLETE AS OF THE FILING DATE OF THIS FORM 990. IF THERE ARE MATERIAL ADJUSTMENTS TO THE DATA PRESENTED IN THIS FORM 990, IT WILL BE AMENDED.

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

2019

**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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 188

3 Enter total number of other organizations listed in the line 1 table 0

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	109,750				MULTIPLE
AFFINITY HEALTH CENTER 500 LAKESHORE PARKWAY ROCK HILL, SC 29730		501C3	35,000				SHIVF

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 ALABAMA 3529 7TH AVENUE SOUTH BIRMINGHAM, AL 35222	58-1727755	501C3	45,000				MULTIPLE
AIDS CARE GROUP 2304 EDGMONT AVENUE CHESTER, PA 190135038	23-2965785	501C3	155,037				ITAC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS FOUNDATION HOUSTON INC 6260 WESTPARK DRIVE SUITE 100 HOUSTON, TX 77057	76-0073661	501C3	17,500				SHIVF
AIDS RESOURCE CENTER OF WISCONSIN 820 N PLANKINTON AVENUE MILWAUKEE, WI 53203	39-1534049	501C3	15,000				SAF

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 SERVICES COALITION INC 121 COLLEGE STREET HATTIESNURG, MS 39401	14-1855167	501C3	150,000				MULTIPLE
AIDS TASKFORCE OF GREATER CLEVELAND 2829 EUCLID AVENUE CLEVELAND, OH 44115	34-1433612	501C3	169,106				MULTIPLE

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
ALAMO AREA RESOURCE CENTER INC 303 N FRIO SAN ANTONIO, TX 78207	74-2583211	501C3	62,500				MULTIPLE
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM 4000 AMBASSADOR DRIVE ANCHORAGE, AK 99508	92-0162721	501C3	203,240				MULTIPLE

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
ALL UNDER ONE ROOF LGBT ADVOCATES 838 E CLARK STREET POCATELLO, ID 83201	90-0805959	501C3	22,500				POP
ALLIANCE FOR BORDER COLLABORATIVES 2524 MONTANA AVE EL PASO, TX 79903	27-1747560	501C3	104,000				FREE

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
ALLIANCE FOR GLOBAL JUSTICE 225 E 26TH STREET 1 TUCSON, AZ 85713	52-2094677	501C3	39,000				FREE
ANGELS IN MOTION 9883 COWDEN ST PHILADELPHIA, PA 19115	47-3172897	501C3	15,000				SAF

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	60,000				MULTIPLE
AUSTIN HARM REDUCTION COALITION PO BOX 13482 AUSTIN, TX 78711	74-2752554	501C3	25,000				SAF

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
BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS 72682 MAPLE STREET P O BOX 39 ODANAH, WI 54861	39-1178897	501C3	20,000				SAF
BASIC NWFL INC 432 MAGNOLIA AVENUE PO BOX 805 PANAMA CITY, FL 32401	59-2994863	501C3	60,000				MULTIPLE

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 DBA METRO HEALTH 950 EAST WASHINGTON STREET BATON ROUGE, LA 70802	72-1135608	501C3	35,000				SHIVF
BEBASHI - TRANSITION TO HOPE 1235 SPRING GARDEN STREET PHILADELPHIA, PA 19123	23-2484046	501C3	79,000				FREE

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

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BIRMINGHAM AIDS OUTREACH 205 32ND STREET SOUTH BIRMINGHAM, AL 35233	63-0948495	501C3	285,996				MULTIPLE
BLACK AIDS INSTITUTE 1833 W 8TH ST SUITE 200 LOS ANGELES, CA 90057	95-4742741	501C3	25,000				MULTIPLE

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
BLAQOUT INC 517 CAMPBELL STREET KANSAS CITY, MO 64106	82-1144166	501C3	54,000				FREE
BROTHERS HEALTH COLLECTIVE 58 EAST 26TH STREET CHICAGO, IL 60616	52-1871747	501C3	84,000				FREE

