2949324202111

5/4/2010/201	2949324:
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)
	Do not enter social security numbers on this form as it may be made nublic.

ОМВ	۷o	154	5-0047
2	M	1	7

ot enter social security numbers on this form as it may be made public. to www.irs.gov/Form990 for instructions and the latest information.	717	Open to Pu
to www.irs.gov/Form990 for instructions and the latest information.	111	Inspectio

Inter	artment of nal Revent	line Treasury ie Service ► Go to www.irs.gov/Form990 for instructions and the latest	information.	1/1/	Inspection
Ā	For the	2017 calendar year, or tax year beginning JANUARY 1 , 2017, and end	ng DECEM	IBER 31	, 20 17
В		applicable C Name of organization MONTGOMERY AIDS OUTREACH INC.		D Employ	er identification number
П	Address				63-0959628
$\overline{\Box}$	Name ch	Name of the first of the first of the standard	uite	E Telepho	ne number
	initial retu				334-286-5980
$\bar{\Box}$		n/terminated City or town, state or province, country, and ZIP or foreign postal code			
	Amended	return MONTGOMERY, AL 36111		G Gross re	eceipts \$ 16,380,692
	Application	on pending F Name and address of principal officer MICHAEL MURPHREE	H(a) Is this a gr	oup return for	subordinates? Yes Vo
		2900 MCGEHEE ROAD MONTGOMERY, AL 36111	H(b) Are all s	subordinate	s included? Yes No
ī	Tax-exen	npt status	15 If "N	o," attach a	a list (see instructions)
J	Website:	► WWW.MAOI.ORG	H(c) Group	exemption	number 🕨
K	Form of o	rganization ☑ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of form	ation 1987	M State	of legal domicile. AL
Р	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: MAO	educates the p	oublic ab	out HIV/AIDS and
92	1	related illnesses and how to prevent transmission of infection. MAO provides cultu	rally competer	nt educati	ion, medical and
nar		social services to people who are living with and affected by HIV/AIDS and related i			
Ver	2	Check this box $lacktriangle$ $lacktriangle$ if the organization discontinued its operations or disposed	of more than	25% of	its net assets.
တ္တ	1	Number of voting members of the governing body (Part VI, line 1a)		3	18
≪ 5		Number of independent voting members of the governing body (Part VI, line 1b)	4	18
ij		Total number of individuals employed in calendar year 2017 (Part V, Tine aa)		5	114
Activities & Governance		Total number of volunteers (estimate if negestary)		6	20
		Total unrelated business revenue from Pan VIII column (C), line 12		7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34-29		7b	0
Revenue		MAT U 4 200	Prior Ye		Current Year
	1	Contributions and grants (Part VIII, line 1h)		2,564,849	
	9	Program service revenue (Part VIII, line 2g) TELLEN, UTAH Investment income (Part VIII, column (A), lines 34 @GDEN, UTAH Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15	5,335,581	13,610,807
Re	10	Investment income (Part VIII, column (A), lines 54 (and 10)	ļ	4,385	
	1	2 mar 12 to 12 to 12 to 13 to 14 to 15 to		5,005	
_	, 	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17	7,909,820	
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	
	1	Benefits paid to or for members (Part IX, column (A), line 4)	····	0	
Expenses	I .	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u> </u>	1,428,094	5,864,466
ě		Professional fundraising fees (Part IX, column (A), line 11e)		0	0
Ĕ		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		205.046	12.055.052
	I	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		,395,046	
	1	Revenue less expenses. Subtract line 18 from line 12		5,823,140 2,086,680	
5 or	+	revenue less expenses. Subtract line 10 from line 12	Beginning of Cu		-2,446,733 End of Year
ets o	20	Total assets (Part X, line 16)		5,392,561	3,203,673
Assets 1 Balanc	21	Total liabilities (Part X, line 26)	·····	618,291	878,138
Set A		Net assets or fund balances Subtract line 21 from line 20		1,774,270	
-	art II	Signature Block	•		
Un	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to the	ne best of r	my knowledge and belief, it is
tru	e, correct	and complete Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowl	edge	
		Muchael Murphier		4/2	4/2020
Sig	jn	Signature of officer	Da	te	
He	re	Michael Murphree CEO			
		Type or print name and title			
Pa	id	Print/Type preparer's name Preparer's signature [Date	Check	
Pr	epare	-		self-em	ployed
	e Only	1		n's EIN ▶	
N. A.	46 - 15	Firm's address >	Pho	ne no	
		S discuss this return with the preparer shown above? (see instructions)		• •	Yes No
For	Paperw	ork Reduction Act Notice, see the separate instructions. Cat	No 11282Y		Form 990 (2017)



