CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Information

Torriedar rea. Degining	(mm/dd/yyyy) 07/01/	2016 and Ending	mm/dd/yyyy) 06/30	/2017
Check if Applicable:	Name of Organization:		······································	Employer Identification Number (EIN):
Address Change	Ũ	COMMUNITY AID	S CENTER, INC	C 13-3461695
Name Change	Mailing Address:	······································		NY Registration Number:
Initial Filing	306 LENOX AVEN	UE		04-76-58
Final Filing	City / State / ZIP:			Telephone:
Amended Filing		10027		212 803-2850
Reg ID Pending	Website:			Email:
ricg ib r criding	WWW.HARLEMUNIT	ED.ORG		JKILMER@HARLEMUNITE
Check your organization's				
registration category:	7A only EPTL	only X DUAL (7A 8		Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com
				Chantles Registry at www.chantleswice.com
2. Certification				
See instructions for certif	ication requirements. Imprope	r certification is a violation	of law that may be subje	ect to penalties.
We certify under p they ar	penalties of perjury that we revi e true, correct and complete in	iewed this report, including n accordance with the laws I	of the State of New Yor.	KILMER
President or Authorized	Officer:	de la Done	CHIEF EXE	CUTIVE OFFI 5/10/18 ame and Title Date LIFFITH 5/10/18
	Signature	engre enes	Print N	ame and Title Date
	2 Signaturey	11	MARVIN GE	IFFITH MINO/10
Chief Financial Officer of	Treasurer Mm	uppin-	TREASURE	\$770/18
Other I maricial Officer of	Signature	-00		ame and Title Date
	olgitztulo y		,,	
3. Annual Reporting	g Exemption			
3. Annual Reporting		organization is claiming ar	n exemption under one c	ategory (7A or EPTL only filers) or both
Check the exemption(s) t	hat apply to your filing. If your			ategory (7A or EPTL only filers) or both tified Char500. No fee, schedules, or
Check the exemption(s) to categories (DUAL filers) to	hat apply to your filing. If your nat apply to your registration,	complete only parts 1, 2, a	nd 3, and submit the ce	tified Char500. No fee, schedules, or
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668451 12-29-16 1019 CHAR500 Annual Filing for Charitable Organizations (Updated December 2016)

HARLEM UNITED COMMUNITY AIDS CENTER, INC

CHAR500 Annual Filing Checklist Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
 - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV) If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants Check the financial attachments you must submit with your CHAR500:

- X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).
- ____ Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- X Audit Report if you received total revenue and support greater than \$750,000
 - No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

\$0, if you checked the 7A exemption in Part 3a

X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- X \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271 Is my Registration Category 7A. EPTL. DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com

Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

668461 12-29-16 1019 CHAR500 Annual Filing for Charitable Organizations (Updated December 2016)

Page 2

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

Open to Public Inspection

If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
HARLEM UNITED COMMUNITY AIDS CENTER, INC	04-76-58

2. Government Grants

Name of Government Agency		Amount of Grant
1.US DEPARTMENT OF HEALTH AND HUMAN SERVICES	1.	761,446.
2NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE	2.	2,457,084.
3.NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3.	2,471,361.
4 NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	4.	9,171,083.
5.US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT	5.	837,363.
6NYS OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE	6.	69,714.
7.	7.	
8.	8.	
9.	9.	
10.	10.	
11.	11.	
12.	12.	
13.	13.	
14.	14.	
15.	15	
Total Government Grants:	Total:	15,768,051.

668481 12-29-16 1019 CHAR500 Schedule 4b: Government Grants (Updated December 2016)

Form	990	Return of Organization Exempt Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			ns) วก1
	ment of the Treas	Do not enter social security numbers on this form			Open to F
Interna	l Revenue Service	Information about Form 990 and its instructions			Inspect
A Fo			d ending J	<u>UN 30, 2017</u>	
B Ch	eck if CNa plicable:	ame of organization		D Employer identifi	cation number
	Address H	ARLEM UNITED COMMUNITY AIDS CENTER,	INC		
	Name	bing business as	<u></u>	13-3	461695
	Initial	umber and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
F		06 LENOX AVENUE			803-2850
		ty or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	32,736,
		EW YORK, NY 10027		H(a) Is this a group r	
		ame and address of principal officer: JACQUELYN KILMER ME AS C ABOVE		for subordinates	
I Ta		tus: $X = 501(c)(3)$ = 501(c) () ◀ (insert no.) = 4947(a)(1) or 527	H(b) Are all subordinates in If "No." attach a	i list. (see instructi
		WW.HARLEMUNITED.ORG	1 51 1 521	H(c) Group exemption	•
		tion: 🔀 Corporation 📄 Trust 📄 Association 📄 Other 🍉	L Year	of formation: 1989	······
Par	rt I Sumr	nary			
ø	1 Briefly d	escribe the organization's mission or most significant activities: HARI	JEM UNI	TED PROVIDE	S
Activities & Governance		THCARE, SUPPORTIVE HOUSING AND PREVE			
erna		his box 🕨 🛄 if the organization discontinued its operations or dispo		1.	sets. I
20 S					
8		of independent voting members of the governing body (Part VI, line 1b) mber of individuals employed in calendar year 2016 (Part V, line 2a)			
ities		mber of volunteers (estimate if necessary)			
cti				7a	
	b Net unre	elated business taxable income from Form 990-T, line 34			
				Prior Year	Current Ye
e	8 Contribu	utions and grants (Part VIII, line 1h)		17,565,712.	20,033,
enu	-	n service revenue (Part VIII, line 2g)		10,101,722.	12,540,
٣I		ent income (Part VIII, column (A), lines 3, 4, and 7d)		<u>60,967.</u> 2,763.	, 57 105
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		27,731,164.	32,736,
		venue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1-3)		27,751,104.	52,750,
		paid to or for members (Part IX, column (A), line 4)		0.	
s		, other compensation, employee benefits (Part IX, column (A), lines 5-10)		12,754,021.	12,957,
nse	16a Professi	onal fundraising fees (Part IX, column (A), line 11e)		0.	
Expense	b Total fur	ndraising expenses (Part IX, column (D), line 25) 🛛 🕨	0.		
ш		xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,399,602.	<u>19,939,</u>
		penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	······	27,153,623.	32,897,
Or CBS	19 Revenue	e less expenses. Subtract line 18 from line 12		577,541.	-161,
ets c ance	20 Total as	sets (Part X, line 16)		ginning of Current Year 13,642,656.	End of Yes 17,688,
Ass		bilities (Part X, line 26)		10,790,007.	14,798,
22	22 Net asse	ets or fund balances. Subtract line 21 from line 20		2,852,649.	2,889,
Par	······································	ature Block			
		erjury, I declare that I have examined this return, including accompanying schedul			/ knowledge and beli
true, c	correct, and cor	nplete. Declaration of preparer (other than officer) is based on all information of v	vhich preparer	has any knowledge.	~~~~
Sie-	🕨 डा	nature of offiler	· · · · · · · · · · · · · · · · · · ·	<u>5//0//</u> Date	8
Sign Here	1 '	ACQUELYN KILMER, CHIEF EXECUTIVE OFF	TCER		
1,616		pe or print name and title			
	Print/Tv	pe preparer's name Preparer's signature	10	Date Check	PTIN
Paid		AS LANNING THOMAS LANNING	0	5/08/18 self-employ	
Prepa	rer Firm's n	ame 🕨 COHNREZNICK LLP		Firm's EIN 🕨	22-14780
гтера		ddress 1301 AVENUE OF THE AMERICAS			<u> </u>

LHA For Paperwork Reduction Act Notice, see the separate instructions.	
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632001 11-11-16

X Yes No Form **990** (2016)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	HARLEM UNITED COMMUNITY AIDS CENTER, INC 13-3461695 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: HARLEM UNITED PROVIDES HEALTHCARE, SUPPORTIVE HOUSING AND PREVENTION
	SERVICES TO PERSONS LIVING WITH OR AT RISK FOR AIDS OR HIV RELATED
	ILLNESSES AND OTHER CHRONIC CONDITIONS.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	·
~	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	
	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	
	HOUSING:
	PROVIDES OVER 650 SCATTERED-SITE AND CONGREGATE UNITS OF SUPPORTIVE
	HOUSING FOR HOMELESS SINGLES, COUPLES AND FAMILIES WITH CHILDREN WITH
	CHRONIC HEALTH CONDITIONS INCLUDING HIV/AIDS, MENTAL HEALTH ISSUES AND
	SUBSTANCE USE DISORDER.
46	(Code:) (Expenses 84, 792, 853. including grants of 8) (Revenue 8)
40	(Code:) (Expenses \$4,792,853. including grants of \$) (Revenue \$) PREVENTION:
	PROVIDES EVIDENCE-BASED HIV PREVENTION INTERVENTIONS, PATIENT
	NAVIGATION SERVICES, EDUCATION AND ACCESS TO PREP, COMPREHENSIVE
	RISK-REDUCTION COUNSELING, CONFIDENTIAL FREE HIV, STI, HEPATITIS B AND
	C TESTING, HARM REDUCTION SERVICES, INCLUDING ALCOHOL AND OTHER DRUG
	SERVICES FOR HIV+ INDIVIDUALS, SYRINGE EXCHANGE SERVICES AND DRUG USE
	EDUCATION.
4c	(Code:) (Expenses \$ 3,302,583. including grants of \$) (Revenue \$ 5,110,348.)
	HEALTH HOME:
	PROVIDES CARE COORDINATION FOR HIGH-COST, HIGH-NEED MEDICAID RECIPIENTS
	WITH MULTIPLE CHRONIC CONDITIONS, WHEREBY ALL OF THE PROFESSIONALS
	INVOLVED IN A MEMBER'S CARE COMMUNICATE WITH ONE ANOTHER SO THAT ALL
	NEEDS (MEDICAL, BEHAVIORAL, HEALTH AND SOCIAL SERVICE) ARE ADDRESSED IN
	A COMPREHENSIVE MANNER.
4d	Other program services (Describe in Schedule O.)
<u> </u>	(Expenses \$ including grants of \$) (Revenue \$)
_ <u>4e</u>	Total program service expenses ► 27,012,774.
	Form 990 (2016)
632002	2 11-11-16

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Form 990 (2016)	HARLEM	UNITED	COMMUNITY	AIDS	CENTER,	INC	13-3461695	Page 3
Part IV Checklist of R	equired Sc	hedules						

L			r	T
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		~-	
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	ļ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	ļ	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	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? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	ł
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	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			1
	or more? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes, " complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes "			
	complete Schedule G. Part III	19		x
		<u> </u>	000	(2016)

632003 11-11-16

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Form	990 (2016) HARLEM UNITED COMMUNITY AIDS CENTER, INC 13-3461	695	P	age 4
Pa	t IV Checklist of Required Schedules (continued)		·	
		e	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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			i i
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	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			
210	last day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24b through 24d and complete			
		24a		x
h		24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception /	240		<u> </u>
C		24c		
	any tax-exempt bonds?	240 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Şchedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			, i
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
v ~	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		
34		34	х	
25-	Part V, line 1		X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>	~	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051	v	
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
~-	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016)

632004 11-11-16

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	1990 (2016) HARLEM UNITED COMMUNITY AIDS CENTER, INC 13-3461	<u>695</u>	P	_{age} 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 590			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		1	
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	X	
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 321			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
IJ	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	<u> </u>	
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	<u> </u>	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	- 00	<u> </u>	<u> </u>
48	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
L.		4a	<u> </u>	
a	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).	-		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
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).			
а	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	L	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	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 year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
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		
-	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.			
а	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b 11				
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.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u></u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			· ·
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			I
с	Enter the amount of reserves on hand			
	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? If "No." provide an explanation in Schedule O	14b		
		Form	990	(2016)

632005 11-11-16

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Form 990 (2016)

HARLEM UNITED COMMUNITY AIDS CENTER, INC

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

13-3461695

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 in Schedule O. See instructions. X

Sec	tion A. Governing Body and Management			
			Yes	No
٦a	Enter the number of voting members of the governing body at the end of the tax year 1a 5	3		
	If there are material differences in voting rights among members of the governing body, or if the governing	7		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		<u> </u> .	
b		3	· :	1.12
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	-		
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
,		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			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		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			v
	more members of the governing body?	7a		X
a	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			77
	persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			1.1
а	The governing body?	<u>8a</u>	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 in Schedule O	9		X
Sec	tion 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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	X	······
2	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104		160		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	101		
Sec	tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY Section 6104 requires an experimentary to make its Forms 1022 (or 1024 if explicitly) 000 and 000 T (Casting FO(())) and be			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public important in direct home suplicible. Charles II that each	vallable	•	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinanci	al	
	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:			
	BTQ FINANCIAL LLC - 212-901-2500			
	80 BROAD STREET, 15TH FLOOR, NEW YORK, NY 10004			

632006 11-11-16

Form 990 (2016)

Page 6

Form 990 (2016)

HARLEM UNITED COMMUNITY AIDS CENTER, INC 13-

13-3461695 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII	
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
12. Complete this table for all persons required to be listed. Benort compensation for the calendar year ending with or within the organization?	a tax year

