

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) Statement 3 (cash \$ <u>1,764,787.</u> noncash \$ _____)	1,764,787.	1,764,787.		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	81,609.	44,803.	25,010.	11,796.
26	Other salaries and wages	930,472.	823,261.	53,000.	54,211.
27	Pension plan contributions	25,067.	18,226.	4,342.	2,499.
28	Other employee benefits	68,569.	63,519.	2,963.	2,087.
29	Payroll taxes	86,916.	78,216.	3,255.	5,445.
30	Professional fundraising fees	17,230.			17,230.
31	Accounting fees	7,000.		7,000.	
32	Legal fees				
33	Supplies	17,011.	13,083.	2,091.	1,837.
34	Telephone	15,397.	10,703.	2,426.	2,268.
35	Postage and shipping	5,351.	2,861.	169.	2,321.
36	Occupancy	82,085.		82,085.	
37	Equipment rental and maintenance	5,194.		5,194.	
38	Printing and publications	27,413.	11,797.	1,529.	14,087.
39	Travel	148,738.	132,637.	6,762.	9,339.
40	Conferences, conventions, and meetings	14,804.	13,839.	270.	695.
41	Interest				
42	Depreciation, depletion, etc. (attach schedule) Statement 4	18,905.		18,905.	
43	Other expenses not covered above (itemize): a				
b	Outside services	87,739.	42,312.	5,403.	40,024.
c	Other expenses	19,233.	12,190.	3,682.	3,361.
d	Allocated expenses	0.	200,986.	-224,086.	23,100.
e					
44	Total functional expenses (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15.</i>	3,423,520.	3,233,220.	0.	190,300.

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? See Statement 5		Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	Grants Program: See Statement 6 (Grants and allocations \$ 1,421,633.)	1,529,308.
b	AmeriCorps Federal Program: See Statement 7 (Grants and allocations \$)	493,997.
c	AmeriCorps Match & Caring Counts: See Statement 8 (Grants and allocations \$)	411,100.
d	CDC Workplace Program: See Statement 9 (Grants and allocations \$ 248,250.)	617,927.
e	Other program services (attach schedule) See Statements 10-12 (Grants and allocations \$ 94,904.)	180,888.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,233,220.

Part IV Balance Sheets (See page 25 of the instructions.)

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
Assets	45		45	
	46	2,467.	46	228,348.
	47a		47a	
	b		47b	
	47c		47c	
	48a		48a	
	b		48b	
	48c		48c	
	49	1,749,035.	49	1,621,662.
	50		50	
	51a		51a	
	b		51b	
	51c		51c	
	52		52	
	53	14,146.	53	27,844.
	54	702,765.	54	1,078,126.
	55a		55a	
	b		55b	
	55c		55c	
56		56		
57a	100,159.	57a		
b		57b		
57c	39,862.	57c	31,309.	
58	6,755.	58	6,755.	
59	2,515,030.	59	2,994,044.	
Liabilities	60	25,477.	60	26,302.
	61	1,280,000.	61	1,205,048.
	62		62	
	63		63	
	64a		64a	
	b		64b	
	65	4,258.	65	2,734.
	66	1,309,735.	66	1,234,084.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67	363,640.	67	361,575.
	68	841,655.	68	1,398,385.
	69		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70		70	
	71		71	
	72		72	
	73	1,205,295.	73	1,759,960.
	74	2,515,030.	74	2,994,044.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		✓
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		✓
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		✓
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		✓
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions 81a		
b	Did the organization file Form 1120-POL for this year?		✓
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	✓	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 29,535.		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members. 85c		
d	Section 162(e) lobbying and political expenditures. 85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. 85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12. 86a		
b	Gross receipts, included on line 12, for public use of club facilities 86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 _____; section 4912 _____; section 4955 _____		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.		✓
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 _____		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization _____		
90a	List the states with which a copy of this return is filed See Statement 17		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions) 90b 48		
91	The books are in care of National AIDS Fund Telephone no. (202) 408-4848 x 270 Located at 1030 15th Street, NW, Suite 860 Washington, DC ZIP + 4 20005		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here. _____ and enter the amount of tax-exempt interest received or accrued during the tax year 92		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Fee for service					600.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	265.	
96 Dividends and interest from securities			14	29,352.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			18	-6,113.	
103 Other revenue: a Miscellaneous					2,422.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				23,504.	3,022.
105 Total (add line 104, columns (B), (D), and (E))					26,526.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	Fee for service revenue generated in relation to the organization's exempt purpose of eliminating HIV disease as a major health and social problem
103a	Miscellaneous revenue generated in relation to the organization's exempt purpose of eliminating HIV disease as a major health and social problem


Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

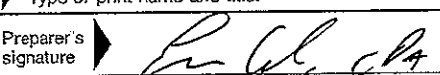
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here:  Date: 06/01/05
 Signature of officer: Kandy Ferree, President & CEO
 Type or print name and title.

Paid Preparer's Use Only: Preparer's signature:  Date: 5/23/05 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: Eric Cohen & Associates, P.C., 18310 Montgomery Village Ave., Suite 510-Gathersburg, MD 20879
 EIN: 52-1754364 Phone no.: (301) 948-1240

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box [X]
If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only. []

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868.

Form fields: Type or print, Name of Exempt Organization (National AIDS Fund), Employer identification number (52-1706646), Number, street, and room or suite no. (1030 15th Street, NW, Suite 860), City, town or post office, state, and ZIP code (Washington, DC 20005)

Check type of return to be filed (file a separate application for each return):

- Form 990 [X]
Form 990-BL []
Form 990-EZ []
Form 990-PF []
Form 990-T (corporation) []
Form 990-T(sec. 401(a) or 408(a) trust) []
Form 990-T (trust other than above) []
Form 1041-A []
Form 4720 []
Form 5227 []
Form 6069 []
Form 8870 []

The books are in the care of The Corporation

Telephone No. 202-408-4848 x270

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 will cover.

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until to file the exempt organization return for the organization named above. The extension is for the organization's return for:
[X] calendar year 2004 or
[] tax year beginning , and ending

2 If this tax year is for less than 12 months, check reason: [] Initial return [] Final return [] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0.00

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Handwritten signature and date: EA, CPA 5/11/05

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2004

Department of the Treasury
Internal Revenue Service

▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization
National AIDS Fund

Employer identification number
52-1706646

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Bryan Wilt c/o National AIDS Fund 1030 15th St, NW-Suite 860, Washington, DC 20005	Chief Fiscal Officer 40 hours/week	54,670.	33,236.	0.
Michael Rhein c/o National AIDS Fund 1030 15th St, NW-Suite 860, Washington, DC 20005	Senior Program & Development Officer 40 hours/week	67,090.	21,474.	0.
Krista Bradley c/o National AIDS Fund 1030 15th St, NW-Suite 860, Washington, DC 20005	Program Officer 40 hours/week	57,876.	8,046.	0.
Total number of other employees paid over \$50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶		

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		✓
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		✓
b Lending of money or other extension of credit?		✓
c Furnishing of goods, services, or facilities?		✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? Statement 18	✓	
e Transfer of any part of its income or assets?		✓
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) Statement 18	✓	
b Do you have a section 403(b) annuity plan for your employees? Statement 18	✓	
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		✓
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		✓

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,159,485.	3,659,347.	2,175,968.	4,314,738.	14,309,538.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,787.				2,787.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	28,767.	34,562.	115,004.	190,835.	369,168.
19 Net income from unrelated business activities not included in line 18.					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	1,234.	223.	835.	525.	2,817.
23 Total of lines 15 through 22	4,192,273.	3,694,132.	2,291,807.	4,506,098.	14,684,310.
24 Line 23 minus line 17	4,189,486.	3,694,132.	2,291,807.	4,506,098.	14,681,523.
25 Enter 1% of line 23	41,923.	36,941.	22,918.	45,061.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 293,630.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 7,225,980.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 14,681,523.
d Add: Amounts from column (e) for lines: 18 369,168. 19 22 2,817. 26b 7,225,980.					26d 7,597,965.
e Public support (line 26c minus line 26d total)					26e 7,083,558.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 48.25 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) N/A (2002) (2001) (2000)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) N/A (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32a	Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
33a	a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
34b	b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	N/A	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is—		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.) **N/A**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		✓	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		✓	
c Media advertisements		✓	
d Mailings to members, legislators, or the public		✓	
e Publications, or published or broadcast statements		✓	
f Grants to other organizations for lobbying purposes		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		✓	
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

