

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

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.

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning and ending																																
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization AIDS UNITED</td> <td rowspan="4">D Employer identification number 52-1706646</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">1634 EYE STREET NW 1100</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20006</td> <td>E Telephone number 202-408-4848</td> </tr> <tr> <td colspan="2" rowspan="2">F Name and address of principal officer: CARL BALONEY JR SAME AS C ABOVE</td> <td>G Gross receipts \$ 13,891,929.</td> </tr> <tr> <td>H(a) Is this a group return for subordinates? ☐ Yes ☒ No</td> </tr> <tr> <td colspan="2"></td> <td>H(b) Are all subordinates included? ☐ Yes ☐ No</td> </tr> <tr> <td colspan="2"></td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527</td> <td>H(c) Group exemption number</td> </tr> <tr> <td colspan="2">J Website: WWW.AIDSunITED.ORG</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other</td> <td>L Year of formation: 1990 M State of legal domicile: DC</td> </tr> </table>	C Name of organization AIDS UNITED		D Employer identification number 52-1706646	Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	1634 EYE STREET NW 1100		City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20006		E Telephone number 202-408-4848	F Name and address of principal officer: CARL BALONEY JR SAME AS C ABOVE		G Gross receipts \$ 13,891,929.	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	I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		H(c) Group exemption number	J Website: WWW.AIDSunITED.ORG			K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation: 1990 M State of legal domicile: DC
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: AIDS UNITED'S MISSION IS TO END THE AIDS EPIDEMIC IN THE UNITED STATES. THE ORGANIZATION SEEKS TO																								
	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 15																								
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15																								
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 46																								
	6 Total number of volunteers (estimate if necessary) 6 15																								
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.																								
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h) 12,901,490.</td> <td>12,901,490.</td> <td>12,804,812.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g) 417,320.</td> <td>417,320.</td> <td>552,500.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 96,969.</td> <td>96,969.</td> <td>55,769.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 720,607.</td> <td>720,607.</td> <td>449,801.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14,136,386.</td> <td>14,136,386.</td> <td>13,862,882.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h) 12,901,490.	12,901,490.	12,804,812.	9 Program service revenue (Part VIII, line 2g) 417,320.	417,320.	552,500.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 96,969.	96,969.	55,769.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 720,607.	720,607.	449,801.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14,136,386.	14,136,386.	13,862,882.						
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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 CARL BALONEY JR, CEO		Date 11/14/25		
	Type or print name and title				
Paid Preparer Use Only	Preparer's name QUINN DUGAN	Preparer's signature QUINN DUGAN	Date 11/14/25	Check ☐ if self-employed	PTIN P02267768
	Firm's name WIPFLI ADVISORY LLC			Firm's EIN 39-3647910	
	Firm's address 2501 W BELTLINE HWY, STE 501 MADISON, WI 53713			Phone no. 608.274.1980	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. AIDS UNITED	Taxpayer identification number (TIN) 52-1706646
	Number, street, and room or suite no. If a P.O. box, see instructions. 1634 EYE STREET NW, 1100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20006	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **CARL BALONEY JR**
1634 EYE STREET NW, 1100 - WASHINGTON, DC 20006

Telephone No. **202-408-4848** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 **24** or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2025)

Part III Statement of Program Service AccomplishmentsCheck 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. THE ORGANIZATION SEEKS TO FULFILL THEIR MISSION THROUGH STRATEGIC GRANT MAKING, CAPACITY BUILDING, POLICY ADVOCACY AND TECHNICAL ASSISTANCE.

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 \$ 5,767,745. including grants of \$ 2,930,845.) (Revenue \$ 552,500.)
OTHER PROGRAMS

4b (Code:) (Expenses \$ 3,774,606. including grants of \$ 2,034,693.) (Revenue \$ 0.)

HRSA 2IS: THE COORDINATION CENTER FOR TECHNICAL ASSISTANCE IS SUPPORTED BY 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 20 FUNDED SUBRECIPIENTS, PROVIDING TECHNICAL ASSISTANCE.

4c (Code:) (Expenses \$ 1,283,467. including grants of \$ 691,850.) (Revenue \$ 0.)

SOUTHERN HIV IMPACT FUND: FOCUSES ON THE NEEDS OF INDIVIDUALS AND POLICY ADVOCACY AND MOVEMENT BUILDING. SERVING NINE STATES IN THE UNITED STATES SOUTH (ALABAMA, FLORIDA, GEORGIA, LOUISIANA, MISSISSIPPI, NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE, AND 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.

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses 10,825,818.