Ta Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization s tax yea

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	1	T	a nza			nper	Jan	(D)		(F)
(A) Name and Title	(B) Average			Pos	C) sitior	า		(D) Reportable	(E) Reportable	(F) Estimated
Name and mue	hours per			heck	more	than is boti		compensation	compensation	amount of
	week	offi	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director				pa		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	altrus	nal tr		loyee	comp				and related
	below	ividua	Institutional trustee	Officer	key employee	Highest compensated employee	Former			organizations
	line)	E	<u>۽</u>	ā	Ke	3 문 문	<u>5</u>			
(1) ALISON M. DESIR	1.00	ł.,							0	
OUTGOING DIRECTOR	1 00	X		 	<u> </u>	ļ		0.	0.	0.
(2) AMY HOLMES	1.00	-								
SECRETARY	1.00	X	L	X		ļ		0.	0.	0.
(3) DAVID F. STERNLIEB, ESQ	1.00	l							_	_
OUTGOING VICE CHAIR		X		X	ļ	ļ	L	0.	0.	0.
(4) EMMET A. DENNIS, JR	1.00								_	_
VICE CHAIR	1.00	X		X	ļ	ļ		0.	0.	0.
(5) GILBERTO A. HINDS, RN, MPH	1.00									_
DIRECTOR	1.00	X	<u> </u>		ļ	ļ		0.	0.	0.
(6) GLY SINGELTON	1.00									
DIRECTOR	ļ	X						0.	0.	0.
(7) J. ROBIN MOON, DPH	1.00									
DIRECTOR		X						0.	0.	0.
(8) LATRAVIETTE SMITH-WILSON	1.00									
CHAIR	ļ	X		Х				0.	0.	0.
(9) MARVIN GRIFFITH, CPA, CGMA, MBA	1.00									
TREASURER		Х		X				0.	0.	0.
(10) WILLIAM SMITH-RIVERA	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(11) ALAN ZUCKERMAN	20.00									
CHIEF FINANCIAL OFFICER	10.00			X				175,290.	0.	44,360.
(12) CHARLES CARROLL	20.00									
CHIEF OPERATING OFFICER	10.00			X				0.	197,339.	42,598.
(13) JACQUELYN KILMER	20.00									
CHIEF EXECUTIVE OFFICER	10.00			Х				237,528.	0.	20,837.
(14) TAMISHA MCPHERSON	10.00									<u></u>
CHIEF PROGRAM OFFICER	25.00				х			0.	182,799.	35,916.
(15) EARL COX	35.00									
ASSOCIATE VP - OPERATION						x		102,534.	0.	18,277.
(16) LAURA GRUND	33.00									
SENIOR VP OF GRANTS, EVALUATION, HEA	2.00					X		134,807.	0.	33,030.
(17) MICHAEL HESTER	25.00									
SENIOR VP OF OPERATIONS	10.00					x		125,413.	0.	10,837.
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	NITED CC)MM	IUN	IIT	Ϋ́	AI	DS	5 CENTER, INC	<u> </u>	461	695	Page	, 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	compensated Employe	es (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(110		Pos				Reportable	Reportable	.	Est	imated	
	hours per	box	, unie	ss per	son i	than o is both	an	compensation	compensatio	on	am	ount of	
	week		cerar	ndadi I	irecto	or/trus	tee)	from	from related	t	c	other	
	(list any	ector						the	organization	1		ensatior	1
	hours for related	or dir	8			aled		organization	(W-2/1099-MIS	3C)		m the	
	organizations	istee	truste		8	suad		(W-2/1099-MISC)				nization	
	below	ual tri	ional		ploye	com ee				[related	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former			ļ	orgai	nizations	i .
(18) SANDRA MILLER	35.00	<u> </u>	<u> </u>	õ	Å.	E E	3						
VICE PRESIDENT - FINANCE	35.00					x		116 260			1 5	477	
(19) SEAN CARRINGTON	35.00							116,260.		0.	10	,477	•
VICE PRESIDENT - HR	35.00					x		112 052		0.	10	167	
VICE FREDIDENT - AR								112,853.		<u> </u>	10	,167	•
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	······										·		
								1,004,685.	380,13	50+	227	,499	
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								1,004,685.	380,13		227	,499	
d Total (add lines 1b and 1c)								· · · · · · · · · · · · · · · · · · ·	the second s		237	,499	•
	or infined to the	ose	iste	o ao	ove) WH	o re	ceived more than \$100,	UUU of reportable	1			8
compensation from the organization												res No	
2 Did the experimetion list and former officers			1				1			Г		res Nu	
3 Did the organization list any former officer,									-				
line 1a? If "Yes," complete Schedule J for su										····	3	<u> </u>	<u> </u>
4 For any individual listed on line 1a, is the su								•	0				
and related organizations greater than \$150	,000? If "Yes,'	" coi	mple	ete S	che	dule	J fo	or such individual		F	4	X	
5 Did any person listed on line 1a receive or a									lual for services				
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch p	ersc	<u>. n</u>				L	5	X	. <u></u>
Section B. Independent Contractors													
1 Complete this table for your five highest cor									<i>,</i> 1	ensati	on fror	n	
the organization. Report compensation for t	he calendar ye	ar e	ndin	g wi	th o	r wit	hin T	the organization's tax y	ear.				
(A) Name and business	addroog							(B)		<u> </u>	(C)		
							-+	Description of s	ervices		ompens	sation	_
TASTY ENTERPRISES LLC						~ ~			~			100	
809 W 181 ST, STE. 119, N				1(00.	33	#	FOOD SERVICE	<u>5</u>		902	,122	.
COHNREZNICK LLP, 1301 AVE		гнı	E:										
AMERICAS, NEW YORK, NY 10	019						- 12	AUDITORS			427	,500	•
ARENT FOX	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ .	~ ~ /		-								
1717 K STREET, NW, WASHIN		<u> </u>	200	006)		-#	LEGAL			197	,145	<u>.</u>
MANATT, PHELPS & PHILLIPS											- - ·	~ ~ /	
7 TIMES SQUARE, NEW YORK,	NY 100	36					[I	LEGAL			154	,654	.
ALAN J. BENNETT, PLLC						_						.	
2357 CONEY ISLAND AVE, BR					_			LEGAL			120	<u>,310</u>	<u>.</u>
2 Total number of independent contractors (in		t lim	ited	to ti			ed a	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation 🕨				5							00	

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Production Desine the function <					D COMMUNI	TY AIDS CE	NTER, INC	13-3461	695 Page 9
Intervenue Participation Display Participation Display and revenue Total revenue Construction Display Display <td< th=""><th>Pa</th><th>rt VI</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	Pa	rt VI							
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Form 990 (2016) HARLEM UNITED COMMUNITY AIDS CENTER, INC 13-3461695 Page 10 Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			nplete column (A).	
	Check if Schedule O contains a respor	(A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				an an that the set of t The set of the set of th
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,				
5	trustees, and key employees	493,289.	364,890.	128,399.	
6	Compensation not included above, to disqualified				
Ŷ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,996,110.	7,319,618.	2,676,492.	
8	Pension plan accruals and contributions (include			· · · · · · · · · · · · · · · · · · ·	
-	section 401(k) and 403(b) employer contributions)	291,324.	234,820.	56,504.	
9	Other employee benefits	<u>291,324.</u> 1,134,526.	914,476.	220,050.	
10	Payroll taxes	1,042,381.	840,204.	202,177.	······
11	Fees for services (non-employees):				
а	Management				
b	Legal	395,892.	101,533.	294,359.	
с	Accounting	230,259.	53,613.	176,646.	
d	Lobbying	111,829.		111,829.	
e	Professional fundraising services. See Part IV, line 17			and the state of the second	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	2,672,316.	2,043,561.	628,755.	
12	Advertising and promotion				
13	Office expenses	548,025.	292,860.	255,165.	
14	Information technology	79,055.	66,397.	12,658.	
15	Royalties				
16	Occupancy	11,886,048.	11,647,121.	238,927.	
17	Travel	485,101.	387,715.	97,386.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	30,799.	13,705.	17,094.	······································
20		330,182.	126,790.	203,392.	······
20	Payments to affiliates				
22	Depreciation, depletion, and amortization	39,170.		39,170.	
23	Insurance	305,690.	240,246.	65,444.	
24	Other expenses. Itemize expenses not covered				*****
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	801,179.	801,179.	·····	
a ,	BAD DEBTS	584,253.			
b	CLIENT STIPENDS / REIMB EQUIPMENT	<u> </u>	<u>495,699.</u> 206,560.	88,554.	······································
c d	FOOD	329,888.	316,250.	13,638.	
	All other expenses	746,571.	545,537.	201,034.	
		32,897,240.	27,012,774.	5,884,466.	0.
25	Total functional expenses. Add lines 1 through 24e	54,051,240.	21,U14,114.	J,004,400.	0.
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 call it following SOP 98-2 (ASC 958-720)				
<u> </u>	1 It following SOP 98-2 (ASC 958-720)		<u> </u>		Earm 990 (2016)

632010 11-11-16

Form 990 (2016)

HARLEM UNITED COMMUNITY AIDS CENTER, INC 13-3461695 Page 11

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Form	990	(2016)
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Part X | Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	10,273.	1	12,126.
	2	Savings and temporary cash investments	458,060.	2	1,257,214.
	3	Pledges and grants receivable, net	4,838,798.	3	5,995,314.
	4	Accounts receivable, net	859,241.	4	903,904.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			이 그는 영국에서 문화되었다.
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L $\hfill \hfill \ldots$		6	
Assets	7	Notes and loans receivable, net	180,672.	7	179,922.
A	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	92,512.	9	437,072.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 4,117,946.			
	b	Less: accumulated depreciation 10b 3,731,002.	375,327.	10c	386,944.
	11	Investments - publicly traded securities	······	11	
	12	Investments - other securities. See Part IV, line 11		12	4 4 5 4 5 4 5
	13	Investments - program-related. See Part IV, line 11	916,579.	13	1,171,760.
	14	Intangible assets	F 011 101	14	<u> </u>
	15	Other assets. See Part IV, line 11	5,911,194.	15	7,344,171.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	13,642,656.	16	17,688,427.
	17	Accounts payable and accrued expenses	5,939,041.	17	7,336,888.
	18	Grants payable	06.626	18	00 00
	19	Deferred revenue	86,636.	19	86,636.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,		ан .	
i i i i		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	3,500,000.	22	5,931,940.
_	23	Secured mortgages and notes payable to unrelated third parties	5,500,000.	23	5,551,940.
	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			
		California D	1,264,330.	25	1,443,048.
	26	Total liabilities. Add lines 17 through 25	10,790,007.	25	14,798,512.
	20	Organizations that follow SFAS 117 (ASC 958), check here X and	20,150,001.	- 20	
		complete lines 27 through 29, and lines 33 and 34.			
ces	27	Unrestricted net assets	2,835,303.	27	2,872,569.
Fund Balances	28	Temporarily restricted net assets	17,346.	28	17,346.
Ba	29	Permanently restricted net assets		29	
pun		Organizations that do not follow SFAS 117 (ASC 958), check here			
ц Ц		and complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
λ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	2,852,649.	33	2,889,915.
	34	Total liabilities and net assets/fund balances	13,642,656.	34	17,688,427.
					Form 990 (2016)

632011 11-11-16

	1990 (2016) HARLEM UNITED COMMUNITY AIDS CENTER, INC	13-	-3461695	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,736		
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,897		
3	Revenue less expenses. Subtract line 2 from line 1	3	-161		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,852	<u>},6</u>	<u>49.</u>
5	Net unrealized gains (losses) on investments	5	····		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	198	3,4	02.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
·	column (B))	10	2,889),9 :	15.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	L
	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 X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		i standi		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit 🛛 🔅		
	Act and OMB Circular A-133?		<u>3a</u>	X	ļ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	it		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	·····		X	

Form **990** (2016)

632012 11-11-16

(Form 990 or 990-		complete if the orga 49	arity Status an mization is a section 50 947(a)(1) nonexempt cha Attach to Form 990 or I	l(c)(3) org ritable tru ⁻ orm 990-	anization ust. EZ.	or a section		2016 Open to Public Inspection
Name of the organi		tion about Schedule A	(Form 990 or 990-EZ) and	ts instructi	ons is at v			r identification numb
vanie of the organi		EN INTTED	COMMUNITY AI	DS CEI	NTER	INC		3-3461695
Part I Reas			(All organizations must c					
			(For lines 1 through 12, c	the second s				
			ion of churches described			1VAV(i)		
			(Attach Schedule E (Forr					
			anization described in s		• •	ii).		
· · ·	•		onjunction with a hospital			•	ii). Enter	the hospital's name.
city, and	-			0000				·····,
		for the benefit of a co	ollege or university owned	l or operat	ted by a go	overnmental uni	t describ	ed in
	-	Complete Part II.)	5 ,	. '	, ,			
,			mental unit described in	section 1	70(b)(1)(A)	(v).		
provide the second seco			antial part of its support f				general	public described in
		Complete Part II.)						
8 🔄 A commu	nity trust describ	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9 An agricu	tural research or	ganization described	d in section 170(b)(1)(A)	ix) operat	ed in conju	unction with a la	nd-grant	college
or univer	ity or a non-land-	grant college of agri	culture (see instructions).	Enter the	name, city	, and state of th	e college	e or
university						v		
10 🗌 An organ	zation that norm	ally receives: (1) mor	e than 33 1/3% of its sup	oort from o	contributio	ns, membership	o fees, ar	nd gross receipts from
activities	elated to its exer	mpt functions - subje	ect to certain exceptions,	and (2) no	more than	n 33 1/3% of its	support	from gross investmer
income a	nd unrelated busi	ness taxable income	e (less section 511 tax) fro	om busine:	sses acqui	red by the organ	nization a	after June 30, 1975.
See sect	on 509(a)(2). (Co	omplete Part III.)						
11 📃 An organ	zation organized	and operated exclus	sively to test for public sa	fety. See	section 5	09(a)(4).		
12 📃 An organ	zation organized	and operated exclusion	sively for the benefit of, to	perform t	he functio	ns of, or to carn	y out the	purposes of one or
more put	icly supported of	rganizations describ	ed in section 509(a)(1)	r section	509(a)(2).	See section 50	9(a)(3). (Check the box in
lines 12a	hrough 12d that	describes the type of	of supporting organization	n and com	plete lines	12e, 12f, and 1	2g.	
a 🔄 Type I.	A supporting org	anization operated,	supervised, or controlled	by its sup	ported org	anization(s), typ	ically by	giving
the sup	oorted organizati	on(s) the power to re	egularly appoint or elect a	majority of	of the direc	tors or trustees	of the si	upporting
organiz	tion. You must	complete Part IV, S	ections A and B.					
b Type II	A supporting or	ganization supervise	d or controlled in connec	ion with it	s supporte	ed organization(s), by hav	ving
control	or management (of the supporting org	ganization vested in the s	ame perso	ons that co	ntrol or manage	the sup	ported
organiz	ition(s). You mu	st complete Part IV	, Sections A and C.					
c Type II	functionally inte	egrated. A supportin	ng organization operated	in connec	tion with, a	and functionally	integrate	ed with,
its sup	orted organizatic	on(s) (see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.		
d 🔄 Type II	non-functionall	y integrated. A sup	porting organization oper	ated in co	nnection v	vith its supporte	d organi	zation(s)
	-		ization generally must sat	-			n attenti	veness
require	nent (see instruct	tions). You must co	mplete Part IV, Sections	A and D,	and Part	V.		
	-		written determination fro			Type I, Type II,	Type III	
			onally integrated supporti	ng organiz	ation.			[
	er of supported	•						l
g Provide the fo (i) Name of s		n about the support (ii) EIN	ed organization(s).	(iv) is the org	anization listed	(v) Amount of m	onetary	(vi) Amount of other
organiz	••		(described on lines 1-10	in your govern	ing document? No	support (see inst		support (see instructio
	<u> </u>		above (see instructions))	Yes	140			
	**************************************	+						
	**************************************				[
		1	1		1	1		1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 HARLEM UNITED COMMUNITY AIDS CENTER, INC 13-3461695 Page 2 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										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	19309290.	17502019.	16710520.	17565712.	20033397.	91120938.			
2	Tax revenues levied for the organ-					· · · · · · · · · · · · · · · · · · ·				
	ization'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	19309290.	17502019.	16710520.	17565712.	20033397.	91120938.			
5	The portion of total contributions			5.6-3-6-55						
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the	ः । त्या करणि होई								
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.			and the second			91120938.			
Sec	ction B. Total Support			Lange,	I		L			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
		19309290.								
8	Gross income from interest,		······································							
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	555.	1,325.	6,329.	60,967.	57,083.	126,259.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain						······································			
	or loss from the sale of capital									
	assets (Explain in Part VI.)	223,931.	888,717.	126,201.	114,787.	105,157.	1458793.			
11	Total support. Add lines 7 through 10						92705990.			
12	Gross receipts from related activities,	etc. (see instructio	ns)				,115,453.			
13	First five years. If the Form 990 is for	r the organization's				501(c)(3)				
	organization, check this box and stor	here								
Sec	tion C. Computation of Publi	c Support Per	centage		4					
14	Public support percentage for 2016 (I	ine 6, column (f) div	vided by line 11, co	olumn (f))		14	98.29 %			
15	Public support percentage from 2015	Schedule A, Part I	I, line 14			15	98.39 %			
	33 1/3% support test - 2016. If the c					ore, check this box	and			
	stop here. The organization qualifies	as a publicly suppo	orted organization				► X			
b	33 1/3% support test - 2015. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box			
	and stop here. The organization qualifies as a publicly supported organization									
17a	17a 10% -facts-and-circumstances test - 2016. 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 "fac									
	meets the "facts-and-circumstances"									
b	10% -facts-and-circumstances test	- 2015. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or			
	more, and if the organization meets th									
	organization meets the "facts-and-circ									
18	Private foundation. If the organizatio	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions				