Form 99	990 (2017)		Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		. 🔾
1	Briefly describe the organization's mission. MAO EDUCATES THE PUBLIC ABOUT HIV / AIDS AND RELATED ILLNESSES AND HOW TO PI INFECTION, MAO PROVIDES CULTURALLY COMPETENT EDUCATION, MEDICAL AND SOCIA WITH AND AFFECTED BY HIV / AIDS AND RELATED ILLNESSES.		
2	Did the organization undertake any significant program services during the year which w prior Form 990 or 990-EZ?		☑ No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conservices?		☑ No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three large expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amounthe total expenses, and revenue, if any, for each program service reported.		
4a	CLINICAL SERVICES - SERVICES INCLUDE HIV TESTING, HIV-SPECIFIC MEDICAL TREATMENT, PHARMACOLOGICA AND CONSULTATIONS TO APPROXIMATELY 1,700 INDIVIDUALS WITHIN A SERVICE AREA OF IN CENTRAL AND SOUTHERN ALABAMA AT THREE FULL-TIME LOCATIONS AND 10 RURAL THROUGH TELEMEDICINE.	AL TREATMENT COMPRISING 12 COUNTIES SITES OFFERING SERVICES	
4b	O (Code) (Expenses \$1,117,574 including grants of \$) SOCIAL AND SUPPORTIVE SERVICES - QUALITY SERVICES AND COMPASSIONATE CARE TO THOSE INFECTED AND AFFECTED BY CASE MANAGEMENT AND SOCIAL SERVICES, INTREPRETATION SERVICES (SPANISH TO E COUNSELING, TRANSPORTATION SERVICES, HOUSING REFERRALS AND FOOD ASSISTANG 1,700 INDIVIDUALS.	' HIV / AIDS THROUGH NGLISH), MENTAL HEALTH	
4c	EQUICATIONAL OUTREACH - INCLUDES FREE HIV TESTING TO INDIVIDUALS THROUGHOUT THE COMMUNITY AND PROV AWARENESS PROGRAMS THROUGH OUTREACH TO SCHOOLS, ORGANIZATIONS AND OTH	IDES EDUCATIONAL AND	0)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	e Total program service expenses ► 16,813,239		

Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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		✓
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		√
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		√
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		√
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		F & 2	, , ,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		√
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	11c		√
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		✓
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		✓
	Schedule D, Parts XI and XII	12a		✓
12	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
	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		.
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		√
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		✓
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 (see instructions)	17		√
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		▼
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		√
				<u> </u>

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b		20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23	1	
24a		120		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		1
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		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):			<u>.</u>
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
^-	conservation contributions? If "Yes," complete Schedule M	30		/
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	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	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
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	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	 "	-	-
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-		H
	19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 17			3.6
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	137.12
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		36	CO.
,	Statements, filed for the calendar year ending with or within the year covered by this return 2a 114			總總
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	深深	克勒克	200
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country. ▶		是	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	!
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١.
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		-
	gifts were not tax deductible?	6b	mer Burn	10.40000
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		13	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	理解	科教	N. FE
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	JE ATW	1727 W.S. 144
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			100
11	Section 501(c)(12) organizations. Enter		44	
a	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		200
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		
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			34.6
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

1 0/1/11 3	50 (2017)			ugo e					
Part		and :	for a	"No"					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI								
Socti	on A. Governing Body and Management	<u>···</u>	•	<u>. v</u>					
Secu	on 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 1a 18	EEEE S	3.50	N. Carlot					
	If there are material differences in voting rights among members of the governing body, or	100		**************************************					
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain in Schedule O.			美数					
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 18								
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	TENTA TENTE	✓					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓					
5	, , , , , , , , , , , , , , , , , , ,								
6	Did the organization have members or stockholders?	6		<u> </u>					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	'a	-	 					
	stockholders, or persons other than the governing body?	7b		/					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	100	333245 37747	37.5					
	the year by the following:		300	557					
а	The governing body?	8a	1						
b	Each committee with authority to act on behalf of the governing body?	8b	✓						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)						
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	-	<u> </u>					
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	of the same of	V					
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			先達公					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		├─-					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1						
13 14	Did the organization have a written whistleblower policy?	13	<u> </u>	 					
15	Did the process for determining compensation of the following persons include a review and approval by	17.7.2	₩	755天					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	1	3(,,					
b	Other officers or key employees of the organization	15b		✓					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Park P						
Secti	on C. Disclosure			L					
17	List the states with which a copy of this Form 990 is required to be filed ► ALABAMA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection, Indicate how you made these available. Check all that apply	1 501(c)(3)s	only)					
	☐ Own website ☐ Another's website ☑ 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 int	erest p	oolicy	, and					
00	financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords:							
	MICHAEL MURPHREE 2900 MCGEHEE ROAD MONTGOMERY, AL 36111 334-280-3349								

_		7
Pa	ae	1

Form 990 (2017)

Form	990	(201	7

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

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.