Form 990 (2024)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 57	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 46		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	15			
b Enter the number of voting members included on line 1a, above, who are independent		15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed DC

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
CARL BALONEY JR - 202-408-4848
1634 EYE STREET NW, 1100, WASHINGTON, DC 20006

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and 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 the 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JESSE MILAN, JR. CEO	40.00			X				274,772.	0.	46,711.
(2) ATHENA CROSS VP OF PROGRAMS	40.00				X			195,673.	0.	33,264.
(3) BRADLEY J. KILEY VP AND COO	40.00				X			191,621.	0.	32,575.
(4) CARL BALONEY, JR. VP OF POLICY	40.00				X			185,070.	0.	31,462.
(5) RAYMOND WASHINGTON CONTROLLER	40.00			X				156,393.	0.	26,587.
(6) ALICIA DOWNES DIRECTOR OF FEDERAL PROGRAMS	40.00				X			145,423.	0.	24,722.
(7) DAVID MELENDEZ DIRECTOR OF DEVELOPMENT	40.00				X			146,026.	0.	20,443.
(8) EUGENE MCCRAY, MD CHAIR	2.00	X		X				0.	0.	0.
(9) JUNE GIBSON, PHD VICE CHAIR	2.00	X		X				0.	0.	0.
(10) CECILIA CHUNG MEMBER	2.00	X						0.	0.	0.
(11) DUANE CRAMER MEMBER	2.00	X						0.	0.	0.
(12) CARIE HARTER MEMBER	2.00	X						0.	0.	0.
(13) STACEY INGRAM MEMBER	2.00	X						0.	0.	0.
(14) KIMBERLY JEFFRIES LEONARD, PHD MEMBER	2.00	X						0.	0.	0.
(15) BISHAR JENKINS, JR. MEMBER	2.00	X						0.	0.	0.
(16) BILL KEATON MEMBER	2.00	X						0.	0.	0.
(17) NAINA KHANNA 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ARYAH LESTER MEMBER	2.00	X						0.	0.	0.
(19) TYLER TERMEER MEMBER	1.00	X						0.	0.	0.
(20) LOUIS THARP MEMBER	2.00	X						0.	0.	0.
(21) RAFAEL TORRUELLA MEMBER	1.00	X						0.	0.	0.
(22) MARCUS WILSON MEMBER	2.00	X						0.	0.	0.
1b Subtotal								1,294,978.	0.	215,764.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,294,978.	0.	215,764.

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

13

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MEETING MASTERS 15 TALLY HO DR, FREDERICKBURG, VA 22405	CONFERENCE, PLANNING, AND EMPLAM	473,715.

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b	335,608.			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	7,110,893.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,358,311.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		12,804,812.			
Program Service Revenue	2 a	PROGRAM FEES	Business Code	900099	552,500.	552,500.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		552,500.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		55,769.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	190,221.			
b		Less: rental expenses ...	(ii) Personal	0.			
c		Rental income or (loss)		190,221.			
d		Net rental income or (loss)		190,221.			190,221.
7 a		Gross amount from sales of assets other than inventory	(i) Securities				
b		Less: cost or other basis and sales expenses	(ii) Other				
c		Gain or (loss)					
d		Net gain or (loss)					
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		125,000.			
b		Less: direct expenses		29,047.			
c		Net income or (loss) from fundraising events		95,953.			95,953.
9 a		Gross income from gaming activities. See Part IV, line 19					
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue	900099	163,627.			163,627.
	e	Total. Add lines 11a-11d		163,627.			
	12	Total revenue. See instructions		13,862,882.	552,500.	0.	505,570.

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	5,644,888.	5,644,888.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	12,500.	12,500.		
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	504,462.	269,822.	234,007.	633.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,232,807.	1,969,427.	1,169,244.	94,136.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	180,524.	96,558.	83,741.	225.
9 Other employee benefits	614,248.	326,434.	287,040.	774.
10 Payroll taxes	288,258.	154,181.	133,716.	361.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,573.		1,573.	
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 Sch O.)	1,507,517.	1,213,328.		294,189.
12 Advertising and promotion				
13 Office expenses	182,537.	156,235.	26,302.	
14 Information technology	182,993.	149,159.	29,257.	4,577.
15 Royalties				
16 Occupancy	290,018.	236,396.	46,368.	7,254.
17 Travel	379,236.	356,512.	22,724.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	47,852.	40,957.	6,895.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SHARED DIRECT EXPENSES	78,696.	75,493.	2,770.	433.
b TAXES, FEES, & LICENSES	77,482.	66,318.	11,164.	
c DUES & SUBSCRIPTIONS	57,645.	49,339.	8,306.	
d				
e All other expenses	12,991.	8,271.	4,720.	
25 Total functional expenses. Add lines 1 through 24e	13,296,227.	10,825,818.	2,067,827.	402,582.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,624,798.	1	2,148,950.
	2 Savings and temporary cash investments	0.	2	1,608,007.
	3 Pledges and grants receivable, net	0.	3	3,646,030.
	4 Accounts receivable, net	1,675,232.	4	0.
	5 Loans and other receivables from 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		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 736,146.		
	b Less: accumulated depreciation	10b 736,146.	10c 0.	0.
	11 Investments - publicly traded securities	3,602,238.	11	1,076,180.
	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	1,516,011.	15	983,214.
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,418,279.	16	9,462,381.	
Liabilities	17 Accounts payable and accrued expenses	1,504,436.	17	2,182,371.
	18 Grants payable	0.	18	81,030.
	19 Deferred revenue	132,000.	19	510,964.
	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	1,783,372.	25	1,155,476.
	26 Total liabilities. Add lines 17 through 25	3,419,808.	26	3,929,841.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	233,471.	27	1,064,689.
	28 Net assets with donor restrictions	4,765,000.	28	4,467,851.
	Organizations that do not follow FASB ASC 958, check here ☐ 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	4,998,471.	32	5,532,540.
	33 Total liabilities and net assets/fund balances	8,418,279.	33	9,462,381.