Schedule A (Form 990 or 990-EZ) 2016

632022 09-21-16

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Schedule A (Form 990 or 990-EZ) 2016 HARLEM UNITED COMMUNITY AIDS CENTER, INC 13-3461695 Page 3 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
t	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						
	Public support. (Subtract line 7c from line 6.)			langer ge			
	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·		,		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			-			
Ċ	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		l		<u> </u>		
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	tion,
	check this box and stop here			•••••••			
Se	ction C. Computation of Publi	c Support Per	centage			····	
15	Public support percentage for 2016 (li	ne 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
	Public support percentage from 2015					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	116 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and line	e 15 is more than :	33 1/3%, and line 17	' is not
	more than 33 1/3%, check this box ar	id stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
ł	33 1/3% support tests - 2015. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, ai	nd
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anization qualifies	as a publicly supp	orted organization	▶
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	

632023 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 HARLEM UNITED COMMUNITY AIDS CENTER, INC 13-3461695 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

632024 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

Yes No 1 2 За 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2016 HARLEM UNITED COMMUNITY AIDS CENTER, INC 13-3461695 Page 5

	dule A (Form 990 or 990-EZ) 2016 HARLEM UNITED COMMUNITY ALDS CENTER, INC 13-	340109	D P	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		영양성	an a
	below, the governing body of a supported organization?	11a	ļ	
b	A family member of a person described in (a) above?	11b	ļ	
<u> </u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c	<u> </u>	
Sec	tion B. Type I Supporting Organizations			
		F	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	a bertik		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	ļ	
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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	1. S. W. M.		
	the supported organization(s).	1	<u> </u>	
Sec	tion 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		1000	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	24 ر. 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	ļ	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			diga -
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1.1.1		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
з	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	1	1	
	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		
Sec	tion 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 instructio	ns).		
а	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.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	
	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			
		2a		
	that these activities constituted substantially all of its activities.		 	

- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **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.

632025 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

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3b

Sche Pa	dule A (Form 990 or 990-EZ) 2016 HARLEM UNITED COMMUNITY			3-3461695 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			art VI) See instructions Al
ſ	other Type III non-functionally integrated supporting organizations must co	-		art vity Gee mad doddinat / «
Sect	ion 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		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			la secol factoria
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
Ū	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			······································
-	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		·
6	Multiply line 5 by .035	6	· ·	
7	Recoveries of prior-year distributions	7		· · · · · · · · · · · · · · · · · · ·
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	en e	
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-functional	ly integra	ted Type III supporting organ	ization (see
	instructions).			-

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

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Schedule A (Form 990 or 990-EZ) 2016 HARLEM UNITED COMMUNITY AIDS CENTER, INC 13-3461695 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which th	e organization is responsive		
-	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b			an a	
<u>c</u>	From 2013	an an ang ang ang ang ang ang ang ang an		
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years		·····	a geografik keyen di sa data se sa kar
<u>h</u>	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)		n de la constante de la constan Reference	
i _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,	and the second		
	line 7: \$	a series and the series of the		
a	Applied to underdistributions of prior years			Na series
b	Applied to 2016 distributable amount			
<u> </u>	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			and the second
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:			· · ·
а				
b	Excess from 2013			
c	Excess from 2014			· · · · · · · · · · · · · · · · · · ·
d	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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Part VI Supplemental Part IV, Section A line 1: Part IV, Sec	Z) 2016 HARLEM UNITED COMMUNITY AIDS CENTER, INC 13-3461695 Page 8 Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; , 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, tion 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, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)	·
SCHEDULE A, PARI	II, LINE 10, EXPLANATION FOR OTHER INCOME:
HOUSING REIMBURS	Sement
2012 AMOUNT: \$	107,681.
2013 AMOUNT: \$	11,394.
TENANT SERVICE F	EE
2012 AMOUNT: \$	31,250.
2013 AMOUNT: \$	15,000.
2014 AMOUNT: \$	15,000.
2015 AMOUNT: \$	15,000.
2016 AMOUNT: \$	15,000.
MISCELLANEOUS RE	SVENUE
2012 AMOUNT: \$	85,000.
2013 AMOUNT: \$	7,956.
2014 AMOUNT: \$	21,646.
2015 AMOUNT: \$	46,162.
2016 AMOUNT: \$	90,157.
INVESTMENT IN HO	CH LLC
2013 AMOUNT: \$	854,367.
2014 AMOUNT: \$	57,837.
REBATES AND REFU	JNDS
2014 AMOUNT: \$	31,718.
FUNDRAISING	
632028 09-21-16	Schedule A (Form 990 or 990-EZ) 2016

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5	orm 990 or 990-f Supplementa Part IV, Section A ne 1; Part IV, Se Section D, lines 5 See instructions.	I Information. Provide the explar , lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9 ction D, lines 2 and 3; Part IV, Sectior , 6, and 8; and Part V, Section E, line:	hations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section n E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; F s 2, 5, and 6. Also complete this part for any additional information.
2015 AM	OUNT: \$	53,625.	
		<u>, 10 </u>	
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

2016

Employer identification number

Name of the organization

INC 13-

13-3461695

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 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 foundation

HARLEM UNITED COMMUNITY AIDS CENTER

Check 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

X 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

	320 CARLETON AVENUE, SUITE 5000 CENTRAL ISLIP , NY 11722	\$ <u>2,457,084.</u>	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE 125 WORTH ST NEW YORK, NY 10013	- \$ <u>2,471,361.</u> -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con tr ibution
3	NEW YORK CITY HUMAN RESOURCES ADMINISTRATION 180 WATER ST. NEW YORK, NY 10038	\$9,171,083.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PUBLIC HEALTH SOLUTIONS40 WORTH STREET, 5TH FLOORNEW YORK, NY 10013	\$ <u>3,754,314.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>	US DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE SW WASHINGTON, DC 20201	\$761,446.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4 US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT		Person X
	451 7TH ST SW	\$\$37,363.	Payroll Noncash (Complete Part II for
	WASHINGTON, DC 20410		noncash contributions.)

Name of organization

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

AIDS INSTITUTE

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(a)

No.

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623452 10-18-16

HARLEM UNITED COMMUNITY AIDS CENTER, INC

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

NEW YORK STATE DEPARTMENT OF HEALTH

09490511 147227 0172078-0172078.0990 2016.05070 HARLEM UNITED COMMUNITY A 01720781

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page 2

Employer identification number

Person

(d)

Type of contribution

X

13-3461695

(c)

Total contributions

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)	Page 3
Name of organization	Employer identification number
HARLEM UNITED COMMUNITY AIDS CENTER, INC	13-3461695

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(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
		\$	

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2016)		Page 4				
Name of org	janization		Employer identification number				
	M UNITED COMMUNITY AIDS	CENTER INC	13-3461695				
Part III	Exclusively religious, charitable, etc., cont	ributions to organizations described in s	ection 501(c)(7), (8), or (10) that total more than \$1,000 for				
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,000 or less	for the year. (Enter this info. once.) 🕨 \$				
(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, a		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, a	nd 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, a	nd 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, a	Relationship of transferor to transferee					
		<u> </u>	Schodule B (Form 000, 000-F7, or 000-PF) (2016)				

623454 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(F	10	m	990	or	990)-EZ
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Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

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

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

Name of organization			Em	ployer identification number
HARLEM	UNITED COMMUNITY	AIDS CENTE	R, INC	13-3461695
Part I-A Complete if the or	ganization is exempt und	er section 501(c)	or is a section 527 o	rganization.
 Provide a description of the organ Political campaign activity expend Volunteer hours for political campaign 	itures			\$
Part I-B Complete if the or	ganization is exempt und	er section 501(c)	(3).	
1 Enter the amount of any excise tax				
2 Enter the amount of any excise tax				
3 If the organization incurred a secti				
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.	ganization is exempt und	ar contian 501/a	execution 501	c)/3)
				······
1 Enter the amount directly expende				ф
2 Enter the amount of the filing orga				¢
exempt function activities3 Total exempt function expenditure			••••••••••••••••	φ
line 17b				\$
4 Did the filing organization file Form				
5 Enter the names, addresses and e				
made payments. For each organiz				
contributions received that were p				
political action committee (PAC).				
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	contributions received and
				, _ , _ , _ , _ , _ , _ , _ , _ , _ , _

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2016

632041 11-10-16

Schedule C (Form 990 or 990-EZ) 2016 HARLEM UNITED COMMUNITY AIDS CENTER, IN 13-3461695 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under						
Part II-A Complete if the organi section 501(h)).	zation is exer	npt under section			ection under	
		listed success (and list is	Dert IV and officiated	avaun mambarla nam		
A Check if the filing organization expenses, and share of	-		Part IV each amiliateo	group member s nam	e, address, Elin,	
B Check Get if the filing organization	, -		wisions apply			
Limits o	n Lobbying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals	
(The term "expenditur	es" means amou	ints paid or incurred.)		totals		
1a Total lobbying expenditures to influence	e public opinion (grass roots lobbying)				
b Total lobbying expenditures to influence	e a legislative boo	ly (direct lobbying)				
c Total lobbying expenditures (add lines	1a and 1b)					
d Other exempt purpose expenditures						
e Total exempt purpose expenditures (ac	ld lines 1c and 1d))				
f Lobbying nontaxable amount. Enter th	e amount from the	e following table in both	h columns.			
If the amount on line 1e, column (a) or (b)	is: The lob	bying nontaxable am	ount is:			
Not over \$500,000	20% of	the amount on line 1e.				
Over \$500,000 but not over \$1,000,00	5 \$100,00	00 plus 15% of the exc	ess over \$500,000.			
Over \$1,000,000 but not over \$1,500,0	00 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.			
Over \$1,500,000 but not over \$17,000	000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.			
Over \$17,000,000	\$1,000,	000.				

g Grassroots nontaxable amount (enter 2	25% of line 1f)					
h Subtract line 1g from line 1a. If zero or	less, enter -0-					
i Subtract line 1f from line 1c. If zero or I					<u> </u>	
j If there is an amount other than zero or	n either line 1h or	line 1i, did the organiza	ation file Form 4720			
reporting section 4911 tax for this year	?	<u></u>			Yes No	
		eraging Period Under	• •			
(Some organizations that r		• •	•	of the five columns b	elow.	
		ate instructions for lir				
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period	r		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total	
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount	· · · · · · · · · · · · · · · · · · ·					
e Grassroots ceiling amount (150% of line 2d, column (e))						
				<u> </u>		
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2016

632042 11-10-16

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Schedule C (Form 990 or 990-EZ) 2016 HARLEM UNITED COMMUNITY AIDS CENTER, IN 13-3461695 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	Yes," response on lines 1a through 1i below, provide in Part IV a detailed description (a)		3)	()	(b)	
	e lobbying activity.	Yes	No	Ame	ount	
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?		X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X X	The second s		
	Media advertisements?		<u> </u>	+		
	Mailings to members, legislators, or the public?		X	+		
	Publications, or published or broadcast statements?		X	+		
	Grants to other organizations for lobbying purposes?			117	1,829.	
-	Direct contact with legislators, their staffs, government officials, or a legislative body?		x		2,025.	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
	Other activities?			11.	1,829.	
	Total. Add lines 1c through 1i		X			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				······	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), or se	ction		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t	he prior year	? 3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year					
с	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political				
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5	<u> </u>		
Par	t IV Supplemental Information				,	
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	p list); Part II	A, lines 1 a	and 2 (see		
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.					
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:					

THE \$111,829 WAS PAID TO PUBLIC STRATEGIES AND THE WRIGHT GROUP FOR

STATE AND LOCAL LOBBYING ACTIVITIES.