☐ Check this box if neither the organization	n nor any relate	d org	anız	atic	on c	ompe	nsa	ated any currer	nt officer, director	r, or trustee.	
· · · · · · · · · · · · · · · · · · ·				- {	C)						
(A)	(B)	(B) Position (do not check more					(D)	(E)	(F)		
Name and Title	Average					tnan c Is both		Reportable	Reportable	Estimated	
	hours per	office				or/trust		compensation	compensation from		
	week (list any hours for	욕등	E E	오	6	a i	70	from the	related organizations	other compensation	
	related	Individual trustee or director	Ē	Officer	Key employee	phes	Former	organization	(W-2/1099-MISC)	from the	
	organizations below dotted	를 들	lon		탏	/ee		(W-2/1099-MISC)	1	organization and related	
	line)	l g	1 1		yee	ğ				organizations	
		l e	Institutional trustee		1	Highest compensated employee		ł			
					_	fed.	<u> </u>				
(1) ANNICE YARBER-ALLEN	3										
CHAIR	0	1						1 0	ا		0
(2) JEFF BLANCETT	2	<u> </u>						ļ			<u> </u>
VICE CHAIR		1							٥		0
(3) SARA HILL	2			1							<u> </u>
SECRETARY	0	1	l		Ì			1 0	a		0
(4) CLAYTON DAVIS	2										_
TREASURER	0	✓_				,	Ĺ		o		0
(5) MICHAEL BRIDDELL	1										
IMMEDIATE PAST CHAIR	0	✓			<u> </u>	_			0		0
(6) LORENZO ALEXANDER	.50				1			1	}		
MEMBER	0	/	<u> </u>	L	_		<u> </u>	0	0		0
(7) JENNIFER ANDERSON	.50										
MEMBER	0	/	L.	<u> </u>	<u> </u>		╙	0	0		0
(8) JOYCE BIGBEE	.50							1			
MEMBER	0	✓	<u> </u>			$oxed{oxed}$	ļ		0		0
(9) MALLORY MORGAN COMBEST	.50	١,									
MEMBER	0	✓	⊢				<u> </u>	<u> </u>	0		_0
(10) TARA DAVIS	.50	,									
MEMBER (44)	0	/	\vdash	\vdash	⊢		_	<u> </u>	0		_0
(11) VALERIE DOWNES	.50	1									_
MEMBER (12) SUPPON SERVICE ANNUAL	0	-	-	-	⊢		├	0	0		_0
(12) SHARON GEROGIANNIS MEMBER	.50	1									
(13) FRANK GITSHIER	.50	\ <u>'</u>	-	\vdash			\vdash	c	0		_0
MEMBER	0	1						1 0			0
(14) MICKI BETH STILLER	.50	Ė	 	_	\vdash		\vdash	† <u>"</u>	, , , , , , , , , , , , , , , , , , ,		<u> </u>
MEMBER	0	1		l							0
111 111 11 11 11		<u> </u>		ь	ь			<u> </u>			<u> </u>

10111 000 (2011)													
Part VII Section A. Officers, Directors, Trust	ees, Key E	mploy	yee:	s, ar	nd F	lighe	st C	ompensated E	mployees (con	tinuec	d)		
	1				C)			T	}				
(A)	(B)				ition			(D)	(E)		(F)	
Name and title	Average					than o		Reportable	Reportable	1	Estim		
Name and title	hours per					is both or/trus!		compensation	compensation from	n	amou		
	week (list any			_	r -			from	related		oth		_
	hours for related	호호	ı≅	Officer	Key employee	물을	Former	the organization	organizations (W-2/1099-MISC	, l	comper		
	organizations	8 0	흏	er	뺽	oyer c	Ē,	(W-2/1099-MISC)			organia		
	below dotted	유	ᆲ		ģ	l wä					and re		_
	line)	Individual trustee or director	Institutional trustee		l a	Pen					organız	ations	,
		ō	tee		1	Highest compensated employee							
		_	<u> </u>		Н	Ä	<u> </u>			+			
(15) EVELYN TACKETT	.50									1			
MEMBER	0	/	<u> </u>		L		 	0		0			0
(16) LEE TERRELL	.50	,											
MEMBER	0	✓	<u> </u>		ļ	<u> </u>		0		<u> </u>			0
(17) KATHY VINCENT	<i>.</i> 50												
MEMBER	0	1	L				<u> </u>	0		0			0
(18) TONY WALKER	.50									ì			
MEMBER	0	✓						0		0			0
(19) MICHAEL MURPHREE	55										_		
CHIEF EXECUTIVE OFFICER	0	1		1	1	✓		125,505		0			0
(20) BENITA HOLLIS	37												
CHIEF FINANCIAL OFFICER	0	1		1			1	85,686		0			2,393
(21) ASHLEY TARRANT	40	 	-	H	\vdash		-	00,000		1			_,000
CHIEF OPERATING OFFICER	0	1	l	}		1	İ	98,594		0			2,672
4		_	\vdash				\vdash	30,334		╃			2,072
(22) MARGUERITE BARBER-OWENS	30					1		404 504					
ASSISTANT MEDICAL DIRECTOR	0	├ ─	┢	\vdash		 		134,584		0			0
(23) ALFTAN DYSON	26	1				,							
PHARMACY MANAGER	0		<u> </u>		┡	1	_	109,889		0			2,423
(24) CARLOS REYES-SACIN	30						١,						
PHYSICIAN	0		<u> </u>		ļ	✓	✓	194,182	·	0			<u>5,131</u>
(25)	ļ									Ì			
	<u> </u>	<u> </u>	<u>.</u>		L_	L	١.						
1b Sub-total			•			•		748,440		0		1	2,619
c Total from continuation sheets to Part			•					0		0			0
d Total (add lines 1b and 1c)	· · · ·	<u> </u>					<u> </u>	748,440		0		1	2,619
2 Total number of individuals (including but		to th	ose	e list	ed:	above	e) w	ho received m	ore than \$100,	000 o	f		
reportable compensation from the organi	zation >							5					
												Yes	No
3 Did the organization list any former of	ficer, dırec	tor, c	or tr	uste	еe,	key e	emp	oloyee, or high	est compensa	ted	200	£372	ø '\$*,
employee on line 1a? If "Yes," complete s	Schedule J	for su	ıch	ındı	vidi	ual					3 [✓	
4 For any individual listed on line 1a, is the	sum of re	portal	ble	com	nper	nsatio	n a	and other comp	ensation from	the		436	& Mad
organization and related organizations													- 4-1
ındıvıdual								. <i></i>			4	1	1.4.
5 Did any person listed on line 1a receive of	r accrue co	ompe	nsat	tion	froi	m anv	un un	related organiz	ation or individ	lual	3# (# R	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	£ \$
for services rendered to the organization											5		j
Section B. Independent Contractors					_								<u> </u>
Complete this table for your five highest of the highest of t	component	ad inc	ton	end	ont	contr	acto	ore that receive	nd more than \$	100.0	nn of		
compensation from the organization. Rep												ıle ta	•
year.	ort compe	113au	<i>)</i>	JI (I	IC C	aiciiu	iai y	real ending wit	ii or within the	orgai	iizatioi	1310	
							_						
(A) Name and business add	ress							(B) Description of s	envices	Co	(C) mpensat	ion	
							⊢						
B & B IMPROVEMENTS 202 GUNTER AVE, WETUN	IPKA, AL 3	6092					BU	ILDING REMOD	ELING			16	<u>0,538</u>
							<u> </u>						
							<u> </u>						
							L						
2 Total number of independent contractor							th	ose listed abo	ove) who 🍇			2.2	
received more than \$100,000 of compens	ation from t	the or	gan	ızatı	ion l	▶		1		14.		1	3 - 3 ⁻²