National AIDS Fund

Tax ID #: 52-1706646

Form 990	Gain (Loss) From Publicly Traded Securities			Statement 1
<u>Description</u>	<u>Gross Sales Price</u>	<u>Cost or Other Basis</u>	<u>Expense of Sale</u>	<u>Net Gain or (Loss)</u>
Government Bonds	1,145	1,112	-	33
Government Bond Fund	582,000	588,146	0	(6,146)
To Form 990, Part I, line 8	<u>583,145</u>	<u>589,258</u>	<u>0</u>	<u>(6,113)</u>

Form 990	Other Changes in Net Assets or Fund Balances		Statement 2
<u>Description</u>			<u>Amount</u>
Unrealized gain (loss) on investments			286
Donated airline travel certificates on hand			900
Loss due to cancellation of grants			(11,228)
To Form 990, Part I, line 20			<u>(10,042)</u>

National AIDS Fund
 Tax Year 2004
 Part II - Statement of Functional Expenses, Line 22

Tax ID #: 52-1706646

Statement 3 - Schedule of Grants

Grantee Name	Address 1	Address 2	City, State and Zip	Amount
Washington Regional Association of Grantmaker	1400 16th Street, NW	Suite 430	Washington, DC 20036	122,000
Northern California Grantmakers	625 Market Street	15th Floor	San Francisco, CA 94105	110,000
Michigan AIDS Fund	21700 Northwestern Highway	Suite 1150	Southfield, MI 48075	102,000
Community Foundation for Greater Atlanta, Inc	The Hurt Building	Suite 449	Atlanta, GA 30303	97,000
Alliance Healthcare Foundation	9325 Sky Park Court	Suite 350	San Diego, CA 92123	92,000
Princeton Area Community Foundation, Inc.	15 Princess Drive		Lawrenceville, NJ 08648	92,000
Health Foundation of Greater Indianapolis, The	342 Massachusetts Ave	Marott Center, 1FL	Indianapolis, IN 46204	90,000
CARES, Inc	85 Waterlivet Avenue		Albany, NY 12206	89,000
AIDS Foundation of Chicago	411 South Wells	Suite 300	Chicago, IL 60607-3924	85,000
Guilford Community AIDS Partnership	1901 Lendew St., Suite 5	P.O. Box 752	Greensboro, NC 27402	84,000
Harvard Pilgrim Health Care Foundation	93 Worcester Street		Wellesley, MA 02481	84,000
Community Foundation of Broward	1401 East Broward Boulevard	Suite 100	Ft Lauderdale, FL 33301	77,534
Regional HIV/AIDS Consortium	7510 East Independence Blvd	Suite 105	Charlotte, NC 28227	72,000
El Paso Community Foundation	310 North Mesa	Suite 1000	El Paso, TX 79901	69,250
Tulsa Area United Way	1430 South Boulder	P.O. Box 1859	Tulsa, OK 74119	67,000
Community Foundation of Greater Memphis	1900 Union Avenue		Memphis, TN 38104	53,750
Heart of America United Way	1080 Washington Street		Kansas City, MO 64105	52,000
AIDS Foundation Houston, The	3202 Wesleyan Annex		Houston, TX 77027	47,000
Community Foundation for Southern Arizona	2250 East Broadway Blvd		Tucson, AZ 85719	42,000
United Way of Ventura County	1317 Del Norte Road		Camarillo, CA 93010-8484	40,000
AIDS Institute, The	PO Box 16705		Tampa, FL 33687-6705	35,000
Greater Cedar Rapids Community Foundation, The	200 First Street, SW		Cedar Rapids, IA 52404	30,503
PreventionWorks, Inc	1407 S Street NW		Washington, DC 20009	30,000
Medical Care Development	11 Parkwood Drive		Augusta, ME 04330	29,500
New York Community Trust	2 Park Avenue 24th Floor		New York, NY 10016	25,000
New Mexico Community Foundation	343 East Alameda		Santa Fe, NM 87501	20,750
Dade Community Foundation	200 S Biscayne Blvd.	Suite 505	Miami, FL 33131-2343	20,000
Greater Harrisburg Foundation, The	200 N. Thrid Street	P O Box 678	Harrisburg, PA 17108	10,000
Sunflower HIV/AIDS Fund	338 N Lorraine	Suite 206	Wichita, KS 67214	9,000
Shawnee Mission Unitarian Universalist Church/Heal	7725 W 87th Street		Overland Park, KS 66212	5,445
RRISK Project	111 S Baughman		Ulysses, KS 67880	4,146
Higher Ground	1856 North Woodland		Wichita, KS 67203	1,909
United Methodist Mexican American Ministries, Inc	PO Box 766		Garden City, KS 67846	1,818
Lane County Health Department	PO Box 943	125 West Long	Dighton, KS 67839	191
New Mexico Community Foundation - rescind	343 East Alameda		Santa Fe, NM 87501	(12,500)
Sunflower HIV/AIDS Fund - rescind	338 N Lorraine	Suite 206	Wichita, KS 67214	(13,509)
			Total Grants 2004	1,764,787