Schedule C (Form 990 or 990-EZ) 2016

632043 11-10-16

(Form 990) Department of Internal Reven	the Treasury	► Complete if the org Part IV, line 6, 7, 8, 9, 10	al Financial Statements panization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12i Attach to Form 990. rm 990) and its instructions is at www.jc	b.	2016 Open to Public
	ne organizatio	n	UNITY AIDS CENTER, IN(Employe	ridentification num
Part I	Organiza		d Funds or Other Similar Funds		
	organization	answered "Yes" on Form 990, Part IV, lir	ne 6.		
			(a) Donor advised funds	(b) Funds ar	nd other accounts
1 Tota	number at en	d of year			
		contributions to (during year)			
3 Aggr	egate value of	grants from (during year)			
		end of year			
5 Did t	he organizatio	n inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	
are t	ne organizatior	's property, subject to the organization's	exclusive legal control?		Yes
6 Did t	he organizatio	n inform all grantees, donors, and donor a	idvisors in writing that grant funds can be u	used only	
for c	naritable purpo	eses and not for the benefit of the donor o	or donor advisor, or for any other purpose o	conferring	
	rmissible priva				Yes
Part II			ganization answered "Yes" on Form 990, F	Part IV, line 7.	
1 Purp		ervation easements held by the organizati	· · · · · · · · · · · · · · · · · · ·		
Ļ	1	of land for public use (e.g., recreation or e	, <u> </u>		
		natural habitat	Preservation of a certi	ified historic struct	ture
		of open space			
			fied conservation contribution in the form c		
•	of the tax year.				at the End of the Tax
	•				
			ucture included in (a)		
			after 8/17/06, and not on a historic structur		
		ation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization durin	g the tax
year		 here property subject to conservation eas	account is located by		
		on have a written policy regarding the per			
	-	rcement of the conservation easements it	• • •		Yes
			handling of violations, and enforcing conse		, knowski
		hours devoted to monitoring, inspecting,	nandling of violations, and emotering conse	civation casement	s during the year
7 Amo	unt of expense		lling of violations, and enforcing conservati	ion easements du	ring the year
, ∧ino ► \$					
•	each conserv	ation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h	n)(4)(B)(i)	
					Yes
			on easements in its revenue and expense s		
			tion's financial statements that describes th		
cons	ervation easen	nents.		U	U
Part III	Organiza	tions Maintaining Collections of	f Art, Historical Treasures, or Oth	ner Similar As	sets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.		
1a If the	organization e	elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent and balance s	heet works of art,
histo	rical treasures,	or other similar assets held for public ext	nibition, education, or research in furtheran	ce of public servic	e, provide, in Part X
the to	ext of the footr	note to its financial statements that descri	bes these items.		
b If the	organization e	lected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet	works of art, histori
treas	ures, or other :	similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic service, provide	e the following amou
	ng to these ite				
(i) F	Revenue includ	ed on Form 990, Part VIII, line 1		🕨 💲 🔜	
				🕨 💲 🔄	133,51
			asures, or other similar assets for financial		
2 If the					
	llowing amour	nts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
the fo	-		16 (ASC 958) relating to these items:	🕨 \$	

632051 08-29-16

		JNITED COM							61695	
Par	t III Organizations Maintaining C		*****							
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	are a sign	ificant u	se of its c	ollection i	items
	(check all that apply):									
а	X Public exhibition	d	i	Loan or exc	change progra	ams				
b	Scholarly research	e	• 🗌	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how th	ey further t	he organizatio	on's exemp	t purpos	se in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations o	of art, hi	storical trea	sures, or othe	er similar as	ssets			
	to be sold to raise funds rather than to be ma	intained as part of th	he orgar	nization's co	llection?				Yes	X No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	on answered '	'Yes" on F	orm 990	, Part IV,	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for o	contribution	s or other ass	sets not inc	cluded			
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIII a									
			U						Amount	
с	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo						· · · · · · · · · · · · · · · · · · ·		Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par										
L		(a) Current year		rior year	(c) Two year			ears back	(e) Four	vears back
1a	Beginning of year balance	14/ 22/12/12/					1		<u></u>	
b	Contributions				1					
Č	Net investment earnings, gains, and losses				1					
d	Grants or scholarships				1					
	Other expenditures for facilities									
e										
,	and programs	·····			1					
	Administrative expenses									
g	End of year balance		0		<u> </u>					
2	Provide the estimated percentage of the curr	-		g, column (a	i)) neid as:					
a	Board designated or quasi-endowment		_%							
	Permanent endowment									
с	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	•								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held al	nd administer	ed for the	organiza	tion	Г	
	by:									Yes No
	(i) unrelated organizations								<u>3a(i)</u>	
	(ii) related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organization					••••••		•••••••	3b	
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	T	······							
	Description of property	(a) Cost or o		• • •	t or other	• •	umulate	d	(d) Book	value
	······	basis (investr	nent)	basis	(other)	depre	eciation			
1a	Land						· · · · ·	an tana 1 di		
b	Buildings									
с	Leasehold improvements				7,843.		27,84			0.
d	Equipment			3,09	0,103.	2,70)3,15	59.	386	,944.
e	Other	1								
Total	Add lines 1a through 1e. (Column (d) must ed	ual Form 990. Part	X. colun	nn (B). line 1	Oc.)				386	,944.
								Schedule	D (Form	990) 2016