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
BROWARD HOUSE INC 1726 SE 3RD AVE FT LAUDERDALE, FL 33316	59-2913416	501C3	171,571				MULTIPLE
CAL-PEP INC 2811 ADELIN STREET OAKLAND, CA 94606	94-2971732	501C3	172,300				MULTIPLE

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
CAPITOL AREA REENTRY PROGRAM INC PO BOX 74772 BATON ROUGE, LA 70874	06-1793810	501C3	110,000				MULTIPLE
CASA RUBY INC 7530 GEORGIA AVENUE NW WASHINGTON, DC 20012	34-1978347	501C3	60,000				FREE

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
CEMPA COMMUNITY CARE 1000 EAST 3RD STREET SUITE 300 CHATTANOOGA, TN 37403	62-1325543	501C3	10,000				SAF
CENTRO ARARAT INC 8169 CALLE CONCORDIA STE 412 PNCE, PR 007171567	66-0604909	501C3	314,516				MULTIPLE

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
CHICAGO WOMEN'S AIDS PROJECT 6363 N BROADWAY CHICAGO, IL 60660	36-3813588	501C3	67,366				MULTIPLE
CHOICES 1726 POPULAR AVENUE MEMPHIS, TN 38104		501C3	35,000				SHIVF

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
CITY OF PORTLAND MAINE 389 CONGRESS STREET PORTLAND, ME 04101	01-6000032	501C3	15,000				SAF
CITY OF PORTSMOUTH 728 SECOND STREET PORTSMOUTH, OH 45662	31-6400238	501C3	15,000				SAF

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

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COLLABORATIVE SOLUTIONS INC PO BOX 130159 BIRMINGHAM, AL 352130159	85-0485864	501C3	75,000				MULTIPLE
COMMUNITY HEALTH AWARENESS GROUP 1300 W FORT STREET DETROIT, MI 48226	38-2704374	501C3	15,000				SAF

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
COMMUNITY INITIATIVES 1000 BROADWAY STREET SUITE 480 OAKLAND, CA 94607	94-3255070	501C3	79,000				FREE
COOPER UNIVERSITY HOSPITAL EIP THREE COOPER PLAZA CAMDEN, NJ 08103	21-0634462	501C3	168,379				ITAC

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
CRIMINAL JUSTICE MINISTRY POBOX 15160 ST LOUIS, MO 63110	46-2647318	501C3	25,000				SAF
DESTINATION TOMORROW 452 EAST 149TH STREET 3RD FLOOR BRONX, NY 10455	80-0259180	501C3	74,000				FREE

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
DOWN EAST AIDS NETWORK 5 LONG LANE STE A ELLSWORTH, ME 04605	01-0441229	501C3	25,000				SAF
EAST TEXAS CARES RESOURCES CENTER 427 OAKLAND AVENUE TYLER, TX 75702	75-2316322	501C3	50,000				MULTIPLE

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

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EQUALITY FLORIDA INSTITUTE INC PO BOX 13184 ST PETERSBURG, FL 33713	59-3435235	501C3	46,000				MULTIPLE
EQUALITY FOUNDATION OF GEORGIA 1530 DEKALB AVENUE SUITE A ATLANTA, GA 30307	58-2346744	501C3	383,000				MULTIPLE

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

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FREDERIKSTED HEALTH CARE INC PO BOX 1198 FREDERIKSTED, VI 00840	66-0586667	501C3	22,300				SAF
FREEDOM FUND NETWORK INC 213 SW 2ND STREET SUITE J FORT LAUDERDALE, FL 33301	82-2069282	501C3	65,750				MULTIPLE

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

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FRONTLINE LEGAL SERVICES INC 631 ST CHARLES AVENUE NEW ORLEANS, LA 70130	47-4182470	501C3	6,000				SHIVF
GAY MEN'S HEALTH CRISIS (GMHC) 307 WEST 38TH STREET NEW YORK, NY 10018	13-3130146	501C3	104,000				FREE