Form 990 (2024)

Part XI Reconciliation of Net AssetsCheck 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	13,862,882.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,296,227.
3	Revenue less expenses. Subtract line 2 from line 1	3	566,655.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,998,471.
5	Net unrealized gains (losses) on investments	5	76,180.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-108,766.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,532,540.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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		X
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		X
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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
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 on Schedule O and describe any steps taken to undergo such audits _____		X

Form 990 (2024)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18700411.	9500943.	16299347.	14039417.	14057312.	72597430.
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	18700411.	9500943.	16299347.	14039417.	14057312.	72597430.
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)						
6 Public support. Subtract line 5 from line 4.						72597430.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	18700411.	9500943.	16299347.	14039417.	14057312.	72597430.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	29,977.	24,917.	19,834.	96,969.	245,990.	417,687.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					95,953.	95,953.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					163,627.	163,627.
11 Total support. Add lines 7 through 10						73274697.

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

12

13 First 5 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 2024 (line 6, column (f), divided by line 11, column (f))	14	99.08	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.68	%

16a 33 1/3% support test - 2024. 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 - 2023.** 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 - 2024.** 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 - 2023.** 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

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 5 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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on 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>		
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>		
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>		

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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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.)

**Schedule B
(Form 990)**(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

AIDS UNITED

Employer identification number

52-1706646

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

AIDS UNITED**52-1706646****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>6,134,962.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,400,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,360,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>1,121,735.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>600,575.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>500,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Employer identification number

52-1706646

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

	_____	\$ _____	_____

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

	_____	\$ _____	_____

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

	_____	\$ _____	_____

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

	_____	\$ _____	_____

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

	_____	\$ _____	_____

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

	_____	\$ _____	_____

Name of organization	Employer identification number
AIDS UNITED	52-1706646

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

AIDS UNITED

Employer identification number

52-1706646

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and private inurement.

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

Form section for Conservation Easements, including questions 1-9 and a table for line 2d: Held at the End of the Tax Year.

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.

Form section for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-1b and 2.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) (Rev. 12-2024)

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 make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,914,898.	1,914,898.	1,914,898.	1,892,076.	2,480,009.
b Contributions					5,000.
c Net investment earnings, gains, and losses				22,822.	-476,584.
d Grants or scholarships					105,265.
e Other expenditures for facilities and programs					
f Administrative expenses					11,084.
g End of year balance	1,914,898.	1,914,898.	1,914,898.	1,914,898.	1,892,076.

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

a Board designated or quasi-endowment 100 %

b Permanent endowment .0000 %

c Term endowment .0000 %

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? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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.	584,136.	0.
d Equipment		152,010.	152,010.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				0.

Schedule D (Form 990) (Rev. 12-2024)

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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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) OPERATING LEASE ROU ASSET	977,214.
(2) DEPOSITS	6,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	983,214.

Part X Other Liabilities

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE OBLIGATION	1,155,476.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,155,476.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

Schedule D (Form 990) (Rev. 12-2024)

SCHEDULE G
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization AIDS UNITED
Employer identification number 52-1706646

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not
required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of nongovernment grants
f Solicitation of government grants
g Special fundraising events
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be
compensated at least \$5,000 by the organization.

Table with 6 main columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration
or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		NY DINNER (event type)	CA DINNER (event type)	NONE (total number)	
Revenue	1 Gross receipts	50,000.	75,000.		125,000.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	50,000.	75,000.		125,000.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,500.	5,000.		7,500.
	7 Food and beverages	4,454.	12,004.		16,458.
	8 Entertainment				
	9 Other direct expenses	1,541.	3,548.		5,089.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				29,047.
11 Net income summary. Subtract line 10 from line 3, column (d)				95,953.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c If "Yes," enter the name and address of the third party:

Name

Address

- 16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information <i>(continued)</i>
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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