632052 08-29-16

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	e D (Form 990) 2016	HARLEM UNIT	ED COMMUNI	ry ai	DS CENTER	<u>, INC 1</u>	L3-3461695 Page 3
Part V					0.00 Farm 000 D	aut Viliana 10	
(.) Dec		nization answered "Yes"	on Form 990, Part IV (b) Book value		c) Method of val	art X, line 12.	end-of-year market value
<u> </u>	cription of security or catego	If y (including name of security)					entrol year market value
							······································
	• • •						
(3) Othe	er		-		· · · · · · · · · · · · · · · · · · ·		
(A)							
<u>(B)</u>							
<u>(C)</u>							
<u>(D)</u>							
<u>(E)</u>							
(F)							
(G)							
(H)	ol. (b) must equal Form 990,	Part V col (P) line 12)			a de la carre de es		ung ng kanalan sa
	/III Investments - F					<u></u>	
<u>I u i i</u>	المتين تيتري ا	nization answered "Yes	on Form 990 Part N	/ line 11/	See Form 990 P	art X line 13	
	(a) Description of i		(b) Book value		(c) Method of va	uation: Cost or	end-of-year market value
(4)	INVESTMENT IN		(-)		(-)		
	UNITED HCH LI		1,171,7	60	COST		
	UNTIED HOH HE		1,11,1	<u>.</u>			
(3)							
(4)	·····	·····					**************************************
(5)							44//4/10/10/10/10/10/10/10/10/10/10/10/10/10/
(6)							
(7)							
<u>(8)</u> (9)							
	ol. (b) must equal Form 990,	Part Y col (R) line 13)	1,171,7	60.			
Part I							<u>an in in a fille second a second s</u>
	السنت	inization answered "Yes	on Form 990. Part IV	/. line 11d	d. See Form 990. P	art X. line 15.	
		~~~~	) Description	,			(b) Book value
(1)	SECURITY DEPO		, .				635,019.
	DUE FROM RELA						5,804,152.
	RESTRICTED CA		RVICE				905,000.
(4)							
(5)							
(6)		tara antikanikatikatika ara sa ar					
(7)							
(8)						.,	
(9)							
	Column (b) must equal For	m 000 Port V col (P) li	20.15)				▶ 7,344,171.
Part )			le 15.)				
L	<u></u>	inization answered "Yes	" on Form 990. Part IV	/. line 11e	e or 11f. See Form	990, Part X, line	25.
1.		scription of liability		~	Book value	· · · · · · · · · · · · · · · · ·	
	Federal income taxes		<u></u>				
	REFUNDABLE AI	VANCES		1	,443,048.		
(3)					, <u> </u>		
(4)		,					
(5)	····,···	<u></u>					
(6)	·····						
(7)	arana an a caracterit and caracterity and	·					
(8)	<del> </del>						
(9)		· · · ·		1			
	Column (b) must equal For	m 990 Part Y col (P) li	ne 251 <b>b</b>	1	,443,048.		
	ility for uncertain tax pos					ancial statement	ts that reports the
	inization's liability for unc						

Schedule D (Form 990) 2016

632053 08-29-16

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Sche	edule D (Form 990) 2016 HARLEM UNITED COMMUNITY AIDS CENTER, INC	13-	3461695 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
4 <u></u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	53,066,114.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.23	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 20,386,789.		
e	Add lines 2a through 2d	2e	20,386,789.
3	Subtract line 2e from line 1	3	32,679,325.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а			
b	Other (Describe in Part XIII.) 4b 56,779.	-	
С	Add lines 4a and 4b	4c	56,779. 32,736,104.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	32,736,104.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n <b>.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	55,052,473.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а		-	
b		-	
с	Other losses 2c	-	
d	Other (Describe in Part XIII.) 2d 22,956,412.	-	22 056 412
e	6	2e	22,956,412.
3	Subtract line 2e from line 1	3	32,096,061.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.) 4b 801,179.		901 170
с	Add lines 4a and 4b	4c	<u>801,179.</u> 32,897,240.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	54,091,240.
1 Ma	rt XIII Supplemental Information.		

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

### PART III, LINE 4:

### THE ORGANIZATION HAS THE COLLECTION FOR PUBLIC DISPLAY FOR PATRONS TO LOOK

AT.

### PART X, LINE 2:

MANAGEMENT HAS EVALUATED THE COMPANIES' TAX POSITIONS AND CONCLUDED THAT

### THE COMPANIES HAVE TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE

### ADJUSTMENTS TO THE CONSOLIDATED FINANCIAL STATEMENTS. GENERALLY, THE

COMPANIES ARE NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY FEDERAL,

### STATE AND LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2014.

### PART XI, LINE 2D - OTHER ADJUSTMENTS:

632054 08-29-16

Schedule D (Form 990) 2016

RELATED PARTIES REVENUES	24,199,9
RELATED PARTIES ELIMINATIONS	-3,011,93
PROVISION FOR BAD DEBTS	-801,1
TOTAL TO SCHEDULE D, PART XI, LINE 2D	20,386,7
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT REVENUE FROM HARLEM UNITED HCH LLC	56,7
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RELATED PARTIES EXPENSES	25,968,3
RELATED PARTIES ELIMINATIONS	-3,011,9
TOTAL TO SCHEDULE D, PART XII, LINE 2D	22,956,4
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
PROVISION FOR BAD DEBTS	801,1

09490511 147227 0172078-0172078.0990 2016.05070 HARLEM UNITED COMMUNITY A 01720781

632055 08-29-16

	Compensation Information	OMB No.	1545-00	47
SCHEDULE J	-			
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	20	16	j
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	Open t	Publ	ic
Department of the Treasury Internal Revenue Service	Attach to Form 990. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form99		ection	
Name of the organizatio		ployer identificati	on nu	mber
5		13-346169	5	
Part I Question	ns Regarding Compensation			
Landon			Yes	No
1a Check the approp	riate 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 u	se se		
Travel for cor	npanions Payments for business use of personal residen	ce de la companya de		
Tax indemnif	cation and gross-up payments Health or social club dues or initiation fees	n an		
Discretionary	spending account Personal services (such as, maid, chauffeur, ch	ief)		
b If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or	a Barbara A Barbara		
		<u>1b</u>	ļ	L
	on require substantiation prior to reimbursing or allowing expenses incurred by all directors,	ana pang Kabupatén		1.00
trustees, and offic	ers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	ļ	ļ
		100		
	any, of the following the filing organization used to establish the compensation of the organization's			
CEO/Executive Dir	rector. Check all that apply. Do not check any boxes for methods used by a related organization to			
establish compens	sation of the CEO/Executive Director, but explain in Part III.			
X Compensatio	n committee Written employment contract			
Independent	compensation consultant			
X Form 990 of	other organizations	ittee		
		and a second		
4 During the year, d	id any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
organization or a r	elated organization:			
	ce payment or change-of-control payment?		<b>_</b>	X
	eceive payment from, a supplemental nonqualified retirement plan?	1		X
	eceive payment from, an equity-based compensation arrangement?	<u>4c</u>		X
If "Yes" to any of I	ines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			1
•	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1.10		
contingent on the	revenues of:			
a The organization?			+	X
b Any related organi		<u>5b</u>		<u>x</u>
	or 5b, describe in Part III.		1	
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
contingent on the	-		1	v
a The organization?			+	X
	ization?	<u>6b</u>	+	<u>↓ ^</u>
	or 6b, describe in Part III.		1	
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
	ines 5 and 6? If "Yes," describe in Part III		+	X
	s reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1.52		v
	seption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			X
	did the organization also follow the rebuttable presumption procedure described in			
	on 53.4958-6(c)?		<u> </u>	L
LHA For Paperwork I	Reduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990	) 2016

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Schedule J (Form 990) 2016 HARLEM UNITED COMMUNITY AIDS CENTER, INC 13-3461695 Davi II Officere Directore Tructeon Key Employees and Histored Commended Employees. I seductional space is preded	ME	HARLEM UNITED COM	COMMUNITY AIDS	CENTER, J	INC 13-3461695	595 Pare is needed		Page 2
Fortun Juncers, Directors, Trustees, Ney Employees, and Figurest Compensated Employees. Use duplicate copies in 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.	orm 9	yees, and rugnest of ported on Schedule J 990, Part VII.	report compensation	on from the organization	tion on row (i) and from	pace is research. related organizations	s, described in the instr	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the	ed inc	dividual must equal th	e total amount of Fc	orm 990, Part VII, Se	total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	able column (D) and (E	) amounts for that indi	vidual.
		(B) Breakdown of W	N-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ALAN ZUCKERMAN		174,894.	•0	396.	7,770.	36,590.	219,650.	0.
CHIEF FINANCIAL OFFICER	: E	.0	.0	.0	.0	0.	•0	0.
(2) CHARLES CARROLL	≘		.0	.0	.0	• 0		0.
CHIEF OPERATING OFFICER	(ii)	7,	.0	60.	8,558.	34,040.	239,	•0
(3) JACQUELYN KILMER	Ξ	237,270.	• 0	258.	1	11,200.	258,36	.0
CHIEF EXECUTIVE OFFICER	(ii)	• 0	0.	.0	• 0	.0	.0	•0
(4) TAMISHA MCPHERSON	E		•0	.0	I I	0.		•0
CHIEF PROGRAM OFFICER	Ξ	-	.0	70.	-	~	218,	•0
		134,219.	.0	588.	5,934.	27,096.	167,83	.0
SENIOR VP OF GRANTS, EVALUATION, HEA		•0	.0	0.	•0	0.	0.	0.
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	Ξ							
	Ξ			-				
	(ii)							
							Sched	Schedule J (Form 990) 2016

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Page 3											990) 2016
13-3461695	e this part for any additional information.										Schedule J (Form 990) 2016
Schedule J (Form 990) 2016 HARLEM UNITED COMMUNITY AIDS CENTER, INC	Provide the information, explanation, or descriptions required for Part I, fines 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.										

632113 09-09-16

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-E Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form	2016 Open to Public
Name of the organization		Employer identification number 13-3461695
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISSIC	ON:

LIVING WITH OR AT RISK FOR AIDS OR HIV RELATED ILLNESSES AND OTHER

CHRONIC CONDITIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT AND IS REVIEWED BY THE

CFO, CEO, COMPLIANCE OFFICER AND IS PROVIDED TO THE FULL BOARD PRIOR TO

FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

IT IS THE POLICY OF THE ORGANIZATION THAT ALL POTENTIAL INTERESTS ARE TO BE FULLY DISCLOSED AS THEY ARISE, BY ANY INDIVIDUAL REGARDLESS OF WHETHER A CONFLICT OF INTEREST IS DETERMINATED TO EXIST. ON AN ANNUAL BASIS, OFFICERS AND DIRECTORS ARE REQUIRED TO SIGN CONFLICT OF INTEREST DISCLOSURE STATEMENTS. IF A POTENTIAL CONFLICT ARISES THE SUPERVISOR AND/OR HUMAN RESOURCES WILL RESOLVE THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

ON AN ANNUAL BASIS, THE COMPENSATION COMMITTEE PROVIDES SALARY

RECOMMENDATIONS FOR CEO AND OFFICERS TO THE BOARD OF DIRECTORS. THE MEMBERS

OF THE COMMITTEE ARE INDEPENDENT FROM MANAGEMENT. THE COMMITTEE'S

RECOMMENDATION IS BASED ON READILY AVAILABLE COMPENSATION DATA.

FORM 990, PART VI, SECTION C, LINE 19:

THE DOCUMENTS ARE AVAILABLE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization HARLEM UNITED COMMUNITY AIDS CENTER, INC	Employer identification number 13-3461695
FROM 990, PART XII, LINE 2C:	
THE PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.	
FORM 990, PART VII:	
PLEASE NOTE THAT THE HOURS FOR PART VII ARE PAYROLL HOURS	. ACTUAL HOURS
WORKED FOR VARIOUS ENTITIES ARE HIGHER THAN PAYROLL HOURS	•
632212 08-25-16 Sche	edule O (Form 990 or 990-EZ) (2016)

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SCHEDULE R (Form 990) Comp Department of the Treasury Department of the Treasury	<ul> <li>Related Organizations and Unrelated Partnerships</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.</li> <li>▲ Attach to Form 990.</li> <li>Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.</li> </ul>	Drganizations and Unrelated Partnerships         nization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or         ▶ Attach to Form 990.         Schedule R (Form 990) and its instructions is at www.irs.gov/form990	therships ne 33, 34, 35b, 3 www.irs.gov/forr	6, or 37. n990.		OMB No. 1545-0047 2016 Open to Public Inspection
ation HARLEM UNI	COMMUNI	'ER, INC			Employer identification number 13-3461695	ation number 9 5
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	te if the organization answered "Yes" o	on Form 990, Part IV, line 33				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations.	Complet	e if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 b	ecause it had one	or more related tax-exem	lpt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 601(AV3W	(f) Direct controlling entity	5 12 5 12
FOUNDATION FOR RESEARCH ON SEXUALLY				llallaling	HARLEM UNITED	Yes No
TRANSMITTED DISEASES, INC 13-3387630, 306 LENOX AVENUE, NEW YORK, NY 10027		NEW YORK	501(C)(3)	LINE 7	COMMUNITY AIDS CENTER INC.	×
PORTI - 45-					HARLEM UNITED COMMUNITY AIDS	
AVENUE, NEW YORK, NY LUUZ/	KENTAL	NEW YORK	501(C)(3)	LINE 10	CENTER INC.	X
NUCTH GENERAL ALDS HOUSING DEVELOPMENT FUND CORP INC - 13-3737001, 306 LENOX AVENUE, NEW YORK, NY 10027	4 HOUSING	NEW YORK	501(C)(3)	LINE 7	HARLEM UNITED COMMUNITY AIDS CENTER INC.	×
UPPER ROOM AIDS MINISTRY INC / ADULT DAY HEALTH CENTER - 13-3841701, 306 LENOX AVENUE NEW YORK NY 10027	НЕАГИНСАР	ИЕМ УОРХ	501 (5) (3)	TWF 10	HARLEM UNITED COMMUNITY AIDS CENNED INC	Þ
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule R (	Schedule R (Form 990) 2016

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part III Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	anizations Taxable a tnership during the ta	e as a Partnership tax year.		the organiza	Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	'Yes" on Form	990, Part IV, I	ine 34 bec	ause it had (	one or mor	e related	
(a) Name, address, and EIN	(b) Primary activity	(c) Legal	(d) Direct controlling	Predominan		(f) Share of total	(g) Share of	(h) Disproportionate		(i) de V-UBI	(i) General or	(k) ^D ercentag
of related organization		domicile (state or foreign country)	entity	(related, u excluded fro sections {	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets			amount in box 20 of Schedule K-1 (Form 1065)	managing partner? Yes No	managing ownership partner? Yes No
HARLEM UNITED HCH LLC - 45-5553111 306 LENOX AVENTE 6	SPECTAL, DIRPOSE		HARLEM UNITED COMMINITY AIDS									
	ENTITY THE TAR	ЛY	CENTER, INC	EXCLUDED		311,930.	6,934,513.	З.	X	N/A	×	\$00.66
					-							
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year.	anizations Taxable a	as a Corpo ig the tax y		omplete if th	Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	nswered "Yes	" on Form 990	, Part IV, I	ne 34 becau	ise it had o	ne or mor	e related
(a) Name, address, and EIN of rehead organization	z,	Prin	(b) Primary activity	(c) .egal domicile	(d) Direct controlling	(e) Type of entity		(f) Share of total	(g) Share of		(h) Percentage	(i) Section 5 12(b)(13) controlled
U FERRED U DA INTERIO				foreign country)	Allury	or tru	-		assets		duicipiim	
HU 124TH STREET SUPPORTIVE HOUSING INC 37-1514269, 306 LENOX AVENUE, NEW YORK,	, NY								;	, , , , , , , , , , , , , , , , , , ,		
10027		DNISUOH		NX	N/A	C CORP		N/A	N/A	A	N/A	4
						-						_

Schedule R (Form 990) 2016 HARLEM UNITED COMMUNITY AIDS	CENTER, INC	5)	13-3461695	61695 Page 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	/ered "Yes" on Form !	990, Part IV, line 34, 35b,	or 36.	
<ul> <li>Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.</li> <li>1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?</li> <li>a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity</li> </ul>	with one or more rela	tted organizations listed i	I Parts II-IV?	Yes No 1a X
b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s)				1b X
e Loans or loan guarantees by related organization(s)				le X
f Dividends from related organization(s)				1f X
g Sale of assets to related organization(s)				1g X
				th X
<ul> <li>Excnange of assets with related organization(s)</li> <li>Lease of facilities, equipment, or other assets to related organization(s)</li> </ul>				11 1 X X
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
1 Performance of services or membership or fundraising solicitations for related organization(s)	ization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	n(s)			1n X
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10 X
p Reimbursement paid to related organization(s) for expenses				1p X X
Other transfer of cash or property to related organization(s)				
Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	io must complete this	s line, including covered ru	elationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amount involved	t involved
(1) HARLEM UNITED HCH LLC	A	56,779.	BOOK	
[2]				
(3)				
(4)				
(5)				
(6)				
632163 09-06-16			Schedu	Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016 HARLE!	HARLEM UNITED COMMUNITY	JNITY AIDS	S CENTER, INC	5				13-3461695	1695	Page 4
Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37	<mark>ible as a Partnership.</mark> Cor	nplete if the organ	ization answered "Yes"	on Form	990, Part IV, line 3	37.				
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	entity taxed as a partnershi structions regarding exclus	p through which the	he organization conduct stment partnerships.	ed more	than five percent	of its activities (me	asured by	total assets or g	ross rev	enue)
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(c) Predominant income (related, unrelated, excluded from tax under sections 512-514)	er orgs No	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations? Yes No	(i) (j) (k) (k) (k) (k) (k) (k) Code V-UBI General or Percentage amount in box 20 managing ownership of Form 1065), ves No	(j) General or managing partner? Yes NO	(k) Percentage ownership
									3 	
								Schedule	R (Forr	Schedule R (Form 990) 2016

632164 09-06-16

Part VII   Su	n 990) 2016 <u>F</u> pplemental Informa	ation.			TER, INC 13-	
Pro	vide additional informatic	n for responses to qu	estions on Schedule	R. See instructions.		
			·····			
			······································			
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Consolidated Financial Statements (With Supplementary Information) and Independent Auditor's Report

June 30, 2017



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#### <u>Index</u>

	<u>Page</u>
Independent Auditor's Report	2
Financial Statements	
Consolidated Statement of Financial Position	4
Consolidated Statement of Activities	5
Consolidated Statement of Changes in Net Assets	6
Consolidated Statement of Functional Expenses	7
Consolidated Statement of Cash Flows	8
Notes to Consolidated Financial Statements	9
Supplementary Information	
Consolidating Statement of Financial Position	27
Consolidating Statement of Activities and Changes in Net Assets	28

### COHN CREZNICK

#### Independent Auditor's Report

To the Board of Directors Harlem United Community AIDS Center, Inc.

We have audited the accompanying consolidated financial statements of Harlem United Community AIDS Center, Inc. and Affiliates (the "Company"), which comprise the consolidated statement of financial position as of June 30, 2017, and the related consolidated statements of activities, changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the consolidated financial statements.

#### Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Company as of June 30, 2017, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information included in the accompanying statements on pages 27 and 28 is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and the changes in net assets of the individual organizations, and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements or to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