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
GENDER BENDERS 201 LUY ACRES DRIVE PIEDMONT, SC 29673	46-3989884	501C3	65,000				MULTIPLE
GENDER HEALTH CENTER 2020 29TH STREET SUITE 201 SACRAMENTO, CA 95817	26-3839452	501C3	22,500				SECTORT

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

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GOODS AND SERVICES 1051 PONTIAC ROAD APT 470 DREXEL HILL, PA 19026	82-5199540	501C3	10,000				MULTIPLE
GRADY HEALTH SYSTEM 341 E PONCE DE LEON AVENUE ATLANT, GA 30308	26-2037695	501C3	127,688				ITAC

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

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GREATER HARTFORD HARM REDUCTION COALITION INC 1229 ALBANY AVENUE HARTFORD, CT 06112	47-4312705	501C3	15,000				SAF
GREATER LAWRENCE FAMILY HEALTH CENTER 1 GRIFFIN BROOK DRIVE SUITE 1 METHUEN, MA 01844	04-2708824	501C3	147,296				MULTIPLE

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

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GREENE COUNTY COMBINED HEALTH DISTRICT DBA GREEN COUNTY PUBLIC HEALTH 360 WILSON DR XENIA, OH 45385	31-6000271	501C3	15,000				SAF
GRIFFIN-GRACY EDUCATIONAL RETREAT & HISTORICAL CENTER PO BOX 26165 LITTLE ROCK, AR 72221	82-1080729	501C3	104,000				FREE

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

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HARM REDUCTION ACTION CENTER 789 SHERMAN STREET SUITE 250 DENVER, CO 80203	84-1493585	501C3	20,000				SAF
HARM REDUCTION COALITION 243 5TH AVENUE APT 529 NEW YORK, NY 10016	94-3204958	501C3	55,000				MULTIPLE

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

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HARM REDUCTION MICHIGAN 867 E 8TH STREET TRAVERSE CITY, MI 49686	81-2744973	501C3	22,500				SAF
HEALTH EMERGENCY LIFELINE PROGRAMS 1726 HOWARD STREET DETROIT, MI 48216	38-2719621	501C3	172,937				MULTIPLE

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

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HELPING EVERYONE RECEIVING ONGOING EFFECTIVE SUPPORT PO BOX 1258 COLUMBIA, LA 71418	72-1446886	501C3	70,000				MULTIPLE
HENRY FORD HEALTH SYSTEM 2799 WEST GRAND BOULEVARD DETROIT, MI 482022689	38-1357020	501C3	206,447				MULTIPLE

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
HIPS 906 H STREET NE WASHINGTON, DC 20002	52-1847137	501C3	10,000				SAF
HIV ALLIANCE 1195A CITY VIEW STREET EUGENE, OR 97402	93-0963546	501C3	18,500				SAF

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

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HOMELESS YOUTH ALLIANCE INC PO BOX 170427 SAN FRANCISCO, CA 94117	81-3036333	501C3	20,000				SECTORT
HOUSING WORKS INC 57 WILLOUGHBY STREET 2ND FLOOR BROOKLYN, NY 11201	13-3584089	501C3	65,000				MULTIPLE

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

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HOUSTON COUNTY BOARD OF HEALTH DBA NORTH CENTRAL HEALTH DEPARTMENT 201 SECOND STREET SUITE 1100 MACON, GA 31201	58-1110625	501C3	136,528				MULTIPLE
HOWARD BROWN HEALTH CENTER 4025 N SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501C3	114,656				MULTIPLE

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

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HUMBOLDT AREA CENTER FOR HARM REDUCTION PO BOX 7365 EUREKA, CA 95502	47-2822261	501C3	17,500				MULTIPLE
HYACINTH AIDS FOUNDATION 317 GEORGE STREET SUITE 203 NEW BRUNSWICK, NJ 08901	22-2648820	501C3	60,000				SAF

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

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INDIANA RECOVERY ALLIANCE PO BOX 394 BLOOMINGTON, IN 47402	47-3889160	501C3	32,500				MULTIPLE
INITIATIVA COMUNITARIA DE INVESTIGACION INC P O BOX 366535 SAN JUAN, PR 00936	66-0483960	501C3	26,011				SAF