AIDS UNITED

Employer identification number
52-1706646

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NEWARK BETH ISRAEL MEDICAL CENTER 201 LYONS AVENUE NEWARK, NJ 07112	22-3452311	501(C)(3)	231,996.	0.			GENERAL SUPPORT
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 28392 NETWORK PLACE - CHICAGO, IL 60673-1283	37-6000511	501(C)(3)	222,930.	0.			GENERAL SUPPORT
COOPER UNIVERSITY HOSPITAL EIP THREE COOPER PLAZA CAMDEN, NJ 08103	21-0634462	501(C)(3)	179,670.	0.			GENERAL SUPPORT
HEALTH EMERGENCY LIFELINE PROGRAMS 1726 HOWARD STREET DETROIT, MI 48216	38-2719621	501(C)(3)	169,830.	0.			GENERAL SUPPORT
AIDS TASKFORCE OF GREATER CLEVELAND - 2829 EUCLID AVENUE - CLEVELAND, OH 44115	34-1433612	501(C)(3)	168,917.	0.			GENERAL SUPPORT
GEORGIA HARM REDUCTION COALITION INC - PO BOX 92670 - ATLANTA, GA 30314	58-2227958	501(C)(3)	168,198.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **113.**

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POSITIVE IMPACT HEALTH CENTERS, INC. - 3350 BRECKINRIDGE BLVD STE 200 - DULUTH, GA 30096	58-1973324	501(C)(3)	167,117.	0.			GENERAL SUPPORT
HIV ALLIANCE 1195A CITY VIEW STREET EUGENE, OR 97402	93-0963546	501(C)(3)	161,414.	0.			GENERAL SUPPORT
OUR LADY OF THE LAKE HOSPITAL, INC 7556 HENNESSY BOULEVARD BATON ROUGE, LA 70808	72-0423651	501(C)(3)	154,031.	0.			GENERAL SUPPORT
YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508-1873	06-0646973	501(C)(3)	151,312.	0.			GENERAL SUPPORT
VIVENT HEALTH 648 N PLANKTON AVE, SUITE 200 MILWAUKEE, WI 53203	39-1534049	501(C)(3)	150,016.	0.			GENERAL SUPPORT
THE REGENTS AT THE UNIVERSITY OF CALIFORNIA SAN DIEGO - 9500 GILMAN DRIVE, MC 0857 - LA JOLLA, CA 92093-0857	95-6006144	501(C)(3)	149,213.	0.			GENERAL SUPPORT
UNIVERSITY OF NEBRASKA MEDICAL CENTER - 985045 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-5045	47-0049123	501(C)(3)	148,839.	0.			GENERAL SUPPORT
DAP HEALTH INC 1695 NORTH SUNRISE WAY PALM SPRINGS, CA 92262	33-0068583	501(C)(3)	131,309.	0.			GENERAL SUPPORT
BIRMINGHAM AIDS OUTREACH 205 32ND STREET SOUTH BIRMINGHAM, AL 35233	63-0948495	501(C)(3)	130,560.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK - 257 FULLER RD - ALBANY, NY 12203	14-1368361	501(C)(3)	129,219.	0.			GENERAL SUPPORT
CITY OF HARTFORD 250 CONSTITUTION PLAZA, 2ND FLOOR HARTFORD, CT 06103	06-6001870	GOVT	125,245.	0.			GENERAL SUPPORT
MEN'S HEALTH FOUNDATION 9201 SUNSET BLVD. #812 LOS ANGELES, CA 90069	47-0989142	501(C)(3)	120,855.	0.			GENERAL SUPPORT
CRYOUT TEEN ORGANIZATION P.O. BOX 522 TERRY, MS 39170	46-0658562	501(C)(3)	115,000.	0.			GENERAL SUPPORT
THE MIRIAM HOSPITAL 164 SUMMIT STREET PROVIDENCE, RI 02906	05-0258905	501(C)(3)	112,076.	0.			GENERAL SUPPORT
DENVER HEALTH AND HOSPITAL FOUNDATION - 777 BANNOCK STREET - DENVER, CO 80204	84-1085196	501(C)(3)	103,546.	0.			GENERAL SUPPORT
ACT NOW PROJECT 440 N BARRANCA AVENUE, SUITE 6683 COVINA, CA 91723	92-2517254	501(C)(4)	100,000.	0.			GENERAL SUPPORT
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS (SEE) INC. - 23564 CALABASAS ROAD, SUITE 201 - CALABASAS, CA 91302	95-4116679	501(C)(3)	77,500.	0.			GENERAL SUPPORT
UPSTATE LGBT CHAMBER FUND 125 WEST MONTCLAIR AVENUE GREENVILLE, SC 29609	88-1951079	501(C)(3)	60,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
I AM HUMAN FOUNDATION 5482 PEACHTREE LANDING DR ELLENWOOD, GA 30294	83-1450516	501(C)(3)	55,000.	0.			GENERAL SUPPORT