CohnReynickILP

New York, New York March 14, 2018

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#### Consolidated Statement of Financial Position June 30, 2017

#### <u>Assets</u>

Current assets Cash and cash equivalents Grants and contracts receivable Patient services receivable, net Subvention note receivable 340B pharmacy receivable Prepaid expenses and other receivables Total current assets Restricted cash - debt service Long-term loans receivable Property and equipment, net Security deposits	<pre>\$ 1,628,260 7,146,800 2,306,177 179,922 899,937 661,474 12,822,570 1,203,989 6,952,447 22,763,794 674,877</pre>
Total noncurrent assets	31,595,107
Total	\$ 44,417,677
Liabilities and Unrestricted Net Assets	
Current liabilities Accounts payable and accrued expenses Accrued compensation Current maturities of long-term debt Refundable advances Total current liabilities Long-term debt, less current maturities Deferred rent Conditional grants Total liabilities Commitments and contingencies	\$ 6,894,834 1,577,830 452,988 1,509,788 10,435,440 20,646,676 86,636 10,519,095 41,687,847
Net assets Unrestricted Controlling interest Noncontrolling limited partners' interests in consolidated affiliates Total Temporarily restricted net assets	3,362,065 (649,581) 2,712,484 17,346
Total net assets	2,729,830
Total	\$ 44,417,677

#### Consolidated Statement of Activities Year Ended June 30, 2017

	Unrestricted	Temporarily restricted	Total
Revenue Patient services revenue (net of contractual allowances and discounts) Provision for bad debts	\$ 15,992,772 (1,769,099)	\$ - 	\$ 15,992,772 (1,769,099)
Net patient services revenue less provision for bad debts Grants and contract services Donations and contributions Rental income 340B pharmacy revenue Other	14,223,673 25,371,967 270,435 4,911,964 7,796,579 491,496	- - - - -	14,223,673 25,371,967 270,435 4,911,964 7,796,579 491,496
Total revenue	53,066,114	••	53,066,114
Expenses Salaries and related benefits Other than personnel services Interest Total expenses	23,799,324 29,090,617 1,013,576 53,903,517	- - -	23,799,324 29,090,617 1,013,576 53,903,517
Operating loss prior to depreciation and amortization Depreciation and amortization	(837,403) 1,148,956		(837,403) 1,148,956
Change in consolidated net assets	(1,986,359)	-	(1,986,359)
Increase in consolidated net assets attributable to noncontrolling interest	291,925		291,925
Change in consolidated net assets attributable to Harlem United Community AIDS Center, Inc. and Affiliates	\$ (1,694,434)	<u>\$                                    </u>	\$ (1,694,434)

Consolidated Statement of Changes in Net Assets Year Ended June 30, 2017

(0		89	(34)	<u>)</u> 25)	330
Net assets	total	4,716,189	(1,694,434)	(291,925)	2,729,830
Net	-	\$	5		ся ся
st /		46			46
Temporarily restricted net assets	Controlling	17,346	ı	1	17,346
Tem restric	Con	θ			φ
		ņ	(4)	12)	2
	Total	4,698,843	(1,694,434)	(291,925)	2,712,484
	Τc	4,0	(1,1		5
		Υ			<u>କ</u>
cted	olling	(357,656)	i	(291,925)	(649,581)
Unrestricted	Noncontrolling	(35		(29	(64)
5	Nor	θ			ф
	D	499	,434)		,065
		5,056,499	(1,694,434)		3,362,065
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				ple	
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		(0	ets ommu	ets at	
		, 2016	et ass ted Co iliates	et ass	2017
		July 1	m Uni m Aff	ated n erest	те 30,
		ance,	isolida Harle Inc. ai	nsolida ng int	, Jur
		β bak	in cor ble to inter,	in cor introlli	oalanc
		Beginning balance, July 1, 2016	Change in consolidated net assets attributable to Harlem United Community AIDS Center, Inc. and Affiliates	Change in consolidated net assets attributable to noncontrolling interest	Ending balance, June 30, 2017
		Bé	Allat	9 9 0	ш

# Consolidated Statement of Functional Expenses Year Ended June 30, 2017

			Prog	Program services				Total				
		Housing	Ξ	Healthcare		Prevention		program services	a Ra	Management and general		Total
Salaries and wares	\$	4.901.087	ю	8.560.777	ŝ	2.880.080	θ	16.341.944	ф	2,795,216	\$	19,137,160
Frinde henefits	·	1.324.235	•	2,137,948	-	799,578		4,261,761		400,403		4,662,164
Professional fees and contractual services		1,661,250		797,907		693,840		3,152,997		1,212,880		4,365,877
340B pharmaceuticals				5,636,785		t		5,636,785		·		5,636,785
Supplies		134,692		176,043		42,513		353,248		26,036		379,284
Occupancy		1,256,835		558,256		733,593		2,548,684		246,262		2,794,946
Residential expenses		9,699,968		1		t		9,699,968		664		9,700,632
Client stipends and reimbursements		55,355		328,775		255,783		639,913		88,554		728,467
Insurance		213,136		288,529		24,318		525,983		77,444		603,427
Repairs and maintenance		158,999		137,062		20,991		317,052		24,425		341,477
Program events		454,919		1,142,569		129,771		1,727,259		58,718		1,785,977
Staff training and recruitment		19,079		20,872		3,723		43,674		18,923		62,597
Moving and carting		16,388		15,038		15,573		46,999		13,568		60,567
Telephone and communications		240,713		217,468		60,199		518,380		68,978		587,358
Travel, conferences and meetings		193,566		454,441		134,516		782,523		115,376		897,899
Printing, publications and postage		5,888		44,321		1,614		51,823		172,294		224,117
Dues and subscriptions		20,105		162,769		6,280		189,154		60,700		249,854
Equipment		200,968		50,642		20,421		272,031		157,213		429,244
Interest		187		549,751		ł		549,938		463,638		1,013,576
Other		9,279		77,164		22,491		108,934		133,175		242,109
Total		20,566,649		21,357,117		5,845,284		47,769,050		6,134,467		53,903,517
Depreciation and amortization		85,664		705,247		2		790,911		358,045		1,148,956
Total functional expenses	\$	20,652,313	÷	22,062,364	φ	5,845,284	ω	48,559,961	Å	6,492,512	ф	55,052,473

See Notes to Consolidated Financial Statements.

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#### Consolidated Statement of Cash Flows Year Ended June 30, 2017

Cash flows from operating activities		
Cash received from government grants and contract services	\$	23,868,282
Cash received from patient services	•	14,232,482
Cash received from donations and contributions		270,435
Cash received from rental income		4,911,964
Cash received from other		7,601,065
		(23,706,041)
Cash paid to employees		(27,157,390)
Cash paid to vendors		(991,744)
Cash paid for interest		(331,744)
Net cash used in operating activities		(970,947)
Cash flows from investing activities		
Increase in subvention note receivable		750
Cash paid for purchase of property and equipment		(103,467)
		<u>_</u>
Net cash used in investing activities		(102,717)
Cash flows from financing activities		
Increase in restricted cash - debt service		(910,632)
Principal payments of long-term debt		(4,026,191)
Proceed from long-term debt		5,924,928
Net cash provided by financing activities		988,105
Net decrease in cash and cash equivalents		(85,559)
		4 742 040
Cash and cash equivalents, beginning		1,713,819
Cash and cash equivalents, end	\$	1,628,260
Reconciliation of change in consolidated net assets to		
net cash used in operating activities		
Change in consolidated net assets	\$	(1,986,359)
Adjustments to reconcile change in consolidated net assets to		
net cash used in operating activities		
Provision for bad debts		1,769,099
Depreciation and amortization		1,148,956
Interest expense		21,832
Changes in operating assets and liabilities		
Grants and contracts receivable		(1,704,084)
Patient services receivable		(1,760,290)
340B pharmacy receivable		(298,293)
Prepaid expenses and other receivables		(438,199)
Security deposits		49,482
Accounts payable and accrued expenses		1,933,227
Accrued compensation		93,283
Refundable advances		200,399
Net cash used in operating activities	\$	(970,947)
net cash used in operating activities	<u> </u>	

#### Notes to Consolidated Financial Statements June 30, 2017

#### Note 1 - Organization and summary of significant accounting policies

#### Nature of activities

Harlem United Community AIDS Center, Inc. (the "Company") was founded in 1988 as a non-profit organization to provide assistance and housing to persons living with HIV/AIDS ("PLWHA"). Since then, the Company has expanded its brand of service and now operates as a fully-integrated patient-centered medical home for underserved communities, including but not limited to PLWHA, the homeless, communities of color and the LGBT community, among others. The Company's mission is to provide full access to integrated health care and social services for clients experiencing multiple and complex issues (i.e., mental illness, chronic substance use, homelessness, HIV/AIDS, extreme poverty and social stigma related to sexuality and gender identity). Today, the Company provides the following services using an integrated and nonjudgmental approach: primary care, mental health care and dental services, supportive housing, adult day health care, HIV/hepatitis C/sexually transmitted infection testing and prevention services; health home care management and patient navigation services; integrated harm reduction; and food and nutrition services, among other services.

To facilitate in providing these services, the Company established two separately incorporated notfor-profit affiliates that are controlled by the Board of Directors of the Company. Upper Room AIDS Ministry, Inc.: Adult Day Health Care Center, an adult, day healthcare center ("URAM") and Harlem United Supportive Housing Development Fund Corporation ("HUSHDFC"). URAM operates freestanding diagnostic and treatment facilities as a Federally Qualified Health Center ("FQHC") and is licensed under Article 28 of the New York State health law, and the facilities are located in New York City. URAM provides a broad range of health services to persons living with AIDS or HIVrelated illnesses.

HUSHDFC is the sole shareholder of H.U.124th Street Supportive Housing, Inc. ("HUSH, Inc."), a for-profit corporation, which is the general partner with 0.1% ownership in HUSH 124th Street ("HUSH"). HUSH, a for-profit partnership, is the limited beneficial owner of the Congregate Housing Project on West 124th Street. It is the finance vehicle and will hold tax credits related to the project. All activities of HUSH have been consolidated under HUSHDFC, the general partner.

Effective July 1, 2007, The Foundation for Research on Sexually Transmitted Diseases, Inc. ("FROST'D") and the Company, both not-for-profit companies, forged a strategic alliance in which the Company is the sole member of FROST'D. The Company will preserve FROST'D's corporate and public identity with the official name "FROST'D at Harlem United" at least for the foreseeable future. FROST'D was incorporated under New York State law during April 1986 and was created for the purpose of reaching out to underserved populations at high risk of acquiring HIV or other sexually transmitted and blood borne diseases to lower the incidence of such infections in these populations, and to provide assistance to those already infected.

The Company became the sole member of North General AIDS Housing Development Fund Corporation ("NGHDFC"), a not-for-profit corporation, as of July 1, 2011. NGHDFC provides housing and supportive services for low-income or homeless individuals diagnosed with AIDS. The Company acquired NGHDFC by assuming its outstanding liabilities.

The Company, together with URAM, became the members of Harlem United HCH, LLC ("HUHCH"), a New York State limited liability company formed on May 8, 2012 to facilitate the transactions related to the New Markets Tax Credits for the construction of a new healthcare center in New York City.

#### Notes to Consolidated Financial Statements June 30, 2017

#### Basis of presentation

The consolidated financial statements include the accounts of the Company, URAM, HUSHDFC, FROST'D, NGHDFC and HUHCH. The Company and its affiliates are collectively referred to as the "Companies." All significant intercompany accounts and transactions are eliminated in consolidation. The accompanying consolidated financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

#### Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

#### Change in accounting principle

For the year ended June 30, 2017, the Companies adopted the provisions of Accounting Standards Update 2015-03, *Simplifying the Presentation of Debt Issuance Costs* ("ASU 2015-03"), which modifies the presentation of debt issuance costs and the related amortization. The change in accounting under ASU 2015-03 improves the reporting of debt issuance costs by no longer reporting them as assets. It also improves the reporting of the related amortization by including it as a component of interest expense.

#### Classification of net assets

The accompanying consolidated financial statements present its financial position and activities according to three classes of net assets: unrestricted, temporarily restricted and permanently restricted. They are described as follows:

Unrestricted net assets are not subject to explicit donor-imposed stipulations. Unrestricted net assets may be designated for specific purposes by action of the Board of Directors.

Temporarily restricted net assets are those whose use by the Companies is subject to either explicit donor-imposed stipulations or by the operation of law that can be fulfilled by actions of the Companies or that expire with the passage of time. When restrictions expire, that is, when the time restriction ends or a purpose restriction is accomplished, temporarily restricted net assets are recorded as net assets released from restrictions. Temporarily restricted net assets amounted to \$17,346 as of June 30, 2017.

Permanently restricted net assets are subject to explicit donor-imposed stipulations that they be maintained permanently by the Companies and stipulate the use of income and/or appreciation as either unrestricted or temporarily restricted based on donor imposed stipulations or by operation of law. At June 30, 2017, there were no permanently restricted net assets.

#### Performance indicator

The consolidated statement of activities includes change in consolidated net assets as the performance indicator.

#### Cash and cash equivalents and assets limited to use

The Companies maintain their cash in bank deposit accounts, which, at times, may exceed federally insured limits. At times during the year, the Companies' bank balances may exceed the limits of the Federal Deposit Insurance Corporation's insurance coverage. At June 30, 2017, the Companies' uninsured cash balances totaled approximately \$2,271,000. The Companies monitor

#### Notes to Consolidated Financial Statements June 30, 2017

their financial institutions and concentration of credit risk on a regular basis and do not anticipate nonperformance by the financial institutions. All highly liquid investments available for operations with original maturities of three months or less when purchased are considered to be cash equivalents.

#### Restricted cash - debt service

The Companies have restricted cash whose use has been limited by the lending institution in connection with long-term debt entered into in 2006 and prior years.

#### Grants and contracts receivable

Grants and contracts receivable consist of reimbursements due to the Companies under the grant and contract agreements for costs which were incurred prior to year-end for which payment has not been received. Grants receivable credit risk is limited due to the nature of the grants. The Companies regularly monitor their grants and contracts receivable by investigating delayed payments and differences when payments do not conform to the amount billed. Management determines the allowance for doubtful accounts by reviewing and identifying items that are uncollectible.

#### Patient services receivable and concentration of credit risk

The collection of receivables from third-party payors and patients is the Companies' primary source of cash for operations and is critical to their operating performance. The primary collection risks relate to uninsured patient accounts and patient accounts for which the primary insurance payor has paid, but patient responsibility amounts (deductibles and copayments) remain outstanding. Patient receivables from third-party payors are carried at a net amount determined by the original charge for the service provided, less an estimate made for contractual adjustments or discounts provided to third-party payors.

Receivables due directly from patients are carried at the original charge for the service provided less discounts provided under the Companies' charity care policy, less amounts covered by third-party payors and less an estimated allowance for doubtful accounts. Management determines the allowance for doubtful accounts by identifying troubled accounts and by historical experience applied to an aging of accounts. The Companies do not charge interest on past due accounts. Patient receivables are written off against the allowance when deemed uncollectible. Recoveries of receivables previously written off are recorded as a reduction of provision for bad debts when received.

#### Property and equipment

Purchased property and equipment is carried at cost less accumulated depreciation and amortization. Donated property and equipment are carried at the approximate fair value at the date of donation. Depreciation and amortization is computed using the straight-line method over the estimated useful lives of the assets, which range from 5 to 40 years. Leasehold improvements are amortized on a straight-line basis over the estimated useful life of the improvement or the term of the lease, whichever is less. The Companies depreciate their assets using the half-year convention in the first year the assets are placed in services. The Companies capitalize all purchases of property and equipment in excess of \$1,000.

According to federal regulations, any equipment items obtained through federal funds are subject to a lien by the federal government. As long as the Companies maintain their tax exempt status, or as long as the equipment is used for its intended purpose, the Companies are not required to reimburse the federal government in an amount equal to the fair value of the equipment.

#### Notes to Consolidated Financial Statements June 30, 2017

Construction-in-progress is recorded at cost. The Companies capitalize construction, insurance, interest and other costs during the period of construction. Depreciation is recorded when construction is substantially complete and the assets are placed in service. For the year ended June 30, 2017, the Companies did not capitalize any interest.

Expenditures for repairs and maintenance are charged to expense as incurred. For assets sold or otherwise disposed of, the cost and related accumulated depreciation are removed from the accounts, and any resulting gain or loss is reflected in the consolidated statement of activities.

#### Impairment of long-lived assets

The Companies review its long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. In performing a review for impairment, the Companies compare the carrying value of the assets with their estimated future undiscounted cash flows. If it is determined that impairment has occurred, the loss would be recognized during that period. The impairment loss is calculated as the difference between the asset carrying values and the present value of estimated net cash flows or comparable market values, giving consideration to recent operating performance and pricing trends. The Companies do not believe that any material impairment currently exists related to their long-lived assets.

