** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection

OMB No. 1545-0047

A	For th	e 2017 calendar year, or tax year beginning and	ending			
В	Check it applicat	C Name of organization	_	D Employer Identifi	cation number	
	Addr	🕪 GLUBAL AIDS INTERFAITH ALLIANCE (GAIA)				
	Nam chan	Doing business as	94-3364364			
	Initia retur		Room/suite			
L	Final retur	2171 EAST FRANCISCO BLVD., SUITE I		415-	<u>461-7196</u>	
_	lermi ated	and the second s		G Gross receipts \$	2,536,777.	
늗	Amei ralun Appli	SAN KAFAMI, CA 94901		H(a) Is this a group re		
L	ion Dened	F Name and address of principal officer: TODD SCHAFER		for subordinates	? Yes 🗓 No	
		SAME AS C ABOVE		H(b) Are all subordinates in	iduded? Yes No	
		tempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) (or 527	if "No," attach a	list. (see instructions)	
$\overline{}$		te: ► WWW.THEGAIA.ORG		H(c) Group exemptio		
P	orm c	forganization: X Corporation	<u>1 Year</u>	of formation: 2000 h	A State of legal dornicile: CA	
	1	Briefly describe the organization's mission or most significant activities: SEE \$	SCHEDU	LE O.		
Activities & Governance						
Ē	2	Check this box If the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets,	
Š	3	Number of voting members of the governing body (Part VI, line 1a)			14	
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14	
ŝ	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**********	5	8	
Ě	6	Total number of volunteers (estimate if necessary)	***********	6	100	
듗	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.	
	İ			Prior Year	Current Year	
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)	,,,,,,,,	2,622,874.	2,471,458.	
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		599.	23,377.	
ш,	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,586.	-10,874.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,640,059.	2,483,961.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		59, 1 75.	67,479.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), Ilnes 5-10)		686,640.	673,449.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
X	, b	Total fundraising expenses (Part IX, column (D), line 25) 328,14				
_	! ' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,115,810.	1,862,224.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,861,625.	2,603,152.	
- 6	19	Revenue less expenses, Subtract line 18 from line 12	·	-221,566.	-119,191.	
ts o	20	Total assets (Part X, line 16)	Ве	ginning of Current Year	End of Year	
SSE	20	Total liabilities (Part X, line 26)	·····	1,803,194.	1,716,547.	
鳕		Net assets or fund balances, Subtract line 21 from line 20		36,932. 1,766,262.	59,559. 1,656,988.	
Pa		Signature Block	**	1,700,202.	1,000,300.	
		lities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	este and to the heet of mu	Impullades and hellet it is	
		t, and complete. I " 'n all Information of whi			moviedhe bus deller it is	
			tor properci	10/3	1,0	
Sign		Signature on one or		Date	-/ 1 	
Hen		TODD SCHAFER, PRES. AND CEO				
		Type or print name and title			70°-1-	
		Print/Type preparer's name Preparer's signature		Date / Check	PTIN	
Paid JAMES P. PETRAY JAMES P. PETRAY OF Sell-employed P						
rep	arer	Firm's name BPM LLP		Firm's EIN	81-4234542	
Jse I	Only	Firm's address 110 STONY POINT ROAD, SUITE 210			-	
		SANTA ROSA, CA 95401		Phone na, 70	7-544-4078	
Vlay	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No	
3200	1 11-2	1-17 LHA For Paperwork Reduction Act Notice, see the separate instruction	⊓S.		Form 990 (2017)	

	rt III Statement of Program Service Accomplishments
: F .C	······································
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
'	GAIA'S MISSION IS TO PROVIDE BASIC HEALTH SERVICES, TARGETING
	PREVENTION, CARE, AND SUPPORT IN COMMUNITIES AFFECTED BY HIV/AIDS, TB AND MALARIA IN AFRICA.
	THE THE PARTY AND THE PARTY AN
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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	/ (1998) 10 / (199
	GAIA ELIZABETH TAYLOR MOBILE HEALTH CLINICS
	SERVED 35 VILLAGE SITES WITH 7 MOBILE HEALTH CLINICS;
	CONDUCTED 264,826 CLIENT VISITS;
	TESTED 8,165 CLIENTS FOR HIV WITH 5% TESTING POSITIVE;
	TREATED 59,204 CLIENTS FOR MALARIA.
4b	(Code:) (Expenses \$\) 239,637. including grants of \$\) (Revenue \$)
	NURSE EDUCATION PROGRAM
	SPONSORED 73 NURSING STUDENTS IN SCHOOL;
	SUPPORTED AND MONITORED 427 GRADUATES OF THE NURSING PROGRAM.
4c	(Code:) (Expenses \$ 217,852. Including grants of \$ 40,766.) (Revenue \$)
70	TARGETED COMMUNITY PROGRAMS
	ORPHANS SUPPORTED IN GRADES 6 THROUGH 8: 341;
	ORPHANS SUPPORTED IN SECONDARY SCHOOL, GRADES 9 THROUGH 12: 256;
	YOUTH SERVED THROUGH GRASSROOT SOCCER YOUTH CLUBS: 6,300;
	YOUTH TESTED DURING YOUTH EVENTS: 506, WITH 1% TESTING HIV+;
	VILLAGERS TESTED VOLUNTARILY DOOR-TO-DOOR HIV TESTING: 7,503 WITH 2%
	TESTING HIV+.
4d	Other program services (Describe in Schedule O.)
	(Expenses 5 980, 211 including grants of \$ 13, 215 .) (Revenue \$
4e	Total program service expenses 2,178,394.
	Form 990 (2017)
	FOIR 550 (2017)

Pa	rt IV Checklist of Required Schedules			ugo
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		14.5	1100
	if "Yes," complete Schedule A	1	x	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		х
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
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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 fisted in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>		<u> </u>
	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, IX, or X	NOW!		300
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D.	5 48 5 A	7000	A1137 4
	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	1111		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		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	- 112		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	116		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? # "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	
13		13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
16	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	Х	

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes," complete Schedule G. Part III

Form 990 (2017) GLOBAL AIDS INTERFAITH ALLIANCE (GAIA) 94-3364364 Page 4
Part IV Checklist of Required Schedules (continued)