TRANS WOMEN IN NEED OF SERVICES, INC - 17902 SOUTHWEST 29TH LANE - MIRAMAR, FL 33029	47-5607347	501(C)(3)	55,000.	0.			GENERAL SUPPORT
T.A.K.E RESOURCE CENTER 7128 OPORTO MADRIDBLVD SOUTH BIRMINGHAM, AL 35206	85-0702039	501(C)(3)	52,500.	0.			GENERAL SUPPORT
A VISION 4 HOPE, INC 1800 PHOENIX BOULEVARD, SUITE 120 ATLANTA, GA 30349	82-0897150	501(C)(3)	50,000.	0.			GENERAL SUPPORT
HOUSE OF REBIRTH 2302 BURNING LIGHT DRIVE DALLAS, TX 75228	84-4065712	501(C)(3)	50,000.	0.			GENERAL SUPPORT
NATIONAL CENTER FOR CIVIC INNOVATION, INC. - 121 6TH AVENUE, 6TH FL. - NEW YORK, NY 10013	02-0590588	501(C)(3)	50,000.	0.			GENERAL SUPPORT
HELPING EVERYONE RECEIVE ONGOING EFFECTIVE SUPPORT - 472 HWY 849 - COLUMBIA, LA 71418	72-1446886	501(C)(3)	43,500.	0.			GENERAL SUPPORT
MISSION EDGE SAN DIEGO 2820 ROOSEVELT ROAD, SUITE 104 SAN DIEGO, CA 92106	27-2938491	501(C)(3)	42,500.	0.			GENERAL SUPPORT
EAGLE PASS SAFE 2033 FOX BOROUGH EAGLE PASS, TX 78852-3656	83-1475408	501(C)(3)	40,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS OUTREACH CENTER INC 400 NORTH BEACH STREET FORT WORTH, TX 76111	75-2139336	501(C)(3)	40,000.	0.			GENERAL SUPPORT
CAPITOL AREA REENTRY PROGRAM, INC. 1364 SWAN AVENUE BATON ROUGE, LA 70807	06-1793810	501(C)(3)	40,000.	0.			GENERAL SUPPORT
MISSISSIPPI CENTER FOR JUSTICE 210 EAST CAPITOL STREET, SUITE 1800 JACKSON, MS 39201	13-4203234	501(C)(3)	40,000.	0.			GENERAL SUPPORT
MY BROTHER'S KEEPER, INC. 407 ORCHARD PARK, BLDG 1 RIDGELAND, MS 39157	64-0937314	501(C)(3)	40,000.	0.			GENERAL SUPPORT
NORMAL ANOMALY INITIATIVE 10039 BISSENNET STREET HOUSTON, TX 77036	86-3819643	501(C)(3)	39,500.	0.			GENERAL SUPPORT
FRONTLINE LEGAL SERVICES INC 631 SAINT CHARLES AVENUE NEW ORLEANS, LA 70130	47-4182470	501(C)(3)	35,000.	0.			GENERAL SUPPORT
GUIDING RIGHT, INC. 1420 NORTHEAST 23RD STREET OKLAHOMA CITY, OK 73111	73-1572221	501(C)(3)	35,000.	0.			GENERAL SUPPORT
WECARETN 4159 WILLOW LAKE BOULEVARD MEMPHIS, TN 38118	83-2965696	501(C)(3)	35,000.	0.			GENERAL SUPPORT
COMMUNITY HEALTH PREVENTION INTERVENTION EDUCATION & RESEARCH (CH-PIER) - 1385 E REED RD - GREENVILLE, MS 38703	84-4696123	501(C)(3)	32,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONTINUE YOUR RESILIENCE, LLC 5900 BALCONES DRIVE, SUITE 100 AUSTIN, TX 78731	92-3559153	501(C)(3)	28,000.	0.			GENERAL SUPPORT
FOUNDATION FOR LIVING 3017 CEDAR RIDGE ROAD COMMERCE, GA 30530	46-3794300	501(C)(3)	28,000.	0.			GENERAL SUPPORT
FAYETTEVILLE STATE UNIVERSITY 1200 MURCHISON ROAD FAYETTEVILLE, NC 28301	56-1238736	501(C)(3)	27,500.	0.			GENERAL SUPPORT
GAME CHANGING MEN 3800 WENDELL DRIVE SOUTHWEST, SUITE ATLANTA, GA 30336	88-1771129	501(C)(3)	27,500.	0.			GENERAL SUPPORT
AIDS WALK SOUTH DALLAS, INC 3824 CEDAR SPRINGS RD #245 DALLAS, TX 75219	46-4728842	501(C)(3)	25,000.	0.			GENERAL SUPPORT
DODD EDUCATION AND SUPPORT, INC. 1714 SUMMERWOOD LANE CEDAR HILL, TX 75104	75-2462090	501(C)(3)	25,000.	0.			GENERAL SUPPORT
FUNDACION LATINOAMERICANA DE ACCION SOCIAL, INC. - 6666 HARWIN DRIVE #370 - HOUSTON, TX 77036	76-0430109	501(C)(3)	25,000.	0.			GENERAL SUPPORT
G. A. CARMICHAEL FAMILY HEALTH CENTER, INC. - 1668 W PEACE ST CANTON - CANTON, GA 39046	64-0580940	501(C)(3)	25,000.	0.			GENERAL SUPPORT
POINTS OF DISTRIBUTION 105 112TH STREET SOUTH PARKLAND, WA 98445	80-0285340	501(C)(3)	25,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SISTERREACH 2811 CLARKE ROAD MEMPHIS, TN 38115	45-4013343	501(C)(3)	25,000.	0.			GENERAL SUPPORT