#### Fair value of financial instruments

The Companies' material financial instruments at June 30, 2017, for which disclosure of estimated fair value is required by certain accounting standards, consisted of cash and cash equivalents, patient services receivable, grants and contracts receivable, accounts payable and accrued expenses, accrued compensation and notes and bonds payable. The fair values of cash and cash equivalents, patient services receivable, grants and contracts receivable, accounts payable and accrued expenses and accrued compensation are equal to their carrying value because of their liquidity and short-term maturity. Management believes that the fair values of notes and bonds payable do not differ materially from their aggregate carrying values in that substantially all the obligations bear interest rates that are based on market rates or interest rates that are periodically adjustable to rates that are based on market rates.

#### Deferred financing costs

Deferred financing costs, net of accumulated amortization, are reported as a direct deduction from the face amount of the long-term debt to which such costs relate. Amortization of debt issuance costs is reported as a component of interest expense and is being amortized using imputed interest rates ranging from 5.585% to 7.884%.

#### **Conditional grants**

Conditional grants, which depend on the occurrence of a specified future and uncertain event to bind the funder, shall be recognized when the conditions on which they depend are substantially met, that is, when the conditional grant becomes unconditional. Conditional grants where the conditions have not been substantially met are included in liabilities on the consolidated statement of financial position (see Note 9).

#### Notes to Consolidated Financial Statements June 30, 2017

#### Revenue recognition

#### Patient services revenue

The Companies have agreements with third-party payors that provide for payments to the Companies at amounts different from its established rates. Payment arrangements include predetermined fee schedules and discounted charges. Service fees are reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including retroactive adjustments under reimbursement agreements with third-party payors, which are subject to audit by administrating agencies. These adjustments are accrued based on a rate appeal filed by the Companies and are being recouped from the Companies' future collections from Medicaid.

The Companies provide care to certain patients under Medicaid and Medicare payment arrangements. Laws and regulations governing the Medicaid and Medicare programs are complex and subject to interpretation. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action. Self-pay revenue is recorded at published charges with charitable allowances based on a sliding fee scale deducted to arrive at net self-pay revenue.

#### Donations and contributions

Contributions, including unconditional promises to give cash and other assets, are reported at fair value on the date received. Donations and contributions are recorded as either temporarily or permanently restricted revenue if they are received with donor stipulations that limit the use of the donated asset. Contributions received with no donor stipulations are recorded as unrestricted revenue. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and are reported in the consolidated statement of activities as net assets released from restrictions. Donor restricted contributions whose restrictions expire during the same fiscal year are recognized as unrestricted revenue.

Donated services are recognized at fair value if they create or enhance a nonfinancial asset or require specialized skills that are provided by individuals possessing those skills and would typically need to be purchased if not contributed.

#### Government grants and contract services revenue

Revenue from government grants and contract services designated for use in specific activities is recognized in the period when expenditures have been incurred in compliance with the grantor's requirements. Grants and contracts awarded for the acquisition of long-lived assets are reported as unrestricted nonoperating revenue, in the absence of donor stipulations to the contrary, during the fiscal year in which the assets are acquired. Cash received in excess of revenue recognized is recorded as refundable advances. At June 30, 2017, the Companies have received grants and contracts in the amount of \$28.7 million that have not been recorded in the accompanying consolidated financial statements because they have not yet been earned. These grants and contracts require the Companies to provide certain services during specified periods. If such services are not provided during the periods, the governmental entities are not obligated to expend the funds allocated under the grants and contracts.

#### 340B pharmacy revenue

URAM participates in Section 340B of the Public Health Service Act ("PHS Act"), "Limitation on Prices of Drugs Purchased by Covered Entities" through its agreement with a third-party administrative agent and certain unaffiliated local pharmacies. Participation in this program

#### Notes to Consolidated Financial Statements June 30, 2017

allows URAM to purchase pharmaceuticals at discounted rates for prescriptions to eligible patients. URAM records revenue based on the price of the pharmaceuticals dispensed.

#### Charity care and community benefit

The Companies are open to all patients, regardless of their ability to pay. In the ordinary course of business, the Companies render services to patients who are financially unable to pay for healthcare. The Companies provide care to these patients who meet certain criteria under its sliding fee discount policy without charge or at amounts less than the established rates. Charity care services are computed using a sliding fee scale based on patient income and family size. The Companies maintain records to identify and monitor the level of sliding fee discount it provides. For uninsured self-pay patients that do not qualify for charity care, the Companies recognize revenue on the basis of its standard rates for services provided or on the basis of discounted rates, if negotiated or provided by policy. On the basis of historical experience, a significant portion of the Companies' uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Companies record a significant provision for bad debts related to uninsured patients in the period the services are provided.

Community benefit represents the cost of services for Medicaid, Medicare, and other public patients that the Companies are not reimbursed for.

Based on the cost of patient services, community benefit amounted to approximately \$5,133,000 for the year ended June 30, 2017.

#### Interest earned on federal funds

Interest earned on federal funds is recorded as a payable to the United States Public Health Service (the "PHS") in compliance with the regulations of the United States Office of Management and Budget.

#### **Functional expenses**

Expenses are charged to program services and management and general based on a combination of specific identification and allocation by management.

#### Tax status

The Company, URAM, HUSHDFC, FROST'D and NGHDFC were incorporated as not-for-profit entities under the laws of the State of New York and are exempt from income taxes under the provisions of the Internal Revenue Code Section 501(c)(3). In addition, the Companies are not classified as private foundations.

HUSH and HUHCH are not subject to federal income taxes because their income and losses are includable in the tax returns of their partners or members. HUSH and HUHCH may be required to file returns and pay tax in various state and local jurisdictions as a result of their operations or the residency of their partners or members.

Management has evaluated the Companies' tax positions and concluded that the Companies have taken no uncertain tax positions that require adjustments to the consolidated financial statements. Generally, the Companies are no longer subject to income tax examinations by federal, state and local tax authorities for years before 2014.

If applicable, the Company recognizes interest and penalties associated with tax matters as operating expenses and includes accrued interest and penalties with accrued expenses in the statement of financial position.

#### Notes to Consolidated Financial Statements June 30, 2017

#### Subsequent events

The Companies have evaluated events and transactions for potential recognition or disclosure through March 14, 2018, which is the date the consolidated financial statements were available to be issued.

#### Note 2 - Liquidity and management's plans

The Companies' result of operations for the year ended June 30, 2017 resulted in a decrease in net assets of \$1,986,359. Management plans to improve operations through implementation of certain revenue enhancing measures such as retaining a healthcare consultant to assist in improving margins within the health care practice. In addition, the Companies have taken steps to cut cost such as closing certain government funded programs whose funding did not fully cover operating costs, consolidating certain programs to specific location, eliminating certain administrative staffing and outsourcing their fiscal and accounting department. In September 2017, the Companies also sold one of their buildings and the proceeds were used to pay off the related loan and for operating cash reserve. Management believes that all of these measures will generate net positive cash flows and improve results of operations throughout fiscal year 2018 and onwards.

#### Note 3 - Grants and contracts receivable

Grants and contracts receivable consist of the following as of June 30, 2017:

New York City Human Resources Administration New York City Department of Health and Mental Hygiene New York State Department of Health AIDS Institute Public Health Solutions Health Research Incorporated U.S. Department of Housing and Urban Development U.S. Department of Health and Human Services: Centers for Disease Control and Prevention Health Resources and Services Administration Other	\$ 3,584,887 515,999 1,005,129 838,646 429,339 284,196 143,197 120,673 224,734
Total	\$ 7,146,800
Note 4 - Patient services receivable, net Patient services receivable, net, consist of the following at June 30, 2017:	
Medicaid (including Managed Care) Medicare Other third-party Self-pay Uncompensated care/safety net pool	\$ 5,192,157 363,609 177,711 681,807 542,269
Subtotal Less allowance for doubtful accounts	 6,957,553 4,651,376
Total	\$ 2,306,177

#### Notes to Consolidated Financial Statements June 30, 2017

Patient services receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of patient services receivable, the Companies analyze their past history and identify trends for each of their major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Companies analyze contractually due amounts and provide an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely).

The Companies' allowance for doubtful accounts was 67% of patient services receivable at June 30, 2017. The Companies wrote off \$490,499 of patient receivable for the year ended June 30, 2017.

#### Note 5 - New Markets Tax Credit financing

In 2012, URAM began a capital construction project to build a health center facility in New York City. URAM obtained financing for the capital project through borrowings from PCDC Empire State Health Opportunities Fund II, LLC (the "Project Lender" or "PESHO Fund") totaling \$8,970,000. The financing arrangements between URAM and the Project Lender qualified as a "qualified low-income community investment" and generate to the Project Lender certain tax credits called New Markets Tax Credits ("NMTCs") under Section 45D of the Internal Revenue Code of 1986, as amended.

In order to facilitate this financing transaction, HUHCH acts as the financing facilitator. HUHCH also obtained outside financing from JPMorgan Chase Bank N.A. ("JPMC") and Primary Care Development Corporation ("PCDC") in the amount of \$2,460,000 and \$3,700,000, respectively. HUHCH also entered into an Account Pledge and Control Agreement with JPMC and PCDC, to collaterally assign its interest in the Pledge Agreement (see Note 6), as security for the payment and performance of its obligations.

Upon completion of the contributions and loans above, HUHCH made a loan to Harlem United Investment Fund, LLC (the "Fund") amounting to \$6,952,447. The Fund obtained capital from an investor in the amount of \$2,963,653. The Fund then invested the proceeds of the loan from HUHCH and the capital from the investor to the Project Lender in order for it to make the loan to URAM for the construction of the health center facility.

The Company, together with URAM, has agreed that in the event any specified NMTC recapture event shall occur, the Company shall be obligated to pay the NMTC recapture amount to the Project Lender. The maximum aggregate amount due under the clauses in the agreement governing these possible recaptures is \$3,802,120. As of June 30, 2017, no recapture event has occurred.

This structure will stay in effect for a period of seven years, until August 30, 2019, when the NMTC period expires. Built within the agreements are put and call options for the Company to acquire 100% of the Fund.

#### Notes to Consolidated Financial Statements June 30, 2017

#### Note 6 - Loan receivable

On August 30, 2012, HUHCH made a leveraged loan of \$6,952,447 to Chase NMTC Harlem United Investment Fund, LLC (the "Borrower") as part of executing certain financing arrangements to fund a capital construction project. The leverage loan is composed of three tiers as follows:

Leverage loan A in the amount of \$2,460,000 with interest at 7.3317% per annum. The note is due in interest only payments until August 30, 2019, at which time the principal is due.	\$ 2,460,000
Leverage loan B in the amount of \$2,200,000 with interest at 6.01% per annum. The note is due in interest only payments until August 30, 2019, at which time the principal is due.	2,200,000
Leverage loan C in the amount of \$2,292,447 with interest at 0.1091% per annum. The note is due in interest only payments until August 30, 2042, at which time the principal is due.	 2,292,447
Total	\$ 6,952,447

As part of the leverage loan agreement, the Borrower executed a Pledge Agreement to pledge as security for the loan its 99.99% interest in PESHO Fund.

Management has evaluated the loan receivable and determined that the entire balance is collectible and that no allowance is necessary as of June 30, 2017.

#### Note 7 - Property and equipment, net

Property and equipment, net, consists of the following at June 30, 2017:

Land	\$ 2,014,741
Buildings and building improvements	23,240,560
Furniture and equipment	6,586,606
Leasehold improvements	5,262,929
Subtotal	37,104,836
Less accumulated depreciation and amortization	14,341,042
Total	\$ 22,763,794

Depreciation and amortization expense was \$1,148,956 for the year ended June 30, 2017.

Some funders reserve the right to transfer all property and equipment purchased with grant funds back or to third parties, in the event the grants are terminated.

#### Notes to Consolidated Financial Statements June 30, 2017

#### Note 8 - Long-term debt

Long-term debt consists of the following at June 30, 2017:

Note payable in the amount of \$6,155,000, with floating interest rate equal to the prime rate, as published in the Wall Street Journal from time to time, plus 3% per annum (7.25% as of June 30, 2017). The entire principal amount shall be payable on June 30, 2022. The loan is secured by a second mortgage on the premises located at 123-125 West 124th Street and a security agreement giving a first priority security interest in the assets of the Company.

Mortgage payable in the amount of \$5,135,000, with interest ranging from 3.25% to 5% over the terms of the mortgage. The mortgage matures on July 1, 2022 with the principal amount of the mortgage payable in monthly installments. The mortgage is secured by the building at 123-125 West 125th Street and its improvements.

Note payable in the amount of \$500,000, with interest payable at 5.25% per annum until December 31, 2012. On January 1, 2013, and the first day of January of each year thereafter until the maturity date, the interest rate shall be adjusted to the lower of (a) prime rate as published by The Wall Street Journal plus 200 basis points per annum, (b) 8%, or (c) interest rate in effect for the immediately preceding year plus 100 basis points. The note matures on October 31, 2017. The note is secured by the Companies' assets.

Note payable in the amount of \$2,460,000, with interest payable at 5.01% per annum. The note matures on August 30, 2019. The note is secured by the assets of the Companies.

Note payable in the amount of \$2,200,000, with interest payable at 6.01% per annum. The note matures on August 30, 2019. The note is secured by the assets of the Companies.

Note payable in the amount of \$434,733, with interest payable at 3.513% per annum. The note is due in interest only payments until August 30, 2019, at which time the principal is due. The note is secured by the assets of the Companies.

Note payable Fund in the amount of \$388,786, with interest payable at 3.513% per annum. The note is due in interest only payments until August 30, 2019, at which time the principal is due. The note is secured by the assets of the Companies.

6,155,000

\$

1,757,917

39,379

2,219,179

2,200,000

434,733

388,786

3

#### Notes to Consolidated Financial Statements June 30, 2017

Note payable in the amount of \$405,123, with interest payable at 3.513% per annum. The note is due in interest only payments until August 30, 2042, at which time the principal is due. The note is secured by the assets	
of the Companies.	405,123
Note payable in the amount of \$356,543, with interest payable at 3.513% per annum. The note is due in interest only payments until August 30, 2042, at which time the principal is due. The note is secured by the assets of the Companies.	356,543
Note payable in the amount of \$2,025,267, with interest payable at 3.513% per annum. The note is due in interest only payments until August 30, 2019, at which time the principal is due. The note is secured by the assets of the Companies.	2,025,267
Note payable in the amount of \$1,811,214, with interest payable at 3.513% per annum. The note is due in interest only payments until August 30, 2019, at which time the principal is due. The note is secured by the assets of the Companies.	1,811,214
Note payable in the amount of \$1,887,324, with interest payable at 3.513% per annum. The note is due in interest only payments until August 30, 2042, at which time the principal is due. The note is secured by the assets of the Companies.	1,887,324
Note payable in the amount of \$1,661,011, with interest payable at 3.513% per annum. The note is due in interest only payments until August 30, 2042, at which time the principal is due. The note is secured by the assets of the Companies.	1,661,010
Financing loan for the purchase of three vehicles, with zero interest, payable in equal monthly payments for 60 months and due in April 2021. The loan is secured by the vehicles purchased.	72,827
Financing loan for the purchase of four vehicles, with zero interest, payable in equal monthly payments for 36 months and due in April 2019. The loan is secured by the vehicles purchased.	52,820
Subtotal Less current portion Less unamortized deferred financing costs	21,467,122 452,988 
Long-term portion	\$ 21,014,134