Pari	VIII	Statement of Reve					D-+1/00		
723.5867aF	(CTG, YO)	Check if Schedule O	contains		ponse or note to			(C)	· · · · <u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	· · ·	1a				#EXP-12-727	
ts, Grants Amounts	b	Membership dues		1b					
γŠ	С	Fundraising events $\ .$		1c	13,641	ar in the second			
Gifts, ilar Ar	d	Related organizations		1d			7		
Contributions, Gift and Other Similar	e	Government grants (con		1e	2,701,862				
utto ier (f	All other contributions, gi and similar amounts not inc							
휼	_	Noncash contributions include		1f	38,613			to la la company	
in Sign	g	Total. Add lines 1a-1				2,754,116			
_	"	Totali / Ga iii loo Ta T	<u>, , , , ,</u>	<u></u> -	Business Code				
Jul 1	2a	PHARMACY REVENUE			621110	13,062,505	13,062,505	- CONSTRUCT STABLISHMENT	Enter State Control - State State Control - Control St
æ	ь	HIV MEDICAL SERVICE	E\$		621110	493,396			
Program Service Revenue	С	DENTAL SERVICES			621110	35,277	35,277		
Ser	d	PREP CLINIC SERVICE	S		621110	9,903	9,903		
a	е	CONFERENCE REVEN	UES		621110	7,340	7,340		
'ogr	f	All other program sen		e.	Ĺ	2,386	2,386	SAASAY AMERICAN AMERICAN TO SELECT	AND THE SECOND SECTION OF THE PARTY OF THE P
<u>~</u>	g	Total. Add lines 2a-2			<u> ▶</u>	13,610,807			
	3	Investment income and other similar amo	`		enas, interest,				
	4	Income from investment			and proceeds	4,262	4,262		<u> </u>
	5	Royalties	t or tax-exer	npt b	ond proceeds				
	~	rioyanies	(i) Real	<u> </u>	(ii) Personal	AND PARTY OF THE P		4.62	
	6a	Gross rents .	· · · · · · · · · · · · · · · · · · ·				100		
	ь	Less: rental expenses							
	С	Rental income or (loss)	ne or (loss)						
	d	d Net rental income or (loss)		🕨					
	7a	Gross amount from sales of	(i) Secunti	es	(ii) Other				
		assets other than inventory							
	b	Less cost or other basis							
		and sales expenses	-						
	c d	Gain or (loss) Net gain or (loss) .			L				多种的是大型的多种的
	ľ	ivet gain or (loss) .		•	· · · · · ·	053843555599905			NESSEE SEE SEE SEE SEE SEE SEE SEE SEE S
en ne	8a	Gross income from fu	ındraising						
Revenue		events (not including \$	•						
Re		of contributions reporte	ed on line 1	>).					
Jer	-	See Part IV, line 18 .	· • •• • • •	· a	11,507				
Othei	b	Less. direct expenses		. b	8,908				
	C	Net income or (loss) fr			events >	2,599	310 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	er manutet were fame's naturalism, an	2,599
	9a	Gross income from ga See Part IV, line 19 .	iming activit						
		Less direct expenses	· ·	· a					
		Net income or (loss) fr		b acti	vities -	"的大师是400年的中心。			AND
		Gross sales of in	-		vities P	VANADORINA			West Charles and Charles
		returns and allowance		. а					
ĺ	b	Less. cost of goods se	old	. b					
	С	Net income or (loss) fr		f inve	entory ►	Brown Table All ATT (A. T. Marindon James)	STREETS OF LEGISLES	1. Career 2 4. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	The althought of his and the first in the terms
		Miscellaneous Ri	evenue		Business Code				
[11a					a comparation of the	1 - mar 20 1 - 1 10 por 12 gra	200 - 100 -	A STANDARD OF THE PERSON STANDARD STAND
	b								
	C	All - M-							
	d	All other revenue					HALL THE PART OF THE TAX	PD V Market Street over a street over	Bulli Francisco de la Companya de la
	е 12	Total. Add lines 11a-		• •	🏲				
	14	Total revenue. See in	istructions.	<u> </u>	· · · · •	16,371,784	13,615,069	0	2,599 Form 990 (2017)