TRANS WOMEN OF COLOR HEALING PROJECT - 101 MACALESTER DRIVE - NEWNAN, GA 30265	87-3026814	501(C)(3)	25,000.	0.			GENERAL SUPPORT
WV CAN'T WAIT MUTUAL AID 403 KING AVENUE FAYETTEVILLE, WV 25840	86-1651437	501(C)(3)	25,000.	0.			GENERAL SUPPORT
COALICION DE COALICIONES PRO PERSONAS SIN HOGAR DE PUERTO RICO, INC. - LA RAMBLA PLAZA, 606 TITO CASTRO AVE, SUITE 201B - PONCE, PR	66-0635464	501(C)(3)	22,500.	0.			GENERAL SUPPORT
MULTICULTURAL AIDS COALITION 7 PALMER STREET, 3RD FLOOR BOSTON, MA 02119	04-3042926	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PALMETTO AIDS LIFE SUPPORT SERVICES, INC - 2638 TWO NOTCH ROAD, SUITE 108 - COLUMBIA, SC 29204	57-0841427	501(C)(3)	20,000.	0.			GENERAL SUPPORT
THE WELL PROJECT, INC. 85 NORMAN AVENUE BROOKLYN, NY 11222	26-0073030	501(C)(3)	20,000.	0.			GENERAL SUPPORT
TRANS MEN EMPOWERMENT 937 LEADENHALL CIRCLE CHANNELVIEW, TX 77530	93-2786560	501(C)(3)	20,000.	0.			GENERAL SUPPORT
WAVES AHEAD CORP 1149 AVE AMERICO MIRANDA SAN JUAN, PR 00921	66-0886812	501(C)(3)	20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMENS COLLECTIVE 1818 NEW YORK AVENUE NORTHEAST, SUI WASHINGTON, DC 20002	52-1929922	501(C)(3)	20,000.	0.			GENERAL SUPPORT
CORPORACION EL PUNTO EN LA MONTANA PO BOX 30183 SAN JUAN, PR 00929	66-0714669	501(C)(3)	15,000.	0.			GENERAL SUPPORT
HEARTS EVERYWHERE REACHING OUT FOR CHILDREN, INC. - 580 WEST CROSSVILLE ROAD, SUITE 204 - ROSWELL, GA 30075	74-3094690	501(C)(3)	15,000.	0.			GENERAL SUPPORT
MOBILIZING MILLENNIALS ORGANIZATION - 617 BANNERWOOD DRIVE - GRETNA, LA 70056	85-4219246	501(C)(3)	15,000.	0.			GENERAL SUPPORT
PORTLAND HEALTH ACTION TEAM 14109 SE HARNEY STREET PORTLAND, OR 97236	85-3811755	501(C)(3)	15,000.	0.			GENERAL SUPPORT
POWER4STL INC. 5501 DELMAR BLVD, SUITE A430 ST LOUIS, MO 63112	83-2705388	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SOUTHERN AIDS COALITION, INC. 530 BEACON PARKWAY WEST BIRMINGHAM, AL 35209	63-0985623	501(C)(3)	15,000.	0.			GENERAL SUPPORT
TAG TREATMENT ACTION GROUP, INC. 90 BROAD STREET, SUITE 2503 NEW YORK, NY 10004	13-3624785	501(C)(3)	15,000.	0.			GENERAL SUPPORT
TRANSSOCIAL INC 7930 SOUTHWEST 17TH STREET MIAMI, FL 33155	61-1845659	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICES OF COMMUNITY ACTIVISTS & LEADERS (VOCAL-NY), INC. - 300 DOUGLASS STREET - BROOKLYN, NY 11217	13-4094385	501(C)(3)	15,000.	0.			GENERAL SUPPORT
YANAWANA HERBOLARIOS 2255 BURNET STREET SAN ANTONIO, TX 78202	46-0969842	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ITSOKTOBEYOUUU ORGANIZATION 7801 WEST 38TH STREET LITTLE ROCK, AR 72204	93-3228835	501(C)(3)	13,000.	0.			GENERAL SUPPORT
THE APIYA CENTER 4373 SOUTH HAMPTON ROAD DALLAS, TX 75232	36-4625704	501(C)(3)	12,500.	0.			GENERAL SUPPORT
THE T.R.U.T.H. PROJECT, INC. 16526 LACEY LANE MISSOURI CITY, TX 77489	46-3044821	501(C)(3)	12,500.	0.			GENERAL SUPPORT
TRANSGENDER RESOURCE CENTER OF NEW MEXICO - 5600 DOMINGO ROAD NORTHEAST - ALBUQUERQUE, NM 87108	39-2076744	501(C)(3)	12,500.	0.			GENERAL SUPPORT
NATIONAL MINORITY AIDS COUNCIL 1000 VERMONT AVENUE NORTHWEST WASHINGTON, DC 20005	52-1578289	501(C)(3)	12,000.	0.			GENERAL SUPPORT