#### Notes to Consolidated Financial Statements June 30, 2017

Principal payment requirements on the above notes in each of the five years subsequent to June 30, 2017 and thereafter are as follows:

2018	\$ 452,988
2019	411,557
2020	9,262,982
2021	366,677
2022	6,662,917
Thereafter	 4,310,001
Total	\$ 21,467,122

As of June 30, 2017, long-term debt and related unamortized deferred financing costs are as follows:

	 Principal	c	amortized leferred ncing costs
Note payable in the amount of \$6,155,00 due on July 1, 2022 (deferred financing costs based on imputed interest rate of 7.884%).	\$ 6,155,000	\$	223,060
Mortgage payable in the amount of \$5,135,000 due on July 1, 2022 (deferred financing costs based on imputed interest rate of 5.585%).	1,757,917		144,398
Note payable to PCDC in the amount of \$500,000 due on October 31, 2017.	39,379		-
Note payable in the amount of \$2,460,000 due on August 30, 2019.	2,219,179		-
Note payable in the amount of \$2,200,000 due on August 30, 2019.	2,200,000		-
Note payable in the amount of \$434,733 due on August 30, 2019.	434,733		-
Note payable in the amount of \$388,786 due on August 30, 2019.	388,786		-
Note payable in the amount of \$405,123 due on August 30, 2042.	405,123		-
Note payable in the amount of \$356,543 due on August 30, 2042.	356,543		-
Note payable in the amount of \$2,025,267 due on August 30, 2019.	2,025,267		-
Note payable in the amount of \$1,811,214 due on August 30, 2019.	1,811,214		-
Note payable in the amount of \$1,887,324 due on August 30, 2042.	1,887,324		-
Note payable in the amount of \$1,661,011 due on August 30, 2042.	1,661,010		-
Financing loan with zero interest due in April 2021.	72,827		-
Financing loan with zero interest due in April 2019.	 52,820		
	\$ 21,467,122	\$	367,458

The long-term debts require the Companies to meet certain financial and nonfinancial covenants.

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#### Notes to Consolidated Financial Statements June 30, 2017

#### Note 9 - Conditional grants

Conditional grants consist of the following at June 30, 2017:

The Companies obtained a conditional grant in the form of a noninterest bearing promissory note pursuant to a construction loan agreement with the New York State Homeless Housing Assistance Program (the "HHAP"), which is secured by the building. The purpose of this grant is to fund the purchase of the facility and operate it as a homeless project. If the Companies comply with all the terms stated in the agreement through May 1, 2025, the grant will not have to be repaid.

The Companies obtained a conditional grant in the form of a non-interest bearing promissory note pursuant to a construction loan agreement with the HHAP. The purpose of this grant is to fund capital programs for the purpose of expanding and improving the supply of shelter and other housing arrangements for homeless persons. The note for the construction costs with a limit of \$6,300,387 is secured by the building. If the Companies comply with all the terms stated in the agreement through April 9, 2038, the grant will not have to be repaid. However, if the Companies default on the agreement, the balance of the unpaid grants plus interest at a rate of 1% may become immediately due and payable.

The Companies obtained a conditional grant in the form of a noninterest bearing promissory note pursuant to a construction loan agreement from Affordable Housing Program ("AHP"). The purpose of this note is to fund capital programs for the purpose of expanding and improving the supply of shelter and other housing arrangements for homeless persons. The note for the construction costs has a limit of \$400,000 and is secured by the building. If the Companies comply with all of the terms stated in the agreement through August 2025, the note will not have to be repaid.

The Companies obtained a conditional grant in the form of a promissory note pursuant to a construction loan agreement from the U.S. Department of Housing and Urban Development. The purpose of this note is to fund capital programs for the purpose of expanding and improving the supply of shelter and other housing arrangements for homeless persons. The note for the constructions costs has a limit of \$400,000 and is secured by the building. If the Companies comply with all of the terms stated in the agreement through June 2035, the note will not have to be repaid.

The Companies obtained a conditional grant in the form of a promissory note at a rate of 5.75% pursuant to a construction loan agreement from the U.S. Department of Housing and Urban Development. The purpose of this note is to fund low-income housing for individuals and families with AIDS. The note for the construction costs has a limit of \$2,639,700 and is secured by the building. If the Companies comply with all of the terms stated in the agreement through November 2040, the note will not have to be 2,576,700

350,000

\$

6,093,541

400,000

#### Notes to Consolidated Financial Statements June 30, 2017

NGHDFC obtained a conditional grant in the form of a secondary promissory note with a maturity date of April 4, 2042 at a rate of 1.0% pursuant to a construction loan agreement from the Department of Housing Preservation and Development ("HPD") of the City of New York. The note for the construction costs has a limit of \$698,854 and is secured by the building. If on the anniversary date following the thirty-fifth anniversary the premises shall be owned by a not-for-profit corporation acceptable to HPD and there shall be no other default under the loan documents, the principal balance and accrued but unpaid interest will be forgiven over a five-year period.

 698,854
\$ 10,519,095

#### Total

#### Note 10 - Grants and contracts services revenue

Grants and contracts services revenue consists of the following for the year ended June 30, 2017:

U.S. Department of Health and Human Services	
Health Resources Services Administration	\$ 2,977,165
Centers for Disease Control and Prevention	712,186
Substance Abuse and Mental Health Services Administration	581,153
U.S. Department of Housing and Urban Development	1,361,608
New York State Department of Health AIDS Institute	2,457,084
New York City Department of Health and Mental Hygiene	2,471,361
New York City Human Resources Administration	9,875,816
Public Health Solutions	3,859,595
Health Research Incorporated	669,758
Other	 406,241
Total	\$ 25,371,967

#### Note 11 - Patient services revenue, net

For the year ended June 30, 2017, patient services revenue, net, consists of the following:

Medicaid (including Managed Care) Medicare Other third-party Self-pay Uncompensated care/safety net pool	\$ 14,465,201 322,789 262,643 399,870 542,269
Total	\$ 15,992,772

Medicaid and Medicare revenue is reimbursed to the Companies at the net reimbursement rates as determined by each program. Reimbursement rates are subject to revisions under the provisions of reimbursement regulations. Adjustments for such revisions are recognized in the fiscal year incurred.

#### Notes to Consolidated Financial Statements June 30, 2017

#### Note 12 - Pension plans

The Companies have two contributory defined contribution plans covering substantially all employees who meet certain eligibility requirements. All full-time employees who have been employed for more than a year are eligible to participate. Pension expense for the year ended June 30, 2017 was \$434,103.

#### Note 13 - Leases

The Companies entered into various noncancelable annual lease agreements for apartment space for their clients. The clients sublease the apartments from the Companies as a part of the rental assistance program. The leases are subsidized by various federal and state contracts. Aggregate housing assistance space rent for the year ended June 30, 2017 amounted to approximately \$9 million. Sublease rental income received from clients and government agencies amounted to approximately \$4.9 million for the year ended June 30, 2017.

The Companies occupy 11 offices (9 program and 2 administrative) under noncancelable leases with terms from two to nine years. The Companies also have existing equipment leases with terms from two to five years. Rent expense for the year ended June 30, 2017 amounted to approximately \$1.8 million. These leases require future minimum payments as follows:

	 Office space	Eq	uipment	 Total
2018	\$ 1,582,621	\$	2,376	\$ 1,584,997
2019	1,487,282		1,584	1,488,866
2020	993,923		-	993,923
2021	 16,054		-	 16,054
Total	\$ 4,079,880	\$	3,960	\$ 4,083,840

#### Note 14 - Commitments and contingencies

#### Healthcare industry

The Companies have contracted with various funding agencies to perform certain healthcare services, and receive Medicaid and Medicare revenue from federal, state and local governments. Reimbursements received under these contracts and payments from Medicaid and Medicare are subject to audit by federal, state and local governments and other agencies. Upon audit, if discrepancies are discovered, the Companies could be held responsible for refunding the amounts in question.

The healthcare industry is subject to voluminous and complex laws and regulations of federal, state and local governments. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursement laws and regulations, anti-kickback and anti-referral laws and false claims prohibitions.

#### Notes to Consolidated Financial Statements June 30, 2017

In recent years, government activity has increased with respect to investigations and allegations concerning possible violations of reimbursement, false claims, anti-kickback and anti-referral statutes and regulation by healthcare providers. The Companies believe that they are in material compliance with all applicable laws and regulations and are not aware of any pending or threatened investigations involving allegations of potential wrongdoing. Upon audit, if discrepancies are discovered, the Companies could be held responsible for refunding the amounts in question.

During the ordinary course of operations, the Companies are defendants in various lawsuits related to normal business matters. Management, based upon the opinion of legal counsel, believes that the resolution of these matters will not materially affect the consolidated financial statements.

The Companies were involved in a contract dispute arising in the ordinary course of business. As of August 10, 2017, the parties have entered into a settlement in principal for the amount of \$581,000, of which \$395,692 relates to 2017 transactions (recorded as part of accounts payable and accrued expenses on the consolidated statement of financial position). Also included in the settlement agreement was for the Companies to vacate the leased property and deliver vacant and broom clean possession to lessor by no later than September 30, 2017. The settlement amount was paid by the Companies on August 10, 2017 while the lease property was vacated and returned to lessor by September 30, 2017.

#### Note 15 - Financial services agreement

On September 19, 2016, the Company entered into a financial services agreement with a management service company ("MSC") to provide financial services management, including general financial management, planning and budgeting, maintenance of accounting and financial reporting system, management of cash receipts and accounts receivable functions, management of cash disbursement and the accounts payable function, assistance in coordinating and managing the government contracts and private grants, and audit preparation and management.

Under the financial services agreement, MSC will be paid a one-time set up fee not to exceed \$79,000, and the administrative fee for the first year will be approximately \$1,600,000. At each annual anniversary of the engagement, the parties will review the staffing plan and functions and activities covered by the agreement to determine if staffing and responsibilities should be revised. The parties agree to adjust pricing to reflect any adjustment in the level of effort. The agreement will be automatically renewed for successive periods of one year unless either party gives 90 days' written notice to the other prior to the expiration of the current period. A 3% fee escalation will be included in any automatic renewals. For the year ended June 30, 2017, the Companies incurred approximately \$1,011,000, which is recorded as part of professional fees and contractual services in the consolidated statement of functional expenses.

#### Note 16 - Subsequent events

#### Sale of a building

On September 7, 2017, FROST'D finalized the sale of its building located at 536 West 187 Street New York for \$1,100,000 and the proceeds were used to pay one of its conditional loans amounting to \$350,000 and for the Companies' operations. Net book value of the building as of June 30, 2017 amounted to \$314,099.

#### Notes to Consolidated Financial Statements June 30, 2017

#### Forbearance agreements

On November 1, 2017, the Companies entered into a forbearance agreement with JPMC related to their existing long-term debt, with an outstanding balance of \$2,219,180 as of June 30, 2017. Based on the forbearance agreement, the Companies have requested JPMC to forbear from exercising its rights with respect to existing default identified on which JPMC agreed to forbear subject to and under certain terms and conditions set forth in the forbearance agreement. The forbearance period shall expire on July 1, 2018.

On October 31, 2017, the Companies entered into a forbearance agreement with PCDC related to their existing long-term debt, with an outstanding balance of \$2,200,000 as of June 30, 2017. Based on the forbearance agreement, the Companies have requested PCDC to forbear from exercising its rights with respect to existing default identified on which PCDC agreed to forbear subject to and under certain terms and conditions set forth in the forbearance agreement. The forbearance period shall expire on July 1, 2018.

Supplementary Information

## Consolidating Statement of Financial Position June 30, 2017

Consolidated	\$ 1,628,260 7,146,800 2,306,177 179,922 899,937 661,474	12,822,570 1,203,989 6,952,447 22,763,794		\$ 44,417,677	\$ 6,894,834 1,577,830 452,988 1,509,788	10,435,440	20,646,676 86,636 10,519,095	41,687,847	3,362,065 (649, <u>581)</u>	2,712,484	17,346	2,729,830	\$ 44,417,677
Harlem Uniled HCH, LLC	\$ 52,112 	52,112 6,952,447		\$ 7,004,559	\$ 70,790 1,402,783	1,473,573	4,348,390 -	5,821,963	1,182,596	1,182,596	1	1,182,596	\$ 7,004,559
North General AIDS Housing Development Fund Corporation	\$ 54,175 356,880 - 35,860	446,715 95,299 3,128,580		\$ 3,670,594	\$ 78,119 - 80,647 437,634	596,400	3,275,554	3,871,954	(201,360)	(201,360)		(201,360)	\$ 3,670,594
The Foundation for Research on Sexually Transmitted Diseases, Inc.	\$ 30.992 264,134 	295,126 - 648,190		\$ 963,374	\$ 159,801 59,887 52,819 (22,228) (785,408)	(535,129)	72,827 - 350,000	(112,302)	1,075,676	1,075,676	E	1,075,676	\$ 963,374
Harlem United Supportive Housing Development Fund Corporation	\$ 136,419 - - - 44,122	180,541 - 6,523,671		\$ 6,724,012	\$ 307,186	307,186	- 6,893,541	7,200,727	172,866 (649,581)	(476,715)		(476,715)	\$ 6,724,012
Upper Room AIDS Ministry, Inc.: Adult Day Heatth Center	\$ 85,222 530,472 1,407,068 1,407,068 1,407,088 138,835	3,061,534 203,690 12,076,409		\$ 15,341,633	\$ 577,657 260,312 329,379 8,321 4,441,957	5,617,626	10,293,519 -	15,911,145	(569,512)	(569,512)	-	(569,512)	\$ 15,341,633
Harlem United Community AIDS Center, Inc.	\$ 1,269,340 5,995,314 899,109 179,922 442,857	8,786,542 905,000 386,944		\$ 10,713,505	\$ 6,079,257 1,257,631 1,443,048 (5,804,152)	2,975,784	5,931,940 86,636	8,994,360	1,701,799	1,701,799	17,346	1,719,145	\$ 10,713,505
Assets	Current assets Cash and cash equivalents Grants and confracts receivable Patient services receivable, net Subention not receivable 340B pharmacy receivable Prepaid expenses and other receivables	Total current assets Restricted cash - debt service Long-term loans receivable Property and equipment, net	Security deposits Total noncurrent assets	Total Liabilitie <u>s and Unrestricted Net Assets</u>	Current liabilities Accounts payable and accrued expenses Accurate compensation Current maturities of long-term debt Refundable advances Intercompany	Total current liabilities	Long-term debt, less current maturities Deferred rent Conditional grants	Total liabilities	Net assets Unrestricted Controlling interest Noncontrolling limited partners' interests in consolidated affiliates		Temporarily restricted net assets	Total net assets	Total

See Independent Auditor's Report.

Affiliates
r, Inc. and /
ter, Inc
IDS Center,
A A
Communit
United
Harlem

# Consolidating Statement of Activities and Changes in Net Assets Year Ended June 30, 2017

	Harlem Uni	Haritem United Community AIDS Center, Inc.	S Center, Inc.	Upper Room AIDS Ministry	Harlem United Supportive Housing Development	The Foundation for Research on Sexualiy	North General AIDS Housing Development			
	Unrestricted	Temporarily restricted	Total	- inc.: Adult Day Health Center	Fund Corporation	Transmitted Diseases, Inc.	Fund Corporation	Harlem United HCH, LLC	Elimination	Consolidated
Revenue Pallent services revenue Provision for bad debts	\$ 5,110,348 (801,179)	s.	\$ 5,110,348 (801,179)	s 10,882,424 ) (967,920)	۰ ، ه	۰ . د	۰ ، م	۰ ، د	۰ ، ه	\$ 15,992,772 (1,769,099)
Net patient services revenue less provision for bad debts Grants and contract services Donations and contributions Rendal income 340B pharmacy revenue Management services fee Other	4,309,169 19,868,592 182,827 182,827 4,817,640 2,612,479 2,612,479 107,439	1 1 1 1 1 1 1	4,309,169 19,868,592 162,827 4,817,640 4,817,640 2,612,479 107,439	9,914,504 3,562,211 75,608 145,220 7,796,579 68,172	276,480 - - -	986,507 32,000 28,086 28,086 28,086	954,657 - 43,992 - -	315,081	- - (399,454) (2,612,479)	14.223,673 25,371,967 270,435 4,911,964 7,796,579 491,496
Total revenue	31,878,146	-	31,878,146	21,562,294	276,559	1,047,272	998,695	315,081	(3,011,933)	53,066,114
Expenses Salaries and related benefils Other than personnel services Interest	12,944,138 18,782,571 330,182		12,944,138 18,782,571 330,182	9,405,561 11.792,682 423,148	147,211 199,426	758,397 631,252 2,548	544,017 696,589		(3,011,933)	23,799,324 29,090,617 1,013,576
Toíal expenses	32,056,891		32,056,891	21,621,391	346,637	1,392,197	1,240,606	257,728	(3,011,933)	53,903,517
Operating income (loss) prior to depreciation and amortization	(178,745)		(178,745)	(59,097)	(70,078)	(344,925)	(241,911)	57,353	,	(837,403)
Depreciation and amortization	39,170		39,170	705,247	221,876	666'96	85,664			1,148,956
Change in consolidated net assets	(217,915)		(217,915)	) (764,344)	(291,954)	(441,924)	(327,575)	57,353		(1,986,359)
Increase in consolidated nel assels attributable to noncontrolling interests	·			,	291,925		1			291,925
Change in consolidated net assets attributable to Harlem United Community AIDS Center, Inc. and Affiliates	\$ (217,915)	' S	\$ (217,915)	) S (764,344)	s (29)	\$ (441,924)	\$ (327,575)	\$ 57,353	S	\$ (1,694,434)
Net assets beginning balance, July 1, 2016	\$ 1,919,714	\$ 17,346	\$ 1,937,060	194,832 194,832	s (184,761)	\$ 1,517,600	\$ 126,215	\$ 1,125,243	ۍ ۲	\$ 4,716,189
Change in consolidated net assets attributable to Harfem United Community AIDS Center, Inc. and Affiliates	(217,915)	•	(217,915)	(764,344)	(29)	(441,924)	(327,575)	57,353	·	(1,694,434)
Change in consolidated net assets attributable to noncontrolling interests			-		(291,925)	-				(291,925)
Net assels ending balance, June 30, 2017	\$ 1,701,799	\$ 17,346	s 1,719,145	s (569,512)	\$ (476,715)	\$ 1,075,676	\$ (201,360)	\$ 1,182,596	s -	\$ 2,729,830

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28

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