National AIDS Fund
 Form 990 Page 2 - Statement 4
 2004 Depreciation and Amortization Report

Description	Date Acquired Mo Yr	Method	Life	Year of Disposal	Rem Code	Undadjusted Cost or Basis	Reduction in Basis-ITC, 179	Basis For Depreciation	Accumulated Depreciation	Current Section 179	Amount of Depreciation
Microwave	12 94	SL	5			167		167	167		0
Office Furniture	1 95	SL	5			10,880		10,880	10,880		0
Office Furniture	2 95	SL	5			1,372		1,372	1,372		0
Less stolen computer				D-1997		-225		-225	-225		0
Less stolen computer				D-1997		-16		-16	-16		0
Printer	1 95	SL	7	D-2004	95-4	789		789	789		0
4 Drawer File Cabinet	1 94	SL	7			1,410		1,410	1,410		0
5 Shelf Bookcase	1 94	SL	7			744		744	744		0
Action Laser Printer II	10 92	SL	7	D-1998		-732		-732	-732		0
NEC SVGA Monitor	7 94	SL	7	D-1999		-450		-450	-450		0
Compaq Presario 850	7 94	SL	7	D-1999		-1,588		-1,588	-1,588		0
Laser Printer - HP4000se	6 98	SL	3			1,412		1,412	1,412		0
Router & CSU/DSU	9 98	SL	3	D-2004	98-4	4,030		4,030	4,030		0
Microsoft Software (Gifts-In-Kind)	8 99	SL	3	D-2004	99-4	3,927		3,927	3,927		0
Compaq Presario Laptop	9 99	SL	3	D-2004	99-4	2,120		2,120	2,120		0
Xeon Server & APC Power Backup	11 99	SL	3	D-2004	99-4	12,387		12,387	12,387		0
Adobe Software Suite (MAC)	12 99	SL	3	D-2004	99-4	1,659		1,659	1,659		0
Power MAC Computer	9 2000	SL	3	D-2004	00-4	4,291		4,291	4,291		0
Microsoft Server Upgrade SBS 4.5	12 2000	SL	5	D-2004	00-4	1,527		1,527	1,527		585
FIMS Database Software	12 2000	SL	5			43,860		43,860	35,819		8,772
IBM Computer Net Vista A20 156269A6U23LWGBD/Mon 55-HKK41	9 2001	SL	3			1,050		1,050	1,050		233
IBM Computer Net Vista A20 156269A6U23LWFR/Mon 55-HHZ68	9 2001	SL	3			1,050		1,050	1,050		233
IBM Computer Net Vista A20 156269A6U23LWFTT/Mon 55-HKK38	9 2001	SL	3			1,050		1,050	1,050		234
IBM Thinkpad A22M Laptop HG7CK-VJMHC-HXWHT23BVJ-HRXTM	9 2001	SL	3			1,900		1,900	1,900		422
IBM iL2220 Data Video Protector 1S003BA0123A0111	9 2001	SL	3			2,450		2,450	2,450		545
IBM Thinkpad Type (A31) 2652-J4U Laptop Ser#78TMFVW	10 2002	SL	3			1,900		1,900	1,425		633
IBM Thinkpad Type (A31)2652-J4U Laptop Ser#78TMFVW	10 2002	SL	3			1,900		1,900	1,425		633
IBM NetVista Type A30 1.8gigcpu hd 256kram Ser#KAPL403	10 2002	SL	3			1,233		1,233	925		411
IBM NetVista Type A30 1.8gigcpu 256kram Ser#KAPM015	10 2002	SL	3			1,233		1,233	925		411
IBM NetVista Type A30 1.8gigcpu 256kram Ser#KAPK903	10 2002	SL	3			1,234		1,234	925		411
Microsoft SBS 2000 Upgrade/SBS 2000 5 CAL Upgrade	2 2003	SL	3			953		953	609		318
Inter-Tel Voicemail and Phone system (12 phones+VM)	9 2003	SL	5			9,519		9,519	2,539		1,903
IBM Laser Printer 1352 Ser # 9917N43 (10/23)	10 2003	SL	3			1,006		1,006	419		335
IBM Laser Printer 1352 Ser # 9917NOW (10/23)	10 2003	SL	3			1,006		1,006	419		335
IBM Thinkpad (TPR40)2681-Q6U 40gig HD; 2.4gig cpu procr; 256kram-Ser#FXM81	10 2003	SL	3			1,576		1,576	657		526
IBM ThinkCentre8194-A50P 80gig HD; 2.6gig cpu procr; 256kram Ser#KCBP25V	10 2003	SL	3			1,304		1,304	543		435
IBM ThinkCentre8194-A50P 80gig HD; 2.6gig cpu procr; 256kram Ser#KCBP58L	10 2003	SL	3			1,304		1,304	543		435
IBM ThinkCentre8194-A50P 80gig HD; 2.6gig cpu procr; 256kram Ser#KCBP23V	10 2003	SL	3			1,305		1,305	544		436