20a Dit the organization repeate one or more hospital facilities? "If "Yes," complete Schwidzie H b If "wes" to 19 co. 26, dit the organization instant on any of the auditor the monals extensionals to this minute." 21 Did the organization report more than \$5,000 or grants or other assistance to any domestic organization or of manual process. The complete Schwidzie Parts and II of the organization report more than \$5,000 or grants or other assistance to any domestic organization or of the standard or the complete Schwidzie Parts and III of the organization assert "res" to hart Vis. Schwidzie Parts and III of the organization assert "res" to hart Vis. Schwidzie Parts and III of the organization with a secure organization assert "res" to hart Vis. Schwidzie Parts and III of the organization where a text exempt bond issue with an outstanding principal arround of more than \$10,000 as of the isst does of the year, that was issued district Dearbin 31, 00022 If "Yes," answer into a 24th cough 24d and complete Schwidzie Parts. The Schwidzie Parts and III of the organization where are proceeds of two-exempt bonds are provided arround of more than \$10,0000 as of the isst does of the year, that was issued district Dearbin 31, 00022 If "Yes," answer into a 24th cough 24d and complete Schwidzie Parts. The year are refused in any standard organization where they controlled the organization where they are controlled to the organization with an accordance occurred to horse outstanding stary time during the year? 24d If the organization and the second thing the year? "Yes," complete Schwidzie Parts and III of the organization with a disqualitied person uturing the year? "Yes," complete Schwidzie Parts and the parts and the parts are parts and the parts				Yes	No
b If "ves" to line 26s, did the organization attach a copy of its audited threadel statements to this return? 20b 10b	20a	Did the organization operate one or more hospital facilities? If "Yes " complete Schedule H	20a	100	_
21 Did the organization report more than \$5,000 of grafts or other assistance to any domestic graphs and to domestic government on Part KC, column (A), in 17 17 17 18 19 17 18 19 18 19 18 22 Did the organization report more than \$5,000 of grafts or other assistance to or for domestic individuals on Part KC, column (A), in 18 27 18 19 18 18 19 18 18 19 18 19 18 18 18 18 18 18 18 18 18 18 18 18 18					
domestic government on Part IX, column (A), line 17 if Y'ss_* complete Schedule I, Parts I and II 2 If Y Section II 2 If I we want to the section of the competition of the organization and the section of the competition of the organization and the section of the competition of the organization and the section of the section of the organization and the section of the section of the organization and the section of the sec			200		\vdash
22 Miles organization report more than \$5,000 of grafts or other assistance to or for domestic individuals on Part IX, column (A), ine 22 if "Yes," complete Schedule / Part I and II 22 X 23 24 Did the organization answer "Yes" to Part VI, Section A, the 3, 4, or 5 about compensation of the organization's current and former officers, directors, frustoss, key employees, and highest compensation of the organization's current and former officers, directors, frustoss, key employees, and highest compensation of the organization's current and former officers, directors, frustoss, key employees, and highest compensation of the organization complete Schedule K. If Yes", go to line 25a 24a X 24a			21		x
Part IX, column (A), line 2? If "Yes," complete Schedule I, Part I and III 22 IDId the organization shere" Yes" to Part VII, Section A, line 3, 4, or 8 about compensation of the organization's current and former officers, directors, flustess, key employees, and highest compensation of the organization's current and former officers, directors, flustess, key employees, and highest compensation of the organization have a tax exempt bond issue with an outstanding principal arrount of more than \$10,000 as of the isst day of the year, that was issued after December 31, 2002? If "Yes," annews lines 24th through 24d and complete Schedule I, "I've", in the 28a bill the organization invest ery proceeds of tax exempt bonds beyond a temporary period exception? 24b bill the organization match an accord account other than a refunding excrow at any time during the year to defease any tax-exempt honds? 35e-36e-1016, \$51(e)[3], and \$51(e)[29] organizations. Die the organization engage in an excess benefit transaction with a disqualified person with a disqualified person with a disqualified person within a flustess for bonds outstanding at any time during the year? 35e-36e-36e-36e-36e-36e-36e-36e-36e-36e-36	22		7.		<u> </u>
23 Did the organization answer "Yes" to Part VII, Section A, the 3 A, or 5 about compensation of the organization's current and corner officers, directors, trustees, key employees, and highest compensated employees? #"Yes", complete Schedule J " 24 Did the organization have a tax exempt bond issue with an ordatanding principal emount of more than \$100,000 as of the isst day of the year, that was issued after December 31, 2002? #"Yes," answer lens 240 through 24d and complete Schedule K. #"No"; go to line 25a			22		x
and former officers, directors, trustoes, key employees, and highest compensated employees? #"Yes," complete Schedule J Libit the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the yeer, that was issued after December 31, 2002? #"Yes," answer lines 24th brough 24d and complete Schedule K. #"No"; to the me 25s	23				
Schecklub / A Did the organization have a tex exempt bond issue with an outstanding principal arrount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schecklub K. If "No"; go to line 25th 50 bid the organization maintain an escrow account other than a retunding escrow at any time during the year to defease any trax-exempt bonds. 24b					
24a Did the organization have a tex exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yos," arrawar lines 24b through 24d and complete Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tex-exempt bonds beyond a temporary period exception? 24b b Did the organization invest any proceeds of tex-exempt bonds beyond a temporary period exception? 24c b Did the organization invest any proceeds of tex-exempt bonds beyond a temporary period exception? 24c d Did the organization invest are proceeds of tex-exempt bonds outstanding at any time during the year? 24d Did the organization was that is engaged in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule L, Part I Is the organization wave 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 950 or 990-EZ? If "Yes," complete Schedule L, Part I 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, fursies, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II II 25b Was the organization provide a gnant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee employee; or deputable for the prior to employee thereof, a grant selection committee employee; or explayable, and the prior of the prior of the following parties (see Schedule II) Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, fustee, or key employee? If "Yes," complete Schedule II, Part IV A A amily member of a current or former officer, director, fustee, or key employee? If "Yes," complet		•	23	x	
is at day of the year, that was issued after December 31, 2002? #"Yes," snewer lines 24b through 24d and complete Schedule K, if "No", go to line 25a b) Did the organization maintain an escrow account other than a retunding escrow at any time during the year to defease any tax-exempt bonds. 24b d) Did the organization socials an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds. 25c d) Did the organization socials an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization socials an "on behalf of" issuer for bonds outstanding at any time during the year? 25d d) Did the organization socials an "on behalf of" issuer for bonds outstanding at any time during the year? 25d d) Did the organization with a disqualified person during the year? #"ves," complete Schedule L, Part I 25a	24a				┢──
Schoolule K. If "hot 2 go to line 25a b Did the organization invest are proposed of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease any tax-exempt bonds? d Did the organization act as an "on behalf of" issues for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issues for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issues for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issues for bonds outstanding at any time during the year? 24d Is the organization act as an "on behalf of" issues for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issues for bonds outstanding at any time during the year? 24d Is the organization act as an "on behalf of" issues for bonds outstanding at any time during the year? 24d Did the organization see 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 Schoolule I, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereofs, grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schoolule I, Part III is substantial contributor or employee thereofs, grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schoolule I, Part IV issued or any of these persons? If "Yes," complete Schoolule I, Part IV issues, or direct or former officer, director, trustee, or key employee? If "Yes," complete Schoolule I, Part IV issues, or director, trustee, or director, trustee, o					
b Did the organization invest any proceeds of tax-excempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a retunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issues for bonds outstanding at any time during the year? 24d 24d 25a Section 50ft(28), 50ft(24), and 60ft(29) organizations but the organization engage in an excess benefit transaction with a disqualified person during the year? #"Yes," complete Schedule L, Part 1 25a X b is the organization ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have the been reported on any of the organization short forms 990 or 990 627 #"Yes," complete Schedule L, Part 1 25b X 25b Did the organization proper any amount on Part X, line 5, 6, or 22 for receivables from or payables to any cutment or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? #"Yes," complete Schedule L, Part 1 25b Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity or family member of any of these persons? #"Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions! 27			249		x
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exampt bonds? 24d	h	• •			
any tracexempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 601(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 930 E27 if "Yes," complete Schedule L, Part II 25b 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? If "Yes," organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustee, leg employees, or disqualified persons? If "Yes," organization are generally member of any of these persons? If "Yes," organization committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," organization are deceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing finashcids, conditions, and exceptions): a A current or former officer, director, trustee, or key employee (in a family member thereof) was an officer, director, trustee, or key employee (in a family member thereof) was an officer, director, trustee, or key employee (in a family member thereof) was an officer, director, trustee, or key employee (in a family member thereof) was an officer, director, trustee, or key employee (in a family member thereof) was an officer, director, trustee, or key employee (in a family member thereof) was an officer, director, trustee, or k			2411		\vdash
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section Soft(s)(8), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? ""Yes," complete Scheckte L, Part I b is the organization aware that it engaged in an excess benefit transaction have not been reported on any of the organization's prior Forms 990 or 990-E27 ""Yes," complete Scheckte L, Part I 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 Scheckte L, Part II 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% contribiled entity or family member of any of these persons? ""Yes," complete Schecktie L, Part IV Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee for a family member thereof was an officer, director, trustee, or key employee for a family member thereof was an officer, director, trustee, or key employee for a family member thereof was an officer, director, trustee, or key employee for a family member thereof was an officer, director, trustee, or key employee for a family member thereof was an officer, director, trustee, or key employee for a family member thereof was an officer, director, trustee, or key employee for a family member thereof was an officer, director, trustee, or key employee for a family member thereof was an officer, director, trustee, or key employee for a family member thereof was an officer, director, trustee, or key employee for a family	•		240		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 390-E27. If "Yes," complete Schectule L, Part I	d	Did the organization act as an "on hebalf of" issuer for honds outstanding at any time during the year?			\vdash
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Schedule L, Part II 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? If "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 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29 A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 20 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 20 Did the organization fluidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 20 Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 21 Did the organization one of the schedule A in the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 23 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 25 Did the organization conduct	~				
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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 II 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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X 28 X 5 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	27		20		 -
of any of these persons? If "Yes," complete Scheckile L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 288 X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 289 X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 289 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 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 X 30 Id the organization flequidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 35b Oit the organization base a controlled entity 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? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did t					
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a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28b X A nentity 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 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization iquidate, terminate, or dissolve and cease operations? 18 "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 25 Part V, line 1 36 Section 501(c)(3) organization have a controlled entity within the meaning of section 512(b)(13)? 37 If "Yes," complete Schedule R, Part V, line 2 38 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 If "Yes," complete Schedule R, Part V, line 2 38 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 38 If "Yes," complete Schedule R, Part V, line 2 39 Did the organization conduct more than 5% of its activities through an entity that					
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	а		282	4 - 2-	x
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 10 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, dld the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 5012(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19?		A family member of a current or former officer director trustee or key employee? # "Ves." complete School L. Bart IV			
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I, State of the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 20 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 30 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I State organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 31 A X 32 B Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 33 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 33 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI State organization organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note, All Form 990 filers are required to complete Schedule O		An entity of which a current or former officer, director, trustee, or key employee for a family member thereoft was an officer.	_ <u></u>		
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			29	x	
					(2017)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V										
					Yes	No					
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	1a	3								
b	Enter the number of Forms W-2G included in fine 1a. Enter ·0· If not applicable	_1b	0		1979 Y	1500 1500					
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	portai	ole gaming								
	(gambling) winnings to prize winners?			1c	Х						
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		8								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2h	X						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	(z									
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
	if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a										
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccoun	t)?	4a		X					
b	If "Yes," enter the name of the foreign country: ▶										
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			2005 2005					
	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	ction?	***************************************	5b		Х					
_	If "Yes," to line 5a or 5b, did the organization file Form 8896-T?			5c							
6a		_									
	any contributions that were not tax deductible as charitable contributions?			6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributi		•								
_	were not tax deductible?			6b	w teast	20.45 (0.5					
7	Organizations that may receive deductible contributions under section 170(c).	_		7a	X						
a	page 1										
b											
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to see Farm 1989.			۱		37					
_	to file Form 8282?	I	[7c	1000 W.	X					
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1		LVINE	77 V					
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co- Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			76		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		Of as year divad?	7f							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				\$ 3.75	2504.3					
_		•		8	Activity	\$ 77, 30					
9	Sponsoring organizations maintaining donor advised funds.			N	I.A.V	4000					
а	This the control of the state o			9a	***	:					
	Did the executive approximation make a distribution to a decree day of the control of the contro			9b							
10	Section 501(c)(7) organizations. Enter:	• • • • • • • • • • • • • • • • • • • •			7.33	75°					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		V.	13.5						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter:				1 V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
а	Gross income from members or shareholders	11a			1000 m						
	Gross income from other sources (Do not net amounts due or paid to other sources against					l Arriv Living					
	amounts due or received from them,)	11b				1.77					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10411	?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		3000 3000		A (TW)					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
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.				¥4.44 24.44						
b	Enter the amount of reserves the organization is required to maintain by the states in which the		•	(4)							
	organization is ilicensed to issue qualified health plans	13b									
	Enter the amount of reserves on hand	13c			849), j						
				14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	<u> 0</u>		14b							