ADVOCATES FOR YOUTH 1325 G STREET, NW, SUITE 980 WASHINGTON,, DC 20005	52-1173590	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AIDS ALABAMA 3529 7TH AVENUE SOUTH BIRMINGHAM, AL 35222	58-1727755	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS HEALTHCARE FOUNDATION 6255 SUNSET BOULEVARD, 21ST FLOOR LOS ANGELES, CA 90028	95-4112121	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ALIANZA TRANSLATINX 206 WEST FOURTH STREET, SUITE 420 SANTA ANA, CA 92701	85-2605193	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ARIANNA'S PLACE 2501 NE 30TH STREET FORT LAUDERDALE, FL 33306	92-3441812	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ARKANSAS HARM REDUCTION PROJECT 8619 CHICOT ROAD LITTLE ROCK, AR 72209	83-3867162	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BETA GAMMA CHI FRATERNITY 21 SOUTH 11TH STREET, 2ND FLOOR PHILADELPHIA, PA 19107	83-1084176	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BLAQOUT, INC. 517 CAMPBELL STREET KANSAS CITY, MO 64106	82-1144166	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EQUALITY FOUNDATION OF GEORGIA 1530 DEKALB AVENUE NORTHEAST, SUITE ATLANTA, GA 30307	58-2346744	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FUND FOR SOUTHERN COMMUNITIES 4153-C FLAT SHOALS PARKWAY, SUITE 3 DECATUR, GA 30034	58-1426028	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FUND FOR THE CITY OF NEW YORK, INC. - 121 6TH AVE, 6TH FLOOR - NEW YORK, NY 10013	13-2612524	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA RECOVERY ALLIANCE 118 SOUTH ROGERS STREET BLOOMINGTON, IN 47404	47-3889160	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MIRACLE OF LOVE, INC. 1301 WEST COLONIAL DRIVE ORLANDO, FL 32804	59-3455949	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NEW HAMPSHIRE HARM REDUCTION COALITION - 1 WASHINGTON ST, #3114 - DOVER, NH 03821	83-2689375	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ORANGE COUNTY TRANSLATINAS 801 NORTH LOARA STREET, APT 222 ANAHEIM, CA 92801	85-1255597	501(C)(3)	10,000.	0.			GENERAL SUPPORT
RESOURCES FOR ORGANIZING AND SOCIAL CHANGE - PO BOX 2444 - AUGUSTA, ME 04338-2444	01-0353747	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SEEDS OF HEALING INC. 3804 JUVENILE CENTER ROAD, #2 CASTLE HAYNE, NC 28429	81-1548650	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SERO PROJECT, INC. 114 W. ANN ST MILFORD, PA 18337	46-1626584	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TENNESSEE RECOVERY ALLIANCE 2554 EAST MAGNOLIA AVENUE KNOXVILLE, TN 37914	83-3849890	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TRANSSALUD CORP CARR 21 U3-1 LAS LOMAS SAN JUAN, PR 00921	66-1039724	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HACK FOUNDATION 8605 SANTA MONICA BOULEVARD WEST HOLLYWOOD, CA 90069	81-2908499	501(C)(3)	9,375.	0.			GENERAL SUPPORT
AGUILAR SALUD INC. 3219 SOUTH ORANGE AVENUE, UNIT 366 ORLANDO, FL 32806	92-0345183	501(C)(3)	7,500.	0.			GENERAL SUPPORT
ARTITUDE, INC. 2448 FORT WORTH AVENUE DALLAS, TX 75211	81-3396249	501(C)(3)	7,500.	0.			GENERAL SUPPORT
LILA LATINX LGBTQI INITIATIVE INC 112 BROADWAY STREET DURHAM, NC 27701	82-3813140	501(C)(3)	7,500.	0.			GENERAL SUPPORT
MOVEMENT ALLIANCE PROJECT 924 CHERRY ST FL 5 PHILADELPHIA, PA 19107	26-0307123	501(C)(3)	7,500.	0.			GENERAL SUPPORT
NON PROFIT ACCOUNTING SERVICE 10012 HWY 49 SONORA, CA 95370	88-3445197	501(C)(3)	7,500.	0.			GENERAL SUPPORT
OUT MY CLOSET, INC. 81-28 248TH ST BELLEROSE, NY 11426	47-3121843	501(C)(3)	7,500.	0.			GENERAL SUPPORT
WE ARE FAMILY 1801 REYNOLDS AVENUE, UNIT B NORTH CHARLESTON, SC 29405	57-1008020	501(C)(3)	7,500.	0.			GENERAL SUPPORT
HOUSING WORKS, INC. 57 WILLOUGHBY STREET, 2ND FLOOR BROOKLYN, NY 11201	13-3584089	501(C)(3)	7,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