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

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INSTITUTE FOR PUBLIC HEALTH INNOVATION 1301 CONNECTICUT AVENUE NW SUITE 200 WASHINGTON, DC 20036	46-3039129	501C3	20,000				SAF
INTERIOR AIDS ASSOCIATION P O BOX 71248 FAIRBANKS, AK 99707	92-0127274	501C3	6,000				SAF

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

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IOWA HARM REDUCTION COALITION 1639 MORNINGSIDE DRIVE IOWA CITY, IA 52245	82-1864287	501C3	66,000				MULTIPLE
IRIS HOUSE 2348 ADAM CLAYTON POWELL JR BOULEVARD NEW YORK, NY 10030	13-3699201	501C3	15,000				SECTORT

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

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JACKSON MEDICAL MALL FOUNDATION 350 W WOODROW WILSON AVENUE SUITE 101 JACKSON, MS 39213	64-0865274	501C3	35,000				SAF
KEENE SERENITY CENTER INC 34 MECHANIC STREET KEENE, NH 03431	46-3123664	501C3	15,000				MULTIPLE

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

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LA CLINICA DEL PUEBLO INC 2831 15TH STREET NW WASHINGTON, DC 200094607	52-1942551	501C3	198,419				MULTIPLE
LAGENDER INC 2861 EAST POINT STREET EAST POINT, GA 30344	47-4097510	501C3	64,000				FREE

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LATINO COMMISSION ON AIDS INC 24 WEST 25TH ST 9TH FLOOR NEW YORK, NY 10010	13-3629466	501C3	81,000				MULTIPLE
LATINOS SALUD INC 2330 WILTON DRIVE WILTON MANORS, FL 33305	26-2763535	501C3	32,500				SHIVF

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

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LGBT CENTER INTERCULTURAL COLLECTIVE INC 37-63 83RD STREET SUITE 1B JACKSON HEIGHTS, NY 11372	82-4397912	501C3	64,000				FREE
LIVING ROOM INC 50 HURT PLAZA SE SUITE 1200 ATLANTA, GA 30303	31-1616463	501C3	25,000				SHIVF

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

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LOST-N-FOUND YOUTH 2585 CHANTILLY DRIVE NE ATLANTA, GA 30324	45-4153322	501C3	49,800				MULTIPLE
MAVEN LEADERSHIP COLLECTIVE 1951 NW 7TH AVENUE SUITE 600 MIAMI, FL 33136	81-3828531	501C3	8,500				SHIVF

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MED CENTRO CONSEJO DE SALUD DE PUERTO RICO INC PO BOX 220 MERCEDITA, PR 007150220	66-0292961	501C3	84,494				MULTIPLE
MEHARRY MEDICAL COLLEGE 2001 ALBION STREET SUITE 612 NASHVILLE, TN 37208	62-0488046	501C3	113,433				ITAC

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

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MIGRANT HEALTH CENTER INC PO BOX 7128 MAYAGUEZ, PR 006817128	66-0427801	501C3	37,500				SAF
MILAN PUSKAR HEALTH RIGHT INC 341 SPRUCE STREET MORGANTOWN, WV 26505	31-1118673	501C3	22,500				SAF

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

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MIRACLE OF LOVE INC 741 W COLONIAL DRIVE ORLANDO, FL 32804	59-3455949	501C3	10,000				SHIVF
MISSISSIPPI CENTER FOR JUSTICE 5 OLD RIVER PLACE SUITE 203 JACKSON, MS 392151023	13-4203234	501C3	65,000				MULTIPLE

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

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MOVEMENT STRATEGY CENTER - PWN-USA 436 14TH ST SUITE 500 OAKLAND, CA 94612	20-1037643	501C3	117,000				MULTIPLE
MULTICULTURAL AIDS COALITION 566 COLUMBUS AVE BOSTON, MA 02118		501C3	143,520				MULTIPLE