Form 990 (2017) GLOBAL AIDS INTERFAITH ALLIANCE (GAIA) 94-3364364 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and the lines 2 through 7b below, and through 7b below, and through 7b below 7b to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			19.244 19.244
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
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
а	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7.42		
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	586°A	3000 3000 3000 3000 3000 3000 3000 300	NO.
a	The governing body?	8a	X	44800.40
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	- 00		
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule ()	9		Х
Sec	tion B. Policies This Section B requests information about policies not required by the Internal Revenue Code.)		il	
	This accurate reclassis information about policies not reclaired by the filternat neverine code.)		Yes	No
тΩя	Did the organization have local chapters, branches, or affiliates?	10a	res	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUA		-11
~	and force 1 and 10 to 10	4nL		
11a	* · · · · · · · · · · · · · · · · · · ·	10b 11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11 a 3,949		asylvi
12a		120	X	a-95000
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	-1	
-	· ·	40-	х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	12c	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13	X	
15		14	A	WYCH
10	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?			
_		0414	V	(B)(V)
i L	The organization's CEO, Executive Director, or top management official	15a	X	
U	Other officers or key employees of the organization	15b	A)	12.00.00
464	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		00004	1000
	taxable entity during the year?	16a		X
Đ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		4877	8350
200	exempt status with respect to such arrangements?	16b	i	
17	List the states with which a copy of this Form 990 is required to be filed >CA			
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) av	allable	,	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X 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 the second sec	inancl	af	
	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:			
	EDIE HELLER - 415-461-7196			
	2171 EAST FRANCISCO BLVD., SUITE I, SAN RAFAEL, CA 94901			

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees,"
- 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.

Note Process	(A)	(B)			((Doo	C)			(D)	(E)	{F}
Week Gist any hours for related organizations hours for related or	Name and Title	Average		not a	heakı	писте	than e		Reportable		
Companies of the comp										,	
SUZANNE V. ALWAN 2.00 X		(list any hours for related organizations below line)	Individual trustes or director	institutional trustee	(Micer	Кау етрі оуев	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related
RICHARD BEATTY 2.00 X	(1) SUZANNE V. ALWAN	2.00							"'"		
A CALARD BEATTY 2.00 X			X						0.	0.	0.
(3) CHRISTINE SIMPSON BRENT	(2) RICHARD BEATTY	2.00	Į								
VICE CHAIR			X				L		0.	0.	0.
(4) JANE P. HOUSTON		2.00						Ι.			
MEMBER	VICE CHAIR		X		X				0.	0.	0.
S LAURIE HUNTER		2.00									
MEMBER			X						0.	0.	0.
Semilfer Kepner		2.00									
MEMBER			Х	H		_			0.	0.	0.
To Donald L. Klein, Jr. 2.00	•	2.00								_	_
MEMBER	***************************************		X				Н		0.	0.	0.
(8) ROBERT MCCASKILL 2.00 X X X 0. 0. 0. 0 MEMBER X X 0. 0. 0. 0 MEMBER X 0. 0. 0. 0 (10) LYNN OLDHAM ROBINETT 2.00 X X 0. 0. 0 MEMBER X 0. 0. 0. 0 CHAIR X X X 0. 0. 0 CHAIR X X X 0. 0. 0 (12) MELANIE PERERA 2.00 X 0. 0. 0 MEMBER X 0. 0. 0 MEMBER X 0. 0. 0. 0 MEMBER X 0. 0. 0. 0 MEMBER X 0. 0. 0 MEM		2.00									_
MEMBER X X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	W-1	2 00	X.				\vdash		0.	0.	0.
Second Color Col		2.00			v				ا م		
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100	• •	2.00	v						ا م		^
MEMBER		2 00	<u> </u>				Н	•	0.	0.	U.
(11) GEOFFREY PECK CHAIR (12) MBLANIE PERERA (12) MBLANIE PERERA (13) ANDREW PFLAUM (13) ANDREW PFLAUM (14) RUTH THURMOND SCOTT (14) RUTH THURMOND SCOTT (15) TODD SCHAFER (15) TODD SCHAFER PRESIDENT AND CEO (16) ELLEN SCHELL (17) TODO (18) TODO (18) TODO (19) TODO (2100	v	ı					ا ،	n	n
CHAIR		2.00									
(12) MBLANIE PERERA 2.00	CHAIR		x		x				n_	n .	n.
MEMBER	(12) MBLANIE PERERA	2.00	-								<u> </u>
Column	MEMBER		х		ı				ا. ا	0.	0.
MEMBER X 0. 0. 0. (14) RUTH THURNOND SCOTT 2.00 0. 0. 0. MEMBER X 0. 0. 0. (15) TODD SCHAFER 40.00 X 152,265. 0. 25,876. (16) ELLEN SCHELL 40.00 X 152,265. 0. 25,876.	(13) ANDREW PFLAGM	2.00		\neg	ヿ						
(14) RUTH THURMOND SCOTT 2.00 0.0.0 MEMBER X 0.0.0 (15) TODD SCHAFER 40.00 X 152,265. 0.25,876. (16) ELLEN SCHELL 40.00 X 152,265. 0.25,876.	MEMBER		х						0.	0.	0.
(15) TODD SCHAFER 40.00 PRESIDENT AND CEO X 152,265. 0. 25,876. (16) BLLEN SCHELL 40.00 X 152,265. 0. 25,876.	(14) RUTH THURMOND SCOTT	2.00			\Box					•	
(15) TODD SCHAFER 40.00 PRESIDENT AND CEO X 152,265. 0. 25,876. (16) ELLEN SCHELL 40.00 X 152,265. 0. 25,876.	MEMBER		Х						0.	0.	0.
(16) ELLEN SCHELL 40.00	(15) TODD SCHAFER	40.00									
(16) ELLEN SCHELL 40.00	PRESIDENT AND CEO				Х				152,265.	0.	25,876.
INTERNATIONAL PROGRAMS DIR X 111,582. 0. 2,679	(16) ELLEN SCHELL	40.00			1						
	INTERNATIONAL PROGRAMS DIR				Х				111,582.	0.	2,679.
		<u> </u>			ŀ						