Form 990 (2017) Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service Management and general expenses 8b, 9b, and 10b of Part VIII. expenses expenses 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 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . Benefits paid to or for members . 4 Compensation of current officers, directors, trustees, and key employees 761,061 446,211 314,850 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages 3,701,744 4,360,923 659,179 0 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 194,319 131,781 62.538 9 Other employee benefits 154,503 107,323 47,180 0 10 Payroll taxes 70,432 393,640 323,208 0 Fees for services (non-employees) 11 Management . . 1,148,636 1,148,636 b Legal . . . 7,173 7,173 0 Accounting . . 5,659 5.659 0 0 Professional fundraising services. See Part IV, line 17 0 Investment management fees 0 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . 483,585 0 497,195 13,610 Advertising and promotion . . . 12 19,994 21,753 1,759 0 13 Office expenses 142,104 0 243,638 101,534 Information technology 14 720,028 640,589 79,439 0 15 Royalties 0 16 Occupancy . . 575,175 317,206 257,969 0 17 Travel . 152,970 120,629 32,341 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 215,191 114,812 100,379 20 Interest 965 965 0 21 Payments to affiliates 0 22 Depreciation, depletion, and amortization . 193,362 128,199 65,163 0 23 109,553 65 380 44 173 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) PATIENT PROGRAM ASSISTANCE 0 **PHARMACEUTICALS** h 8,096,475 8,096,475 0 MEDICAL SUPPLIES C 70,554 70,554 0 All other expenses 212,579 110,212 102.367 0 Total functional expenses. Add lines 1 through 24e 25 18,820,519 2,007,280 16,813,239 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

	_	Check if Schedule O contains a response or note to any line in this Pa	art X		<u>, , , , , , L</u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	36,923	1_	504,35
	2	Savings and temporary cash investments	2,618,612	2_	72,02
	3	Pledges and grants receivable, net	1,358,714	3	480,32
	4	Accounts receivable, net	45,039	4	583,46
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
TS	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	
Assets	7	Notes and loans receivable, net	0	7	
₹	8	Inventories for sale or use	0	8	
	9	Prepaid expenses and deferred charges	4,624	9	25,44
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 2,659,666			
	b	Less. accumulated depreciation 10b 1,121,403		10c	1,538,26
	11	Investments—publicly traded securities		11	
1	12	Investments—other securities. See Part IV, line 11	0	12	
	13	Investments - program-related. See Part IV, line 11	0	13	
ı	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11	0	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,392,561	16	3,203,67
П	17	Accounts payable and accrued expenses	462,067		764,36
	18	Grants payable	0	18	Ī
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities . ·	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	
ן≝	23	Secured mortgages and notes payable to unrelated third parties	156,224	23	113,77
	24	Unsecured notes and loans payable to unrelated third parties	0		
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	{		
		of Schedule D	o	25	
ı	26	Total liabilities. Add lines 17 through 25	618,291	26	878,13
Ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	4,762,546	27	2,325,53
g	28	Temporarily restricted net assets	11,724		
<u>_</u>	29	Permanently restricted net assets	0	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here $ ightharpoonup$ and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds	0	30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	
۲	32	Retained earnings, endowment, accumulated income, or other funds .	O	32	
ğ	33	Total net assets or fund balances	4,774,270	33	2,325,53
- 1	34	Total liabilities and net assets/fund balances	5,392,561		3,203,67

Page 12
<u> </u>
16,371,784
18,820,519
-2,448,735
4,774,270
0
0
0
0
0
2,325,535
<u>.</u> 🗆
Yes No

Form 990 (2017)

Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		16,37	1,784
2	Total expenses (must equal Part IX, column (A), line 25)	2		18,82	0,519
3	Revenue less expenses. Subtract line 2 from line 1	3		-2,44	18,735
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,77	<u>4,270</u>
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
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	ĺ			
	33, column (B))	10		2,32	<u> 5,535</u>
Part	Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	· ·	<u></u>		_Ц
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," expected to the control of	olain in		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both.	 oiled or	2a		
b	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both.	 d on a	2b		登画 一覧 一覧 の に に に に に に に に に に に に に
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, expended to the organization changed either its oversight process or selection process during the tax year, expended to the organization changed either its oversight process or selection process during the tax year, expended to the organization changed either its oversight process or selection process during the tax year, expended to the organization changed either its oversight process or selection process during the tax year, expended to the organization changed either its oversight process or selection process during the tax year, expended to the organization changed either its oversight process or selection process during the tax year, expended to the organization changed either its oversight process or selection process during the tax year, expended to the organization changed either its oversight process or selection process during the tax year, expended to the organization changed either its oversight process.	ntant?	2c		The state of the s
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	3a	医新	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at	_	3b	1	
	, , , , , , , , , , , , , , , , , , , ,			990	(2017)
			1-011	, 556	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2017