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

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MY BROTHER'S KEEPER INC 710 AVIGNON DR RIDGELAND, MS 39157	64-0937314	501C3	72,500				MULTIPLE
NATIONAL BLACK TRANS ADVOCACY COALITION PO BOX 118282 CARROLLTON, TX 75011	84-1947483	501C3	35,000				SHIVF

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
NEW HAMPSHIRE HARM REDUCTION COALITION PO BOX 1632 DOVER, NH 03821	83-2689375	501C3	20,000				SAF
NEWARK BETH ISRAEL MEDICAL CENTER FAMILY TREATMENT CENTER 201 LYONS AVENUE NEWARK, NJ 07112	22-3452311	501C3	163,958				ITAC

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
NOAIDS TASK FORCE DBA CRESCENTCARE 1631 ELYSIAN FIELDS NEW ORLEANS, LA 70117	72-1059635	501C3	156,606				MULTIPLE
NORTH CAROLINA AIDS ACTION NETWORK 208 BARCLAY RD CHAPEL HILL, NC 27516	32-0323779	501C3	167,500				MULTIPLE

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

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NORTH CAROLINA HARM REDUCTION COALITION 2154 WRIGHTSVILLE AVE WILMINGTON, NC 28403	20-3452075	501C3	52,750				MULTIPLE
NORTH JERSEY COMMUNITY RESEARCH INSTITUTE 363 CENTRAL AVENUE NEWARK, NJ 07103	52-1592616	501C3	165,637				MULTIPLE

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

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NORTHERN NEVADA HIV OUTPATIENT PROGRAM EDUCATION AND SERVICES 580 WEST 5TH ST RENO, NV 89503	86-0865357	501C3	20,000				SAF
OASIS DE ESPERANZA CALLE MARTINO APT 619 BARRIO OBRERO SAN JUAN, PR 00915	58-4837009	501C3	15,000				MULTIPLE

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

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OKLAHOMA STATE UNIVERSITY PO BOX 645 STILLWATER, OK 74076	73-6017987	501C3	40,178				CCTA
OKLAHOMA STATE UNIVERSITY CENTER FOR HEALTH SCIENCES 1111 WEST 17TH STREET TULSA, OK 74107	73-1383996	501C3	142,732				MULTIPLE

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

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OLIVE BRANCH MINISTRY 1223 1ST AVE NW HICKORY, NC 28601	47-4497173	501C3	11,000				SAF
OPEN AID ALLIANCE 1500 W BROADWAY SUITE A MISSOULA, MT 59801	36-3652244	501C3	15,000				SAF

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

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OPEN HAND ATLANTA INC 181 ARMOUR DRIVE NE ATLANTA, GA 30324	58-1816778	501C3	37,800				MULTIPLE
ORANGE COUNTY NEEDLE EXCHANGE PROGRAM 1605 N SPURGEON ST SANTA ANA, CA 92701	47-2547964	501C3	17,500				SAF

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

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OUR LADY OF THE LAKE HOSPITAL INC 5000 HENNESSY BOULEVARD BATON ROUGE, LA 70808	72-0423651	501C3	116,049				MULTIPLE
OUT NOW INC P O BOX 5321 SPRINGFIELD, MA 01101	04-3441348	501C3	20,000				SAF

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

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PAULI MURRAY CENTER FOR HISTORY & SOCIAL JUSTICE PO BOX 541 DURHAM, NC 27702	45-4926223	501C3	91,500				MULTIPLE
POINT DEFIANCE AIDS PROJECTS 535 DOCK STREET SUITE 112 TACOMA, WA 98402	91-1435394	501C3	126,500				MULTIPLE

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

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POSITIVE IMPACT HEALTH CENTERS INC 3350 BRECKINRIDGE BLVD STE 200 DULUTH, GA 30096	58-1973324	501C3	301,151				MULTIPLE
POSITIVELY LIVING INC 1501 EAST FIFTH AVENUE KNOXVILLE, TN 37917	62-1698383	501C3	103,500				MULTIPLE