Form	990 (2017) GLOBAL A	rds inte	ERF	ΆΙ	TH	A, I	LL	I	ANCE (GAIA)	94-3364	364 Page 8
I Sai	t.VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per	(đo box	(C) Position (do not check more than or those person is both; officer and a director/buste) Uhansi is boll	one Dan	(D) Reportable compensation	ES (continued) (E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below (ine)	tee or director	Institutional trustee	Officer		Highest compensated Simplicyee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
			L								
									:		

	<u>.</u>										
1b c	Sub-total	, Section A	 .			· · · · · · · · · · · · · · · · · · ·		>	263,847. 0.	0. 0.	
2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization								263,847. eceived more than \$100,	0.000 of reportable	28,555.
	Did the organization list any former officer,	director or tru	ctor	· bo	V ahr	ndo	uee.	or!	Michael componented on	gralauca en	Yes No
	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su	rch individual									3 X
	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,"	" coi	mple	ete S	che	dule	Jfe	or such individual		4 X
	rendered to the organization? If "Yes," com ion B. Independent Contractors	olete Schedule	JK	or su	ch p	erse	on .		o organization of flores.	ALL TO RECEIVED	5 X
	Complete this table for your five highest cor the organization. Report compensation for t										tion from
	(A) Name and business			NE					(B) Description of s		(C) Compensation
									.,,,		

	Total number of independent contractors (in \$100,000 of compensation from the organiz		t lim	ited	to t	hose 0		ed :	above) who received mo		
											Form 990 (2017)

		Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII			
					(A) Total revenue	(8) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
22 2	1 8	a Federated campaigns	1a					
6 5	ı	b Membership dues						
9 5	,	c Fundralsing events		476,168.				
ii ta	،	d Related organizations		-				
,, E	,	e Government grants (contributi		147,003.				
50	1	f All other contributions, gifts, gran			1			
a tr		similar amounts not included above		848,287.				
ĒĊ	,	g Noncash contributions included in lines :		180,393.				
Contributions, Gifts, Grants and Other Similar Amounts	ı	h Total, Add lines 1a-1f	***************************************		2,471,458.			
				Business Code				
럈	2 :	a						
ž.	Ŀ							
Program Service Revenue		c						
E 2	,	d						
Š,		•						
ď.		f All other program service reve						
		g Total. Add lines 2a-2f	***************************************					
	3	investment income (including	-	-				
		other similar amounts)			23,377.			23,377.
	4	Income from investment of tax	k-exempt bond p	roceeds 🕨				
	5	Royalties		<u></u>				
:			(i) Real	(ii) Personal				
	1	a Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		i Net rental income or (loss)		>	en, anno carvo ve al ve divisione	de trock a trockastidačit azvišovv	reconstruction and the second	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	7 a	Gross amount from sales of	(t) Securities	(ii) Other				
		assets other than inventory		ļ				
	b	Less: cost or other basis	ļ	İ				
		and sales expenses						
		Gain or (loss)				Value of the second		
		1 Net gain or (loss)		<u> </u>	Breen House Color No. 1449	grandensk grandelja i koje predst	Lands Carry, IF Na Parket	La Majora de compresso de la compresso de la compresso de la compresso de la compresso de la compresso de la c
9	8 8	Gross income from fundraising including \$ 476,1						
Revenue								
E.		contributions reported on line	rc). See	20,500.				
Other	L	Part IV, line 18	a					
ਠ	N	Less: direct expenses Net income or (loss) from fund		32,010.	-32,316.			-32,316.
	9 2	Gross income from gaming ac	-		32,310			-32,310.
	3 6	Part IV, Ilne 19						
	h	Less: direct expenses						
.		: Net income or (loss) from gami			menyment jakan ses	and a physical probability of	understand and Albanda	There is a figure of the state of
ļ		Gross sales of inventory, less r	•		888-80 POX 858-98	Johnson Straker	(MELAWARE)	
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales		>	1		iggige Armente Boya e Son (19	ALCONOTOR AND ACTOR (NO ENGLANCE)
		Miscellaneous Revenue		Business Code				
Ì	11 a	MANAGEMENT INCO		541610	18,696.			18,696.
ĺ	b	ICT CODE T A MEDICAL DA		900099	2,746.			2,746.
	c							
	d	All other revenue						
	e	Total. Add fines 11a-11d			21,442.		程序(1982年)	War and a second
	12	Total revenue. See instructions.			2,483,961.	0.	0.	12,503.
732009	11-28	3-17						Form 990 (2017)

	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon- not include amounts reported on lines 6b,	se or note to any fine in (A)	this Part IX (B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundralsing 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				
3	Grants and other assistance to foreign		,		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	67,479.	67,479.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		4		
	trustees, and key employees	292,402.	171,892.	29,363.	91,147
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(1)(1)) and				
	persons described in section 4958(c)(3)(B)	222 422			
7	Other salaries and wages	322,188.	189,402.	32,354.	100,432
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	45 455			
9	Other employee benefits	15,430.	5,252.	5,191.	4,987
10	Payroll taxes	43,429.	25,689.	4,468.	13,272
11	Fees for services (non-employees):				
а					
b					
С	<u> </u>	100,720.	55,396.	9,065.	36,259
đ					
е	5 · · · · · · · · · · · · · · · · · · ·				
f	Investment management fees				
g	, ,				
	column (A) amount, list line 11g expenses on Sch 0.)	10,481.	1,571.	1,361.	7,549.
12	Advertising and promotion	4			······································
13	Office expenses	14,255.	7,792.	2,768.	3,695
14	Information technology	34,233.	14,598.	1,225.	18,410
15	Royalties	77.100			
16	Оссиралсу	76,439.	42,042.	6,879.	27,518
17	Travel		<u></u>		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	interest				
21	Payments to affiliates				<u></u>
22	Depreciation, depletion, and amortization				
23	Insurance	6,754.	3,715.	608.	2,431.
24	Other expenses, itemize expenses not covered above. (List miscellaneous expenses in line 24e. If fine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DDCGD314 GTTDDCDG	1,582,027.	1,582,309.	-3,489.	3,207.
Ь	MATERIALS & PUBLICATION	12,493.	6,871.	1,124.	4,498
C	MEALS, MEETINGS & TRAVE	11,225.	2,486.	4,956.	3,783
ď	TAXES & LICENSES	8,050.	235.	38.	7,777.
	All other expenses	5,547.	1,665.	700.	3,182.
25	Total functional expenses. Add lines 1 through 24e	2,603,152.	2,178,394.	96,611.	328,147.
26	Joint costs. Complete this line only if the organization	, ,			,
_	reported in column (B) joint costs from a combined		1		
	educational campaign and fundralsing solicitation.		1		
	Check here if tollowing SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 464,936. Cash - non-interest-bearing 369,270. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 1,064,461 1,054,990. 3 Accounts receivable, net 4 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 1,304. 9 10a Land, buildings, and equipment; cost or other 10,924. basis. Complete Part VI of Schedule D 10a 10,924. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 267,694. 11 287,488. 11 12 Investments - other securities, See Part IV, line 11 12 Investments - program-related, See Part IV, line 11 13 13 14 Intangible assets 14 4,799. 4,799.15 Other assets. See Part IV, line 11 15 1,803,194. 716,547. 16 Total assets, Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 36,932. 17 17 59,559 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 36,932. 59,**559.** Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34, Net Assets or Fund Balances Unrestricted net assets 135,330. 27 14,367. 27 380,932. 1,392,621. 28 Temporarily restricted net assets 28 Permanently restricted net assets 250,000. 29 250,000. 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🔙 and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Pald-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 1,766,262. 1,656,988. 33 1,803,194. 1,716,547. Total liabilities and net assets/fund balances