Open to Public Inspection

	ome of the organization 63-0959628						
MON.	TGOMERY AIDS OUTREACH INC						
Par							ns.
	organization is not a private founda						<i>,</i> —
	A church, convention of church						\mathcal{L}
2	A school described in section						
3	A hospital or a cooperative hos	spital service org	anization described ii	n section	170(b)(1)(A)(iii).	•
4	A medical research organization	n operated in co	njunction with a hosp	ortal desc	ribed in s	ection 170(b)(1)(A)(iii). Enter the
	hospital's name, city, and state						
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in						
	section 170(b)(1)(A)(iv). (Complete Part II.)						
6	A federal, state, or local govern	ment or govern	mental unit described	ın sectio	n 170(b)	(1)(A)(v).	
	An organization that normally						the general public
	described in section 170(b)(1)				J		
8	A community trust described if			Part II.)			
9	An agricultural research organi				erated in	conjunction with a la	and-grant college
•	or university or a non-land-grain	nt college of agn	culture (see instruction	ons). Ente	r the nam	ne, city, and state of	the college or
	university:	g g		-,			· ·
10	An organization that normally r	eceives: (1) more	e than 331/3% of its su	pport fro	m contrib	outions, membership	fees, and gross
- •	receipts from activities related	to its exempt fur	nctions—subject to co	ertaın exc	eptions.	and (2) no more thar	า 33¹/₃% of its
	support from gross investment acquired by the organization a	income and unr	related business taxal		e (less se	ection 511 tax) from	businesses
44	An organization organized and						
11	An organization organized and						n, out the nurnoses
12	of one or more publicly suppo	operated exclus	ne described in secti	on 509/a	M11 ale la M11 or se	ection 509(a)(2) Sec	section 509(a)(3).
	Check the box in lines 12a thro	ugh 12d that des	scribes the type of sur	on oosia	rganizatio	on and complete line	s 12e. 12f. and 12g.
_							
а	the supported organization	(s) the nower to	regularly appoint or e	lect a ma	iority of t	he directors or truste	ees of the
	supporting organization. Ye						300 07 11.0
b		· ·				upported organizate	on/e) by baying
b	control or management of						
	organization(s). You must				polociio	that control of than	ago ano oupponte
_					onnection	with and functions	Illy integrated with.
С	its supported organization(s) (see instructio	ns). You must comp	lete Part	IV. Secti	ons A. D. and E.	any managration man,
d	_ '						arted organization(s)
u	that is not functionally integ						
	requirement (see instruction						
_		•	•				II Type III
е	functionally integrated, or 1						. II, Type III
f	Enter the number of supported of	• •	• •				
g		-					Ļ
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
	(y raine or sopported organization	(y Z	(described on lines 1–10	listed in you	ır goveming	support (see	other support (see
			above (see instructions))	docui	ment?	instructions)	instructions)
				Yes	No		
							
(A)							
(B)							
(D)							
(C)							
				-			
(D)							
(E)							
·—/		ļ		l .	1		

Total

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017_	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,114,842	9,043,577	13,909,154	17,392,726	16,364,923	64,825,222
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	•					
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	8,114,842	9,043,577	13,909,154	17,392,726	16,364,923	64,825,222
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		TO THE STATE OF TH			2.30	64,825,222
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	8,114,842	9,043,577	13,909,154	17,392,726	16,364,923	64,825,222
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	,				4,262	4,262
9	Net income from unrelated business activities, whether or not the business is regularly carned on		. !			ŕ	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			_		2,386	2,386
11	Total support. Add lines 7 through 10		经营业的	《新聞》	外的企业的	建筑多型煤	64,831,870
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for the	-					
	organization, check this box and stop he				· · · · ·	<u> </u>	<u>···▶□</u>
	on C. Computation of Public Suppo						
14	Public support percentage for 2017 (line					14	99 %
15	Public support percentage from 2016 Sc					15	100 %
1 6 a	331/3% support test—2017. If the organization quality and stop here. The organization quality						
b	33 ¹ / ₃ % support test—2016. If the organ	•	• • •	_			►✓
U	this box and stop here. The organization						ore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization meets the organization meets the organization.	017. If the orga	anization did n	ot check a bo ances" test, ch	x on line 13, 1 neck this box a	6a, or 16b, and and stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization.	ation meets the meets the	e "facts-and-c s-and-circums	circumstances' stances" test.	' test, check t	this box and son descriptions to the second	stop here.
18	Private foundation. If the organization di						_