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

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PREVENTION 305 INC 400 ALTON RD 3007 MIAMI BEACH, FL 33139	81-4738905	501C3	36,000				SHIVF
PREVENTION POINT PHILADELPHIA INC PO BOX 60990 PHILADELPHIA, PA 19133	23-2663699	501C3	67,500				MULTIPLE

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

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PREVENTION POINT PITTSBURGH 166 WEST LEHIGH AVE LOWER LEVEL PITTSBURGH, PA 15221	23-2663699	501C3	20,000				SAF
PRIDELINES YOUTH SERVICES INC PO BOX 014340 MIAMI, FL 33101	65-0670159	501C3	84,000				FREE

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

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PROJECT WEBER 640 BROAD STREET PROVIDENCE, RI 02907	46-0964136	501C3	81,500				MULTIPLE
PUERTO RICO CONCRA URB GARCIA UBARRI 1162 BRUMBAUGH ST ST SAN JUAN, PR 00925	66-0466365	501C3	51,500				MULTIPLE

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

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READING RISK REDUCTION 2701 ORCHARD VIEW ROAD READING, PA 19606	23-3025926	501C3	7,500				SAF
RED CLIFF BAND OF LAKE SUPERIOR CHIPPEWA INDIANS 88455 PIKE RD BAYFIELD, WI 54814	39-1178866	501C3	20,000				SAF

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

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RED HISPANA FLORIDA POBOX 23384 FT LAUDERDALE, FL 33307		501C3	5,300				SHIVF
RESEARCH FOUNDATION OF CITY UNIVERSITY 101 W 31ST STREET 6TH FLOOR NEW YORK, NY 10001	13-1988190	501C3	6,442				CCTA

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

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RURAL WOMEN'S HEALTH PROJECT INC 1108 SW 2 AVENUE GAINSVILLE, FL 32601	59-3429511	501C3	60,000				MULTIPLE
RUTGERS BIOMEDICAL AND HEALTH SCIENCES 33 KNIGHTSBRIDGE ROAD PISCATAWAY, NJ 08854	46-2354111	501C3	180,269				MULTIPLE

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

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SELMA AIR INC PO BOX 396 SELMA, AL 36702	63-1133272	501C3	104,000				FREE
SERO PROJECT INC PO BOX 1233 MILFORD, PA 18337	46-1626584	501C3	24,567				POP

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

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SISTERLOVE INC 3709 BAKERS FERRY RD SW ATLANTA, GA 30331	58-2016070	501C3	35,000				SHIVF
SISTERREACH 2725 KIRBY ROAD SUITE 15 MEMPHIS, TN 38119	45-4013343	501C3	35,000				SHIVF

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SOCIAL AND ENVIRONMENTAL ENTREPRENEURS 23532 CALABASAS ROAD SUITE A CALABASAS, CA 91302	95-4116679	501C3	208,000				MULTIPLE
SOCIAL GOOD FUND 12651 SAN PABLO AVE RICHMOND, CA 94805	46-1323531	501C3	104,000				FREE

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

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SONORAN PREVENTION WORKS 340 E DUNLAP AVENUE PHOENIX, AZ 85020	30-0760098	501C3	115,000				MULTIPLE
SOUTHEAST LOUISIANA AREA HEALTH EDUCATION CENTER 1302 JW DAVIS DRIVE HAMMOND, LA 70403	72-1155014	501C3	68,750				MULTIPLE

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

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SOUTHERN AIDS COALITION INC PO BOX 550249 BIRMINGHAM, AL 35255	63-0985623	501C3	133,200				MULTIPLE
SOUTHERN NEVADA AIDS RESEARCH & EDUCATION SOCIETY 1923 CAPISTRANO AVE LAS VEGAS, NV 89169	88-0388181	501C3	15,000				SAF

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SOUTHERN NEVADA HEALTH DISTRICT 280 S DECATUR BLVD LAS VEGAS, NV 89107	88-0151573	501C3	175,710				ITAC
SOUTHERN NEW HAMPSHIRE HIVAIDS TASK FORCE 77 NORTHEASTERN NLVD NASHUA, NH 03062	02-0447280	501C3	15,000				SAF