<u>Form</u>	1990 (2017) GLUBAL AIDS INTERFAITH ALLIANCE (GAIA)	94-	3364364	Page 13	2
Pa	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	2,483	3,961.	,
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,152.	
3	Revenue less expenses. Subtract line 2 from line 1	3	-119	,191.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,766	,262.	_
5	Net unrealized gains (losses) on investments	5	9	9,917.	,
6	Donated services and use of facilities	6			
7	Investment expenses	7			_
8	Prior period adjustments	8			_
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.	_
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				_
	column (B)	10	1,656	5,988.	, .
Pa	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	*********		<u></u>	L
	<u> </u>		·	Yes No	_
1	Accounting method used to prepare the Form 990:				Ø
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
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			9
	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?			Х	
	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:				3
	Separate basis X Consolidated basis Both consolidated and separate basis				Š
C	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 Scher				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing		t Maria		1
	Act and OMB Circular A-133?		3a	X	_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit	·		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				_
			Form 9	990 (2017	1

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revonue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

GLOBAL AIDS INTERFAITH ALLIANCE (GAIA) 94-3364364 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ),) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 X section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Theck this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (v) is the organization listed in your governing document? (i) Name of supported tin ein (iii) Type of proanization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Νo above (see Instructions))

Schedule A (Form 990 or 990 EZ) 2017 GLOBAL AIDS INTERFAITH ALLIANCE (GAIA) 94-3364364 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and		, ,		, , , , , , , , , , , , , , , , , , ,	(4)	()
	membership fees received. (Do not						
	include any "unusual grants.")	2716577.	3164766.	3266541.	2622874.	2471458.	14242216.
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	2716577.	3164766.	3266541.	2622874.	2471458.	14242216.
	The portion of total contributions				78.39745550X.7947		
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amo⊔nt shown on line 11,						
	column (f)						1015469.
6	Public support. Subtract line 5 from line 4.			345000000000000000000000000000000000000	W. 2500 X VALVA		13226747.
Se	ction B. Total Support						
Gale	ndar year (or fiscal year beginning in) 📂	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	2716577.	3164766.	3266541.	2622874.	2471458.	14242216.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		-				
	and income from similar sources	90.	127.	1,157.	599.	23,377.	25,350.
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.)	84,149.	87,004.	43,211.	54,829.	21,442.	290,635.
11	Total support. Add lines 7 through 10						14558201.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	501(c)(3)	
Sec	organization, check this box and storection C. Computation of Publi	here c Support Per	centage	***************************************		***************************************	<u> </u>
	Public support percentage for 2017 (I			drems (6)		14	90.85 %
	Public support percentage from 2016						90.85 <u>%</u> 95.34 <u>%</u>
	33 1/3% support test - 2017. If the c						
	stop here. The organization qualifies						
h	33 1/3% support test - 2016. If the c	us a publicly suppo iteanization did not	t check a hov on ti	ne 13 or 162 and	lina 15 ia 33 1/30/	or more shook thi	is how
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	= 2017 If the ora:	apportou organiza apization did not c	hark a boy on line	13 160 or 16h o	nd line 14 is 1004	mm
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	lest. The prognizeti	ion gualifice se se	uplick europeted	ora, expiain in Pal oraspisation	t virtow (ite organ	HZ&UON ▶ □
h	10% -facts-and-circumstances test	. 2016 If the over	anization did not o	heck a how on the	organizadon 13 165 165 1	7a. and lice 15 ≒ :	
H	more, and if the organization meets th						
	organization meets the "facts-and-circ						,
12	Private foundation. If the organization						🖺
	The real real real real real real real rea	GO FIOL GIECK & L	SA SALIGIE IS, 108	, 100, 11d, 01 1/D		dule A (Form 990	

(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.)

Sec	ction A. Public Support								
Cale	ndar year (or tiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) ⊤otal		
1	Gifts, grants, contributions, and			1	1		1-1		
	membership fees received. (Do not								
	include any "unusual grants,")					1			
_									
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					<u> </u>			
3	Gross receipts from activitles that								
	are not an unrelated trade or bus-								
	iness under section 513		İ						
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					 			
9									
	furnished by a governmental unit to								
	the organization without charge								
	Total. Add lines 1 through 5		<u> </u>		ļ				
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons		<u> </u>		<u> </u>				
d	Amounts included on lines 2 and 3 received					<u> </u>			
	from other than disqualified persons that								
	exceed the greator of \$5,000 or 1% of the emount on line \$3 for the year								
	Add lines 7a and 7b				 				
			 		i dipataksarantaribatan	S NEGLA CONTRACTOR SANCTOR			
	Public support. (Subtract line 7c from line 6.)	19 day mindakil bremila asis	0,0400 p.e.ce e 2000	AND SERVICE AND SE	Applied Statement (S				
			T	<u> </u>			·		
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
	Amounts from line 6				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties,								
	and income from similar sources								
b	Unrelated business taxable income				"				
	(less section 511 taxes) from businesses					1			
	acquired after June 30, 1975								
	Add lines 10a and 10b								
	Net income from unrelated business								
• •	activities not included in line 10b.								
	whether or not the business is								
	regularly carried on								
12	Other income. Do not include gain								
	or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 100, \$1, and 12.)								
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d. fourth, or fifth ta	x vear as a sectlo	n 501 (c)(3) organiza	tion.		
	check this box and stop here								
Sec	tion C. Computation of Public	c Support Per	centage			***************************************			
	Public support percentage for 2017 (li	<u> </u>		oluma (11)		15	%		
	Public support percentage from 2016		DD 12 A-F						
	tion D. Computation of Inves			***********************	***************************************	16	<u>%</u>		
						T . I			
	Investment income percentage for 20			e 13, column (f))		17	<u>%</u>		
	Investment income percentage from 2			••••••		18	<u>%</u>		
	33 1/3% support tests - 2017. If the						' is not		
	more than 33 1/3%, check this box an	d stop here. The	organization qual	fies as a publicly s	sup po rted organiz	ation	▶□		
þ	33 1/3% support tests - 2016. If the	organization did n	of check a box on	line 14 or line 19a	, and line 16 is ma	ore than 33 1/3%, ar	nd		
	line 18 is not more than 33 1/3%, chec								
_	Private foundation, If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Part IV Supporting Organizations

(Complete only if you checked a box 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,
- 2 Old 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? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- 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.)

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Sch	edule A (Form 990 or 990-EZ) 2017 GLOBAL AIDS INTERFAITH ALLIANCE (GAIA) 94-3	36436	4 P	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1-31, 1 Mars 2005, 2007	7,550 7,500 7,500	
а	A person who directly or Indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	William Control		Was A
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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	0.4765355 0.4765355		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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		2007 2007 2007 2007 2007	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	100000000		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			WW.
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			1.344
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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 instruction	s).		
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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions)		
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		N. J.	#23Y
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		A.S	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		l
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	900 A	3133	18.50
	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 arganization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	7 V - 4 V - 1 V - 1 V - 1 V - 1 V - 1	WWY.	Maraka Maraka Maraka
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	PSWAX.	W./V	V.N
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	53 Q.S.C.	Sec.	VALUE
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	36		

Check here if the organization satisfied the integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net income (A) Prior Year (Optional) 1. Not short-term capital gab 1 2. Recoveries of prior-year distributions 2 3. Other gross income (see instructions) 3 4. And fines 1 through 3 4. And fines 1 through 3 4. And fines 1 through 3 5. Depreciation and depletion 5 6. Portion of operating expenses paid or incurred for production or collection of gross income or for insangement, conservation, or maintenance of property held for production of income (see instructions) 7 7. Other expresses (see instructions) 7 7. Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 8 8ection B - Minimum Asset Amount (A) Prior Year (Cottonal) 1. Aggregate fair masket value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year); a. Average monthly value of securities 1 b. Average monthly value of securities 1 c. Fair market value of other provemph-use assets 1 c. Fair market value of other provemph-use assets 5 c. Fair market value of other provemph-use assets 5 c. Fair market value of other provemph-use assets 5 c. Fair market value of other provemph-use assets 5 c. Fair market value of other provemph-use assets 5 c. Fair market value of other provemph-use assets 5 c. Fair market on the 2 from line 1 c. Fair market on the 2 from line 1 c. Fair market on the 2 from line 1 c. Fair market on the 2 from line 3 c. Fair market on the 2 from line 6 c. Fair market on the 2 from line 6 c. Fair market on the 2 from line 6 c. Fair market on the 2 from line 6 c. Fair market on the 2 from line 6 c. Fair market on the 2 from line 6 c. Fair market on the 2 from line 6 c. Fair market on the 2 from line 6 c. Fair market on the 2 from line 6 c. Fair market on the 2 from line 6 c. Fair market on the 2 from line 6 c. Fair market on th		edule A (Form 990 or 990-EZ) 2017 GLOBAL AIDS INTERFAITH TV Type III Non-Functionally Integrated 509(a)(3) Supportin			4-3364364 Page 6
other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income A Prior Year (A) Prior Year (optional)	1				art VI.) See instructions. A
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B Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see				••••	
Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	В			, ,, <u>, , , , , , , , , , , , , , , , , </u>	····································
2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type ill supporting organization (see	Secti		····· •		Current Year
2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type ill supporting organization (see	1	Adjusted net income for prior year (from Section A. line 8. Column A)	1		
Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see					
4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see					
5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see		-	_		
emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see				NAME AND STREET	
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	-		₆		
	7		lly interre	ted Type ill supporting coast	ntzation (see
	-	instructions).		The machhorms order	incomer feee