[illegible]

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GRANT ASSISTANCE	10	12,500.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**PART I, LINE 2:**

COMPLIANCE STAFF WILL CONDUCT A RISK ASSESSMENT PRIOR TO THE DEVELOPMENT OF A SUBAWARD, AND ANNUALLY THEREAFTER. FINDINGS OF THE RISK ASSESSMENT WILL BE UTILIZED TO DEVELOP TAILORED SUBRECIPIENT MONITORING PLANS. THE ASSESSMENT, MONITORING PLANS, AS WELL AS SUBRECIPIENT AUDIT FINDINGS AND CORRECTIVE ACTION PLANS WILL BE REVIEWED WITH THE CONTROLLER AND SPM ON AN ANNUAL BASIS.

2. THE SPM SHOULD REVIEW NARRATIVE REPORTS OR OTHER SPECIFIED DELIVERABLES ON A TIMELY BASIS. ANY UNFORESEEN ISSUES SHOULD BE DOCUMENTED, INVESTIGATED, AND RESOLVED.

3. THE SPM, COMPLIANCE STAFF, AND FINANCE STAFF SHOULD PERFORM AN EXPENSE TO BUDGET COMPARISON FOR COST- REIMBURSEMENT SUBAWARDS CURRENT PERIOD AND CUMULATIVE EXPENSES-TO-BUDGET.

4. THE SPM, COMPLIANCE STAFF, AND FINANCE STAFF SHOULD REVIEW INVOICES REGULARLY AND DOCUMENT THEIR REVIEW IN THE GRANT FILE. SUCH DOCUMENTATION MAY INCLUDE, FOR EXAMPLE: SPM INITIALS OR AUTHORIZING SIGNATURES ON INVOICES, EMAIL COMMUNICATIONS, NOTES OF MEETINGS WITH THE GRANT ADMINISTRATOR, ETC. IT IS RECOMMENDED THAT THE COMPLIANCE STAFF REVIEW

D. DETAILS OF INCURRED TRAVEL CHARGES STATING THE PURPOSE OF THE TRAVEL

SCHEDULE J
(Form 990)

(Rev. December 2024)
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

Open to Public
Inspection

Name of the organization

AIDS UNITED

Employer identification number

52-1706646

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (such as 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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?

b Any related organization?

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?

b Any related organization?

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 on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JESSE MILAN, JR. CEO	(i)	274,772.	0.	0.	16,486.	30,225.	321,483.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ATHENA CROSS VP OF PROGRAMS	(i)	195,673.	0.	0.	11,740.	21,524.	228,937.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRADLEY J. KILEY VP AND COO	(i)	191,621.	0.	0.	11,497.	21,078.	224,196.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CARL BALONEY, JR. VP OF POLICY	(i)	185,070.	0.	0.	11,104.	20,358.	216,532.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RAYMOND WASHINGTON CONTROLLER	(i)	156,393.	0.	0.	9,384.	17,203.	182,980.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ALICIA DOWNES DIRECTOR OF FEDERAL PROGRAMS	(i)	145,423.	0.	0.	8,725.	15,997.	170,145.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAVID MELENDEZ DIRECTOR OF DEVELOPMENT	(i)	146,026.	0.	0.	4,381.	16,062.	166,469.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	Employer identification number
AIDS UNITED	52-1706646

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FULFILL THEIR MISSION THROUGH STRATEGIC GRANT MAKING, CAPACITY
BUILDING, POLICY ADVOCACY AND TECHNICAL ASSISTANCE.

FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS JOINTLY REVIEWED BY THE FINANCE AND THE EXECUTIVE COMMITTEES. A
COPY IS SUBSEQUENTLY PROVIDED TO THE FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST POLICY IS UPDATED AND DISTRIBUTED TO AND COMPLETED
ANNUALLY BY ALL OFFICERS AND STAFF. COMPLETED FORMS ARE REVIEWED BY
MANAGEMENT FOR DECISION. CHANGES OCCURRING AFTER AN OFFICER OR STAFF'S
SUBMISSION ARE REPORTED BY COMPLETING A NEW CONFLICT OF INTEREST FORM WHICH
IS REVIEWED BY MANAGEMENT FOR DECISION.

FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD OF TRUSTEES CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF THE
PRESIDENT AND CEO. ANY DECISIONS ABOUT COMPENSATION INCREASES ARE BASED ON
A FORMAL REVIEW, DELIBERATION, AND VOTE ON THE ANNUAL COMPENSATION FOR THE
PRESIDENT AND CEO.
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 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 REPORT.
THE COMPENSATION DATA FOR KEY EMPLOYEES IS PROVIDED TO THE PRESIDENT AND
CEO WHO WITHIN BUDGET GUIDELINES APPROVED BY THE BOARD OF TRUSTEES AND
CONSULTATION WITH RESPECTIVE SUPERVISORS DETERMINES THE ANNUAL SALARY
RANGES FOR KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTED SERVICES:	
PROGRAM SERVICE EXPENSES	1,213,328.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	294,189.
TOTAL EXPENSES	1,507,517.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,507,517.

FORM 990, PART XII, LINE 3B
AT THE TIME OF FILING THE 2024 TAX RETURN, THE ORGANIZATION'S FINANCIAL
STATEMENTS WERE UNDERGOING THE REQUIRED AUDIT.