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SOUTHERNERS ON NEW GROUND 580 HOLDERNESS STREET ATLANTA, GA 30310	61-1274170	501C3	80,000				MULTIPLE
SOUTHSIDE HARM REDUCTION SERVICES 3301 BLOOMINGTON AVENUE MINNEAPOLIS, MN 55407	82-4602523	501C3	7,500				SAF

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SOUTHWEST LOUISIANA AREA HEALTH EDUCATION CENTER 103 INDEPENDENCE BLVD LAFAYETTE, LA 70506	72-1191867	501C3	78,000				MULTIPLE
SPARK REPRODUCTIVE JUSTICE NOW PO BOX 89210 ATLANTA, GA 30312	58-1872316	501C3	35,000				SHIVF

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

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ST JAMES INFIRMARY 730 POLK STREET 4TH FLOOR SAN FRANCISCO, CA 94109	94-3330568	501C3	104,000				FREE
SUNSHINE SOCIAL SERVICES 2312 WILTON DR WILTON MANORS, FL 333051249	01-0582371	501C3	18,000				SHIVF

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SUNY PO BOX 9 ALBANY, NY 122010009	14-1368361	501C3	152,192				MULTIPLE
THE AFIYA CENTER 7441 W MARVIN D LOVE FWY DALLAS, TX 75237	36-4625704	501C3	63,500				MULTIPLE

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THE ATTIC YOUTH CENTER 255 S 16TH STREET PHILADELPHIA, PA 19102	23-3020071	501C3	104,000				FREE
THE CHICAGO RECOVERY ALLIANCE 3110 W TAYLOT STREET CHICAGO, IL 60612	36-3809778	501C3	32,500				MULTIPLE

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THE GRAND RAPIDS RED PROJECT 401 HALL STREET SE GRAND RAPIDS, MI 49507	38-3414580	501C3	20,000				SAF
THE HEALTH & HOSPITAL CORPORATION OF MARION COUNTY 3838 NORTH RURAL STREET INDIANAPOLIS, IN 46205	35-6005697	501C3	7,500				SAF

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THE KNIGHTS AND ORCHIDS SOCIETY INC 108 BROAD STREET SELMA, AL 36701	45-2603909	501C3	164,000				MULTIPLE
THE METROHEALTH SYSTEM 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	34-6004382	501C3	127,959				MULTIPLE

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THE MONTROSE CENTER 401 BRANARD STREET 2ND FLOOR HOUSTON, TX 77006	74-2050245	501C3	25,000				SHIVF
THE PEOPLES HARM REDUCTION ALLIANCE 1415 NE 43RD STREET SEATTLE, WA 98105	35-2307112	501C3	35,000				MULTIPLE

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THE POVERELLO CENTER INC 2056 N DIXIE HIGHWAY WILTON MANORS, FL 33305	65-0056218	501C3	133,289				MULTIPLE
THE RED DOOR FOUNDATION 1750 MADISON AVENUE SUITE 600 MEMPHIS, TN 38104	27-1379797	501C3	12,000				INOVVR

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

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO SCHOOL OF MEDICINE 9500 GILMAN DRIVE MC 0602 LA JOLLA, CA 920930602	95-6006144	501C3	168,237				MULTIPLE
THE RIGHT CHOICE PROJECT 516 E AIRLINE HIGHWAY LAPLACE, LA 70068	47-2778681	501C3	32,500				SHIVF

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THE SAN FRANCISCO DRUG USERS UNION 1189 S VAN NESS AVENUE SAN FRANCISCO, CA 94110		501C3	60,000				MULTIPLE
THE TRUTH PROJECT 16526 LACEY LANE MISSOURI CITY, TX 77489	46-3044821	501C3	25,000				SHIVF

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THE TRANSLATIN COALITION 1730 W OLYMPIC BLVD 3RD FLOOR LOS ANGELES, CA 90015	27-3801872	501C3	102,000				FREE
THRIVE SS INC 2577 SEMMES STREET ATLANTA, GA 30344	81-1080246	501C3	196,500				MULTIPLE