Schedule A (Form 990 or 990-EZ) 2017

	Type III Non-Functionally Integrated 509			4-3364364 Page 7
	lon D - Distributions	tallol outbouring orge	inizations <u>(continued)</u>	Chimant Vanu
1	Amounts paid to supported organizations to accomplish exe	mat biknoses		Current Year
2	Amounts paid to perform activity that directly furthers exem			<u> </u>
_	organizations, in excess of income from activity	by barboaca or aubborred		
3	Administrative expenses paid to accomplish exempt purpos	se of supported organization		
4	Amounts paid to acquire exempt-use assets	<u></u>		
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.			
	Distributions to attentive supported organizations to which t	·····		
·	(provide details in Part VI). See instructions.	ric organization is responsive		•
9	Distributable amount for 2017 from Section C. line 6			
10	Line 8 amount divided by line 9 amount		····	
	Ente o amount divided by little 3 amount	(1)	100))
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(lii) Distributable
	and a property of the property	Excess Distributions	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-		and the control of the same of the control of the c	
-	able cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a	- BACCONIO DE MERIO ANTONO EN ENSEMBLACION DE CONSTRUE DE PRÉS DE ACTUAR DE CONTRA DE CONTRA DE CONTRA DE CONT			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e	23.2 cm / cm / cm / cm / cm / cm / cm / cm		
	Applied to underdistributions of prior years		Harain San San San San San San San San San Sa	
	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f,	A CONTROL OF THE PROPERTY OF THE PARTY		
4	Distributions for 2017 from Section D.	SALTYANIANIKA KANTAN		
•	line 7:			
а	Applied to underdistributions of prior years		1 - Culture and present a second of a condition of the	
	Applied to 2017 distributable amount			Frank County (9 to a series for a series foliage and a series of 1984)
	Remainder. Subtract lines 4a and 4b from 4.	CHILLIAN AND AND AND AND AND AND AND AND AND A		16860 500 1800 1800 1800 180
5	Remaining underdistributions for years prior to 2017, if		And the same of th	
•	any. Subtract lines 3g and 4a from line 2, For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			enalli ili massimi massimi i nessimiti i
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI, See instructions.			
7	Excess distributions carryover to 2018, Add lines 3i	The state of the s		
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 GLOBAL AIDS INTERFAITH ALLIANCE (GAIA) 94-3364364 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See Instructions.)
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_	
	\cdot
	· · · · · · · · · · · · · · · · · · ·

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

OMB No. 1545-0047

2017

Name of the organization	Employer identification number					
GI	OBAL AIDS INTERFAITH ALLIANCE (GAIA)	94-3364364				
Organization type (check o	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					
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	le. See instructions.				
General Rule						
	n filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support t and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or rr, during the year, total contributions of the greater of {1} \$5,000; or (2) 2% of the amount line 1. Complete Parts I and II.	or 16b, and that received from				
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a tions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educ ruelty to children or animals, Complete Parts I, II, and III.					
year, contributions is checked, enter h purpose. Don't con	For an organization described in section 501(c)(7), (8), or (10) filling 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					
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo ne 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) (2017)

Name of organization

Employer identification number

CLOBAL.	ATDO	INTERFAITH	ATT TAMOR	/CATA)
GHODAH	WIDS	INTERPATTE	ALLIANCE	(GALA)

GLOBAI	AIDS INTERFAITH ALLIANCE (GAIA)	94	-3364364
Part I	Contributors (see instructions), Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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
2			Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$100,000.	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		* 75,500.	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
5			Person X Payroll
(a) No.	(b) Name, address, and Z₹P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Concash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GLOBAL AIDS INTERFAITH ALLIANCE (GAIA)

94-3364364

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
2	PUBLICLY TRADED SECURITIES		
		\$ 112,205.	04/04/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash properly given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization Employer identification number GLOBAL AIDS INTERFAITH ALLIANCE (GAIA) 94-3364364 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info.oscs.) > \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization GLOBAL AIDS INTERFAITH ALLIANCE (GAIA) Employer identification number 94-3364364

Pa	Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	·		
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in t				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose			
	impermissible private benefit?	***************************************	Yes No		
Pa	TII Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, l	Part IV, line 7,		
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (e.g., recreation or e		orically important land area		
	Protection of natural habitat	Preservation of a cert	tified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last		
	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b					
c	Number of conservation easements on a certified historic stre				
þ	Number of conservation easements included in (c) acquired a				
	listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax		
	year ▶				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				
_	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing cons	ervation easements during the year		
_					
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserval	tion easements during the year		
	D=====================================	# C H			
8	Does each conservation easement reported on line 2(d) above				
_	and section 170(h)(4)(B)(ii)?		Yes No		
9	In Part XIII, describe how the organization reports conservation				
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes t	the organization's accounting for		
Pai	conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasures, or Ot	her Similar Assate		
	Complete If the organization answered "Yes" on Form	•	nor ommu Assets.		
19	If the organization elected, as permitted under SFAS 116 (AS		ant and belence sheet works of art		
	historical treasures, or other similar assets held for public exh				
	the text of the footnote to its financial statements that describ		ice of public service, provide, it: Part Atil,		
h	If the organization elected, as permitted under SFAS 116 (ASI		and balance theat works of set bistorical		
u	treasures, or other similar assets held for public exhibition, ed				
	relating to these items;	resources, or resources in restrict arises of pur	are service, provide the following amounts		
	(i) Revenue included on Form 990, Part VIII, line 1		* ¢		
	(ii) Assets included in Form 990, Part X	***************************************			
2	If the organization received or held works of art, historical trea				
-	the following amounts required to be reported under SFAS 11	•	Saut broade		
я	Revenue included on Form 990, Part VIII, line 1		> \$		
	Assets included in Form 990, Part X		b \$		

	edule D (Form 990) 2017 GLOBAL	AIDS INTERE	AITH ALLI	ANCE (GAIA)		<u>94-33</u>	64364	4 P	age 2
Нa	rt III Organizations Maintaining C	ollections of Arl	t, Historical Tre	asures, c	r Other	' Simila	r Assets	5 (contin	wed)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the t	following tha	at are a sig	gnificant u	ise of its c	:ollection	items	i
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange progr	rams					
b		ė	Other							
Ċ										
4	Provide a description of the organization's co						se in Part	XIII.		
5	During the year, did the organization solicit of									
<u> </u>	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?	***********	************	<u> </u>	Yes		No
Pa	rt IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi									
	on Form 990, Part X?	·····				••••		Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:							
								Amount	Ł.	
C										
đ	Additions during the year					. <u>1d</u>				
е	Distributions during the year				······	. <u>1e</u>				
f	Ending balance		·····			. <u>1f</u>				
	Did the organization include an amount on Fe					ty?	. \square	Yeş		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on	Part XIII		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Ра	Endowment Funds. Complete		swered "Yes" on Fo							
	·	(a) Current year	(b) Prior year	(c) Two yea	ars back [(d) Three <u>y</u>	ears back	(e) Four	years	back
1a	Beginning of year balance	267,694.								
ь	Contributions		250,000.					<u> </u>		
C	Net investment earnings, gains, and losses	33,294.	17,694,					<u> </u>		
¢ì	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	13,500.								
f	Administrative expenses									
g	End of year balance	287,488.	267,694.							
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment > 86.96	%								
C	Temporarily restricted endowment > 1:									
	The percentages on lines 2a, 2b, and 2c show									
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held an	id administe	red for the	e organiza	ation	-		
	by:								Yes	No
	(i) Unrelated organizations				•••••••••			3a(i)		<u>X</u>
	(ii) related organizations						*****	3a(ii)		_X_
Ь	If "Yes" on line Sa(ii), are the related organiza						*************	3b		
4	Describe in Part XIII the intended uses of the	organization's endov	vment funds.							
Par	tVI Land, Buildings, and Equipm									
	Complete if the organization answered			ee Form 990), Part X, I	ine 10.				
	Description of property	(a) Cost or of	1 1 1 1 1 1		,	ccumulate	rd br	(d) Book	c value	e
	· · · · · · · · · · · · · · · · · · ·	basis (Investm	ent) basis ((other)	dep	preciation	<u> </u>			
	Land						57/4			
b	Buildings									
	Leasehold improvements									
	Equipment		1	0,924.		10,92	24.			0.
	Other			***						
Totai	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part X	Column (B), line 10	Oc. 1			▶			0.