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked the	ne box on line	10 of Part I	or if the orga	nization failed	to qualify u	inder Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part I	1.)	
	on A. Public Support				1 1 2 2 2 2	4) 0047	/ (0 / -+=1
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f)/Total
1	Gifts, grants, contributions, and membership fees						
^	received (Do not include any "unusual grants.")						/
2	Gross receipts from admissions, merchandise sold or services performed, or facilities				[]		1
	furnished in any activity that is related to the				}		
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				1		
	unrelated trade or business under section 513					/	
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the]			
	organization without charge				/		-
6	Total. Add lines 1 through 5			ļ,	/		
7a	Amounts included on lines 1, 2, and 3	ļ				·	
	received from disqualified persons .						
b	Amounts included on lines 2 and 3	1		/			
	received from other than disqualified	l					
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			/			
	Add lines 7a and 7b	**************************************	Carrie Carrier Carrier ()	Laberter Care and South P	The SHANGER ST. WINCOMS	Tenna 5 9664 3 7862-7 6785	24
8	Public support. (Subtract line 7c from		10 -17				
	line 6.)	ETHER CONTRACTOR	Sec. WAS SEE	The state of the		CAMPANIE	<u>* </u>
	on B. Total Support				1		1 22 2 1
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		/				
10a	Gross income from interest, dividends,	/	ľ				
	payments received on securities loans, rents,	/		1			
	royalties, and income from similar sources .				ļ		
b	Unrelated business taxable income (less	/]				
	section 511 taxes) from businesses						
	acquired after June 30, 1975	\vdash		-			
	Add lines 10a and 10b	/					
11	Net income from unrelated business	ľ					
	activities not included in line 10b, whether or not the business is regularly carried on	1					
	- ,						
12	Other income. Do not include gain or	,					
	loss from the sale of capital assets						
40	(Explain in Part VI.)	· · · · · · · · · · · · · · · · · · ·	ļ	 			
13	Total support. (Add lines 9, 10c, 11, and 12)						}
4.4	and 12.)			al threat forces	ar fifth toy w		IOD 501(a)(3)
14	organization, check this box and stop he						
Cooti	on C. Computation of Public Suppo			· · · · ·	· · · ·		<u>· · · · </u>
	Public support percentage for 2017 (line			12 column (f)		15	%
15			-			15	
16 Socti	Public support percentage from 2016 Sc			• • • • •	· · · · ·	10	70
	on D. Computation of Investment In			v line 12 soli:	mp (fl)	17	%
17	Investment income percentage for 2017	•		-		18	
18	Investment income percentage from 2010 331/3% support tests—2017. If the organ						% and line
19a	17 is not more than 331/3%, check this box						
	33 ¹ /3% support tests—2016. If the organi						
b	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d		*				

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
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- 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 class or purpose, describe the designation If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu 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," answ. (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) are 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)(purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "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 discretic despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinated under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(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 E 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 actio 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 alread 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) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribut (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity wi regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 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 moi disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benef 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 integrate supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings)

		Yes	No
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schedu	le A (Form 990 or 990-E∠) 2017			-age J
Part	V Supporting Organizations (continued)			
11 a	Has the organization accepted a gift or contribution from any of the following persons? 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	Yes	No -
С	A family member of a person described in (a) above? 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.	11b 11c		
Secti	on B. Type I Supporting Organizations	I	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.	6		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	Yes	No
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on 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	instru	ction	s).
a b c	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity. 	(see ins	struct	ions)
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 the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
· b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3 a	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	151.5		ATTACK SOME
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	<u> </u>	
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	ļ		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recovenes of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	还在这些种的特殊的	
2 Enter 85% of line 1.	2	TO MAKE THE PARTY OF THE PARTY	
3 Minimum asset amount for pnor year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	_		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporting	g organization (see
instructions).			,

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Secti	on D - Distributions			Current Year
1				
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			•
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	· · · · · · · · · · · · · · · · · · ·			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10_	Line 8 amount divided by line 9 amount	 	(:h)	(:::\
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014	OTHER SEEDING		
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	为主军外位置李岭政治		
<u>h</u>	Applied to 2017 distributable amount		STATE PLANE.	
i_	Carryover from 2012 not applied (see instructions)			PARTY PARTY SANCTON
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:			
a	Applied to underdistributions of prior years		AND AND A SHIP OF THE PROPERTY AND THE PROPERTY AND ASSESSED.	
b	Applied to 2017 distributable amount			Laurence and the contract of t
	Remainder. Subtract lines 4a and 4b from 4.	wayshin kay group and a first file of the same and the sa		AND THE COMPANY OF TH
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions		S REPORTED AND ARREST AND A STATE OF THE STA	
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain-in			-
	Part VI. See instructions.	PHILIPPE PROPERTY		
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
	Breakdown of line 7:			
8	Excess from 2013	CONTRACTOR OF THE STATE OF THE		AND STREET STREET, STREET
<u>а</u> b	Excess from 2013	THE THE PERSON OF THE PERSON O	TO TO CALL SERVICE THE SERVICE OF TH	Proceedings of the second second
	Excess from 2015			
d	Excess from 2016			
<u>u</u>	Excess from 2017	NAME OF THE PERSON OF THE PERS		
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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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SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