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TIDES CENTER 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129	94-3213100	501C3	20,000				SAF
TRANS UNITED 2425 17TH STREET NW UNIT 324 WASHINGTON, DC 20009	26-3728794	501C3	99,000				FREE

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TRANS UNITED INC 2425 17TH STREET NW UNIT 104 WASHINGTON, DC 20009	26-3728794	501C3	65,000				MULTIPLE
TRANSGENDER LAW CENTER 1629 TELEGRAPH AVENUE SUITE 400 OAKLAND, CA 94612	05-0544006	501C3	158,500				MULTIPLE

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TRANSGENDER RESOURCE CENTER OF NEW MEXICO PO BOX 80872 ALBUQUERQUE, NM 87198	39-2076744	501C3	15,000				SAF
TRANSLATINA NETWORK INC 137 WEST 19TH STREET 2ND FLOOR NEW YORK, NY 10011	47-4807380	501C3	129,000				FREE

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

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TURTLE MOUNTAIN BAND CHIPPEWA INDIANS 4180 HIGHWAY 281 BELCOURT, ND 58316	45-0223071	501C3	15,000				MULTIPLE
UNIFIED HIV HEALTH AND BEYOND 3011 WEST GRAND RIVER 230 DETROIT, MI 48202	38-2464851	501C3	84,506				MULTIPLE

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

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UNITY COALITION 831 9TH STREET MIAMI BEACH, FL 33139	26-3327254	501C3	134,000				MULTIPLE
UNIVERSITY OF CHICAGO 5801 S ELLIS AV CHICAGO, IL 60637	36-2177139	501C3	94,000				FREE

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

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UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 109 KINKEAD HALL LEXINGTON, KY 405060057	61-6033693	501C3	121,584				ITAC
UNIVERSITY OF MIAMI 475 BRICKELL AVENUE 4114 MIAMI, FL 33131	59-0624458	501C3	100,000				MULTIPLE

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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
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 NORTH STATE STREET JACKSON, MS 392164505	64-6008520	501C3	144,460				MULTIPLE
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL UNC INSTITUTE FOR GLOBAL HEALTH AND INFECTIOUS DISEASES CHAPEL HILL, NC 27599	56-6001393	501C3	151,646				ITAC

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 CHP SUITE 206 LOS ANGELES, CA 90089	95-1642394	501C3	166,481				ITAC
URBAN COALITION FOR HIVAIDS PREVENTION SERVICES 1012 14TH STREET NW SUITE 1150 WASHINGTON, DC 20005	27-2560783	501C3	50,000				FREE

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	40,000				MULTIPLE
VALLEY AIDS COUNCIL 2306 CAMELOT PLAZA HARLINGEN, TX 78550	74-2512591	501C3	81,000				MULTIPLE

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
VDH-LENOWISCO HEALTH DISTRICT 134 ROBERTS AVE SW WISE, VA 24293	54-6001775	501C3	7,500				SAF
VIRGINIA HARM REDUCTION COALITION PO BOX 2376 ROANOKE, VA 24010	83-2479145	501C3	15,000				MULTIPLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON HEIGHTS CORNER PROJECT 566 WEST 181ST STREET FLOOR 2 NEW YORK, NY 10033	20-8672015	501C3	10,000				SECTORT
WE CARE TN 4005 PATTE ANN DRIVE MEMPHIS, TN 38116	83-2965696	501C3	40,000				SHIVF

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 AIDS PROJECT (WNCA) 554 FAIRVIEW RD ASHEVILLE, NC 28803	58-1772685	501C3	136,000				MULTIPLE
WESTERN NORTH CAROLINA COMMUNITY HEALTH SERVICES INC 257 BILTMORE AVENUE ASHEVILLE, NC 28801	56-1852922	501C3	125,805				MULTIPLE

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

2019

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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	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 border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization?	5b	No								
If "Yes," on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization?	6b	No								
If "Yes," on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

Part III **Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

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 CONTROLLER, 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	<p>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.</p>

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.