Schedule D (Form 990) 2017 GLOBAL AIDS	INTERFAITH A	LLIANCE (C	AIA)	94-3364364 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or	end-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
<u>(F)</u>			.	
(G)	····			
(H)		et av. 1970/000 all frauer tude	and the first twenty to the Market	As existant temperature, the Lagrage West As a
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of	Valuation: Cost or	end-of-year market value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)	, <u>, , , , , , , , , , , , , , , , , , </u>			
(7)				
(8)				
(9)		Nicolation of Constant	eleverace or a salebooks in 1866	Mit valke 1937 PARKETT it des Her des Leicher Afgelles Pr
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.)		HERE RESERVED A		
	F 000 D-414 K	(4.) 0 F 000		
Complete if the organization answered "Yes"	on ronn 990, Part IV, line T Description	i ia. See Form 990	, Part X, line 15.	0.1 Deathyralian
	Describrion			(b) Book value
(2)				
(3)	1			
(4)				
(5)				
(6)		T		
(8)				
<u> </u>				
[9]				
Total. (Column (b) must equal Form 990, Part X, col. (8) line Part X Other Liabilities.	15.]		******************************	<u> </u>
Complete if the organization answered "Yes"	on Form COO Bort IV See :	110 m 111 Can Fo		05
		(b) Book value	m 990, Part X, line	25. Nama wakatan da da matan
(1) Federal income taxes		D) COOK VAIGE		
(2)			\dashv	
(3)		•		

(4) (5)		•		

(6) 7)			100000000000000000000000000000000000000	
(7)			+	
(8)		wii		
(9)				
Total. (Column (b) must equal Form 990, Part X, cot. (B) line		Man - 1 - 1 - 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	terrani tangapat in arti tenggi tahunyahn
2. Liability for uncertain tax positions. In Part XIII, provide				
organization's liability for uncertain tax positions under	rin 48 (ASC 740), Check I	iere if the text of th	ie tootnote has bee	n provided in Part XIII

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 GLOBAL AIDS INTERFAL		
Part XI Reconciliation of Revenue per Audited Financia		e per Return,
Complete if the organization answered "Yes" on Form 990, Par		
1 Total revenue, gains, and other support per audited financial statemen	ts	1
2 Amounts included on line 1 but not on Form 990, Part Vill, line 12:	1 1	
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
a Investment expenses not included on Form 990, Part Vill, line 7b		
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, li	ne 12.)	5
Part XIII Reconciliation of Expenses per Audited Financia		ses per Return.
Complete If the organization answered "Yes" on Form 990, Par		· · · ·
1 Total expenses and losses per audited financial statements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	7 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	4iɔ	
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. Part XIII Supplemental Information.	fine 18.)	5
nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	fide any additional information.	
	. 1784/MARIA A. II.	
****		WALL !
	·	17:101

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No. 1646-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

GLOBAL AIDS IN	PERFATTH .	ALLTANCE	(GATA)		94-336436	Δ
Part I General Info	rmation on A	ctivities Out	side the United States. Compt	ete if the organi	zation answered "Y	as"on
Form 990, Part	IV, line 14b.					
			ds to substantiate the amount of its gra the selection criteria used to award the			Yes X No
United States,			procedures for monitoring the use of its		er assistance outsi	de the
			an be duplicated if additional space is n			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	ity listed In (d) pram service, specific type s) in the region	(f) Total expenditures for and investments in the region
			PROGRAM SERVICES AND LOCAL	HIV BDUCATION,	•	
SUB-SAHARAN AFRICA	3	0	GRANTS	SUPFORT		1,557,300.
					•	
					,	

Name of the Control o			111111111111111111111111111111111111111			
3 a Sub-total	3	0				1,557,300.
b Total from continuation sheets to Part I c Totals (add lines 3a	0	0				0.
and 3b)	3	0				1 557 300.

Page 2

GLOBAL AIDS INTERFAITH ALLIANCE (GAIA) Schedule F (Form 990) 2017

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)						REAL PLANTS OF THE PARTY OF THE	0	4	Schedule F (Form 990) 2017
(h) Description of noncash assistance									Schedt
(g) Amount of noncash assistance	.0	· o	°°	·			ampt ■	A	
(f) Manner of cash disbursement	WIRE	W.P.E	YIRB	E.R.R.			eign country, recognized as tax-exe		
(e) Amount of cash grant	40,766. WIRE	13,498.	3,215,	10,000, WIRE			oreign country, r	- 1	
(d) Purpose of grant	SUPPORT FOR FOOD, HOUSING, AND CARE OF ORPHANS	NURSING SCHOLARSHIP	EICYCLE PURCHASE	ONIVERSITY CLASSES			Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	MANAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAM	
(c) Region	SUB-SAHARAN APRICA	Sub-Saharan Africa	SUB-Saharan Africa	SUB-SAHARAN AFRICA	·		is listed above that are rusel has provided a sectl	r entities	
(b) IRS code section and EIN (if applicable)							ecipient organization The grantee or cour	ither organizations o	
1 (a) Name of organization							2 Enter total number of recipient organizations listed above that a by the IRS, or for which the grantee or counsel has provided a	3 Enter total number of other organizations or entities	

Schedule F (Form 999) 2017 GLOBAL ALDS INTRRATTH ALLIANCE (GAIA) 94–3364364
Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, andraisal other)	The state of the s		1			Schedule F (Form 990) 2017
(g) Description of noncash assistance						Schedul
(f) Amount of noncash assistance						1
(e) Manner of cash disbursement						
(d) Amount of cash grant						
(c) Number of recipients						
(b) Region						
(a) Type of grant or assistance						

GLOBAL AIDS INTERFAITH ALLIANCE (GAIA) 94-3364364 Page 4 Schedule F (Form 990) 2017 Part IV Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign 3 Did the organization have an ownership interest in a foreign corporation during the tax year? # "Yes." the organization may be required to file Form 5471, information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Yes X No Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) ______ Yes X No

Schedule F	(Form 990) 2017 Supplementa	GLOBAL AIDS	INTERFAITH	ALLIANCE	(GAIA)	94-3364364	Page 5
(10 d) 19 % 19 945 44 15	Provide the inform investments vs. ex	nation required by Part I, «penditures per region); F	Part II, line 1 (accountii	ng method); Part li	ll (accounting method); and Part III, column (c)	
	(estimated number	r of reciplents), as applic	able. Also complete th	is part to provide	any additional informa	tion, See instructions.	
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SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1546-0047

2017

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2017

Name of the organization	The second secon	101 (11	o iuto	ot mon actions.			ntification number
GLOBAL	AIDS INTERFAITH AL	LIA	VCE	(GAIA)		94-3364	
	Complete if the organization answe				ine 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pable 1f *Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art Vii) or entity in connection with priduals or entities (fundraisers) pursus	tion of tion of fundra (Includa rofessi	non-g gover dising t ling of onal fo	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) fûndi have c or con contribu	ustody trolol	(iv) Gross receipts from activity		Amount paid or retained by) fundralser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
"							
	Y			***			

Total			_				
 List all states in which the organization or licensing. 	is registered or licensed to solicit c	ontribu	itions	or has been notified	it is e	exempt from reg	gistration
	<u>.</u>						