63-0959628

MONT	GOMERY AIDS OUTREACH INC	63-09596	528		
Part	Questions Regarding Compensation				
-				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information reg	arding these items.			
	☐ First-class or charter travel ☐ Housing allowance or resider ☐ Travel for companions ☐ Payments for business use of ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or ☐ Discretionary spending account ☐ Personal services (such as, more detailed in the companion of the	f personal residence initiation fees			
b	If any of the boxes on line 1a are checked, did the organization follow a written por reimbursement or provision of all of the expenses described above? If "Nexplain		1b		
2	Did the organization require substantiation prior to reimbursing or allowing e directors, trustees, and officers, including the CEO/Executive Director, regarding to 1a?		2_		
3	Indicate which, if any, of the following the filing organization used to establish the coorganization's CEO/Executive Director. Check all that apply. Do not check any boxe related organization to establish compensation of the CEO/Executive Director, but e	s for methods used by a			
	☐ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or contract	ly			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with organization or a related organization.	respect to the filing			
а	Receive a severance payment or change-of-control payment?		4a	TT /505. F	1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan	?	4b		1
	Participate in, or receive payment from, an equity-based compensation arrangement if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for	1?	4c		✓
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete line. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay compensation contingent on the revenues of.				
а	The organization? ,		5a	Lanear	1
b	Any related organization?		5b		✓
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay compensation contingent on the net earnings of	or accrue any			
а	The organization?		6a	Man utak es	1
b	Any related organization?		6b		✓
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization payments not described on lines 5 and 6? If "Yes," describe in Part III	on provide any nonfixed	7		√
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a cort to the initial contract exception described in Regulations section 53.4958-4(a	ntract that was subject	<u> </u>		
	ın Part III		8		✓
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption				
	Regulations section 53.4958-6(c)?		9		

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

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

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

(B) Breakdown of W-2 and/or 1099-MISC compensation

(C) Returnment and (D) Nection (D) and (E) amounts for that individual (F) Compensation in column (B) reported as deferred on prior Form 990 (C) Retirement and other deferred (D) Nontaxable benefits (E) Total of columns (iii) Other reportable compensation (i) Base compensation (ii) Bonus & incentive compensation (A) Name and Title compensation (1) 165,672 22,645 10,996 199,313 0 CARLOS REYES-SACIN, (ii) 0 1PHYSICIAN 134,584 134,584 0 MARGUERITE BARBER-OWENS, (ir) **2ASSISTANT MEDICAL DIRECTOR** 0 (1) 118,938 6,567 125,505 0 MICHAEL MURPHREE, CHIEF (ii) 0 **3EXECUTIVE OFFICER** (1) 98,077 5,800 3,589 112,312 ō ALFTAN DYSON, PHARMACY (ii) 4MANAGER (1) 101,266 5,909 0 88,233 0 7,124 ASHLEY TARRANT, CHIEF (ii) 0 **50PERATING OFFICER** (i) 5,486 88,079 0 BENITA HOLLIS, CHIEF 79,004 3,589 (ii) **6FINANCIAL OFFICER** 0 M (ii) (i) (ii) (i) (ii) (1) (ii) 10 (1) ຕຄ 11 (1) 12 (i) (n) 13 0 (ii) 14 (1) (ii) 15 (i) (ii) 16

J (Form 990) 2017 Page 3	
Supplemental Information	Part III
the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part additional information.	Provide for any
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Schedule J (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

MONTGOMERY AIDS OUTREACH INC 63-0959628 FORM 990, PART VI, SECTION B, LINE 11B - ORGANIZATIONAL REVIEW OF FORM 990 FORM 990 IS COMPLETED BY THE CHIEF FINANCIAL OFFICER AND REVIEWED BY THE CHIEF EXECUTIVE OFFICER IN COMPARISON WITH THE ORGANIZATION'S AUDITED FINANCIAL STATEMENT REPORT PROVIDED BY AN INDEPENDANT CPA FIRM. THE BOARD OF DIRECTORS REVIEWS THE REPORT AS SUBMITTED, ALONG WITH A REVIEW OF THE AUDITED FINANCIAL STATEMENT REPORT FORM 990, PART VI, SECTION B, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY FOR EMPLOYEES.THE CONFLICT OF INTEREST POLICY IS PROVIDED AND EXPLAINED TO ALL EMPLOYEES UPON INITIAL HIRE AND ANNUALLY THEREAFTER. A COPY OF THE SIGNED POLICY IS MAINTAINED BY MAO'S COMPLIANCE DIVISION FOR NON-EMPLOYEE DIRECTORS, OFFICERS AND TRUSTEES: THE CONFLICT OF INTEREST POLICY IS PROVIDED AND EXPLAINED TO ALL NEWLY ELECTED MEMBERS AND ANNUALLY, UNTIL THEIR TERM HAS EXPIRED. A COPY OF THE SIGNED POLICY IS MAINTAINED BY MAO'S COMPLIANCE DIVISION FORM 990, PART VI, SECTION B, LINE 15 - COMPENSATION REVIEW FOR TOP OFFICIAL THE POSITION OF CHIEF EXECUTIVE OFFICER IS REVIEWED AND APPROVED ANNUALLY BY THE BOARD OF DIRECTORS. THE REVIEW IS COMPOSED OF STATEWIDE COMPARISON STUDIES COMPARING COMPENSATION OF TOP OFFICIALS AMONG SIMILAR ORGANIZATIONS. THE LATEST REVIEW WAS COMPLETED IN 2017. FORM 990, PART VI, SECTION C, LINE 19 - AVAILABILITY OF CERTAIN ORGANIZATIONAL DOCUMENTS INFORMATION REQUIRED BY THE IRS UNDER CODE SECTION 501(C) TO BE DISCLOSED TO INTERESTED MEMBERS OF THE PUBLIC ARE MADE AVAILABLE FOR VIEWING UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number

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