***			••••				

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

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events BAY AREA EAST COAST (add col. (a) through EVENT EVENT col. (c)) (event type) (event type) (total number) 247,842. 238,450. 10,376. 1 Gross receipts 496,668. 2 Less: Contributions 238,842. 226,950. 10,376. 476,168. 9,000. 3 Gross income (line 1 minus line 2) 11,500. 20,500. 4 Cash prizes _____ Noncash prizes Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 27,464. 24,756. 596. 9 Other direct expenses 52,816. 10 Direct expense summary, Add lines 4 through 9 in column (d) 52,816. -32,316. Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from fine 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2017 GLOBAL AIDS INTERFAITH ALLIANCE (GAIA)

94-3364364 Page 2

Schedule G (Form 990 or 990-EZ) 2017 GLOBAL AIDS INTERFAITH ALLIANCE (GAIA) 94-33	364364	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:		
The annual action (1.17)	13a	%
1 4 , 1 1 , 414	13b	% %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	70
The second secon		
Name		
Address ▶		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
of gaming revenue retained by the third party ►\$		
c If "Yes," enter name and address of the third party:		
Name		
Address >		
16 Gaming manager information:		
Name ►		
Company manager company that by		
Gaming manager compensation ▶ \$		
Description of services provided		
Director/officer Employee Independent contractor		
47 Manufahan dishilardi wa		
17 Mandatory distributions:		
a is the organization required under state law to make charitable distributions from the gaming proceeds to		<u> —</u>
retain the state gaming license?	Yes	Ll No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year > \$ Part IV Supplemental Information, Provide the explanations required by Part I, line 2b, columns (iii) and (A) and Part III, line		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	3 9, 9b, 10b	o, 15b,
150, 16, and 170, as applicable. Also provide any additional mormation, See instructions.		
		
Will the state of		
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Schedule G (Form 990 or 990-EZ) 2017

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Schedule G	(Form 990 or 990-EZ)	GLOBAL	AIDS	INTERFAITH	ALLIANCE	(GAIA)	94-33643 64	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental In	formation _{(con}	tinued)					

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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

Department of the Treasury

Internal Reversus Service

GLOBAL AIDS INTERFAITH ALLIANCE (GAIA)

94-3364364

Employer Identification number

P	Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	1289 VI. (9)	200000000000000000000000000000000000000
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			18.38
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	o alternative	N 11. 8.2.5
		- 100 A	XXXX	74337
3	Indicate which, if any, of the following the tilling organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study	19400		
	Form 990 of other organizations X Approval by the board or compensation committee			
	East of purpose of the state of			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
·	organization or a related organization:			
я	P. t.	(A) \$1000 A =	9949	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a		X
-	Participate in, or receive payment from, an equity-based compensation arrangement?	4b 4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	46	70.46Sz	A 20/20
	The fool to any or large and persons also provide the applicable amounts for each item in Fait III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а		(74)/88	480,40	v
	The organization?	5a		X
	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b	15.5754	A SAN
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
U	contingent on the net earnings of:	4000		
_	- · · · · · · · · · · · · · · · · · · ·	400	4467	37
	The organization?	6a		X
N)	Any related organization?	6b	(74).3k N	A.
7	If "Yes" on line 6a or 6b, describe in Part III.			
1	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	HW.	700	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	1.000	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	[25,45]	155500	45/4
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	7.1350	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	(49.9)	1999	j Okow
	Regulations section 53.4958-6(c)?	1 9 1		l .

Schedule J (Form 990) 2017

94-3364364

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that aren't listed on Form 990, Part Vil.

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

		(B) Breakdown of	(B) Breakdown of W-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	other deferred compensation		(a)·(0)(g)	in column (B) reported as deferred on prior Form 990
(1) TODD SCHAPER	Ξ	152,265.	0	0.	4,598.	21,278.	178,141.	0.
PRESIDENT AND CEO	(3)	0	0.	.0	0	0	0	0
	Ξ							
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	(ii)							
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Schedule J (Form 990) 2017

SCHEDULE M (Form 990)

Noncash Contributions

OM8 No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

> Attach to Form 990.

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

GLOBAL AIDS INTERFAITH ALLIANCE (GAIA)

Employer identification number 94-3364364

Pa	rt I Types of Property					
	· • • • • • • • • • • • • • • • • • • •	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amou	nts
1	Art - Works of art					
2	Art · Historical treasures					
3	Art - Fractional interests					
4	Books and publications		- 12 Company			
5	Clothing and household goods					
6	Cars and other vehicles		3.4.50			
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded	Х	11	180,393.	FMV	
10	Securities - Closely held stock			200/0301		
11	Securities - Partnership, LLC, or					
•••						
12	trust Interests Securities - Miscellaneous				· ····	viv
13	Qualified conservation contribution •					
10	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential		· · · · · · · · · · · · · · · · · · ·			
16	Real estate - Commercial					
		 				
17	Real estate - Other					
18	Collectibles	[
19	Food inventory		1			
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ()					
26	Other ()		1			
27	Other ()			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
28	Other ► (<u> </u>	l			
29	Number of Forms 8283 received by the organiz	_		1 1		
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	ement 29	••••	
					Ye Ye	s No
30a	During the year, did the organization receive by					
	must hold for at least three years from the date					
	exempt purposes for the entire holding period?	?		***************************************	30a	X
b	If "Yes," describe the arrangement in Part II.				TXI 32	
31	Does the organization have a gift acceptance p	-	-	*	ions? 31	X
3 2a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash		-
	contributions?		-+-!-+		32a	Х
b	If "Yes," describe in Part II.					
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	ked,	
	describe in Part II.				1002/13/	

Schedu	ale M (Fo	rm 990 upple	0) 2017 mental	GLO Infor	BAL AID	S INTE	RFAIT	H Al	LLI	ANCE	(GAIA)	94-33	64364	F	age 2
1 50, pt. 1	is				mation. Promit on (b), the nutral information.	mber of cor	tributions	, the nu	nber	art i, ane of items	s 306, 326 received, o	, and 33, a r a combin	nd whethe ation of bo	r the organ th. Also c	nization omplete	•
SCHI	DULE	М,	PART	I,	COLUMN	(B):										
THE	ORGA	NIZ.	ATION	IS	REPORT	ING TH	E NUM	BER	OF	CONT	RIBUT	ons.	·	-		
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GLOBAL AIDS INTERFAITH ALLIANCE (GAIA)

Employer Identification number 94-3364364

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GAIA'S MISSION IS TO PROVIDE BASIC HEALTH SERVICES, TARGETING
PREVENTION, CARE, AND SUPPORT IN COMMUNITIES AFFECTED BY HIV/AIDS, TB
AND MALARIA IN MALAWI.
FORM 990, PART VI, SECTION B, LINE 11B:
THE CEO, BOARD CHAIR AND FINANCE COMMITTEE CHAIR ALL REVIEW THE 990 PRIOR
TO ITS BEING FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
THE POLICY IS REVIEWED ANNUALLY WHEN THE TRUSTEES EVALUATE EACH OF THE
ESTABLISHED POLICIES.
FORM 990, PART VI, SECTION B, LINE 15:
RESEARCH IS CONDUCTED FOR COMPARABLE SALARIES IN THE FIELD IN THE BAY AREA
AND ELSEWHERE. ALSO TAKEN INTO CONSIDERATION IS HOW THE SALARIES
CORRESPOND WITH EXPERIENCE.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON
REQUEST. ALL GATAI US AUDIT REPORTS AND POLICIES, INCLUDING CONFLICT OF
INTEREST, ARE POSTED ON GAIA'S WEB SITE.

Form 8868

(Rev. January 2017)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury Internat Revenue Service

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-tite). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns, Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions, Employer identification number (EIN) or print GLOBAL AIDS INTERFAITH ALLIANCE (GAIA) 94-3364364 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 2171 EAST FRANCISCO BLVD., SUITE I return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN RAFAEL, CA 94901 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1 Application Application Return Return ls For ls For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 EDIE HELLER - 2171 EAST FRANCISCO BLVD., SUITE I - SAN The books are in the care of ➤ RAFAEL, CA 94901 Telephone No. ► 415-461-7196 Fax No. > If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _. If this is for the whole group, check this box 🕨 ... If it is for part of the group, check this box 🕨 ... and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2018 to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: ► X calendar year 2017 or tax year beginning , and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 0. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made, include any prior year overpayment allowed as a credit. Зb c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions, Caution; If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

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

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045