National AIDS Fund
 Form 990 Page 2 - Statement 4
 2004 Depreciation and Amortization Report

Description	Date Acquired		Method	Life	Year of Disposal	Rem Code	Undadjusted Cost or Basis	Reduction in Basis-ITC,179	Basis For Depreciation	Accumulated Depreciation	Current Section 179	Amount of Depreciation
	Mo	Yr										
Cisco Systems Server Firewall (part of overall server upgrade)	6	2004	SL	3			623		623	121		121
Platinum Plus (Software for new server) Booked 6.04	7	2004	SL	3			284		264	44		44
Cubicle Wall Dividers - Re Form Inc.	11	2004	SL	5			1,440		1,440	48		48
IBM ThinkCentre8433 98U-A50P 40gig HD; 2.8gig cpu procr; 256kram Ser#KCMW	11	2004	SL	3			1,317		1,317	73		73
IBM ThinkCentre8433 98U-A50P 40gig HD; 2.8gig cpu procr; 256kram Ser#KCMW	11	2004	SL	3			1,317		1,317	73		73
IBM xSer235-109.2gig HD; 3060 MHz procr; 1 gig ram Ser#KPBXCFO Server1/26	11	2004	SL	3			5,392		5,392	300		300
1995 Asset Purchases Removed 2004 (Fully Depreciated)	12	2004			D-2004	95-4	-789		-789	-789		0
1998 Asset Purchases Removed 2004 (Fully Depreciated)	12	2004			D-2004	98-4	-4,030		-4,030	-4,030		0
1999 Asset Purchases Removed 2004 (Fully Depreciated)	12	2004			D-2004	99-4	-20,093		-20,093	-20,093		0
2000 Asset Purchases Removed 2004 (Fully Depreciated)	12	2004			D-2004	00-4	-5,818		-5,818	-5,818		0
Grand Total 990 Page 2							100,159		100,160	68,850		18,905

Form 990 Statement of Organization's Primary Exempt Purpose Statement 5
 Part III

Explanation

The National AIDS Fund (the Fund) is dedicated to eliminating HIV disease as a major health and social problem. The Fund works in partnership with the public and private sectors to marshal and direct grant and technical assistance resources to its 29 Community Partnerships across the United States.

Form 990 Statement of Program Service Accomplishments Statement 6
 Part III

Description of Program Service – section a

Grants Program: The National AIDS Fund (the Fund) provides Leadership Grants up to \$25,000 annually to support the needs assessment, leadership development, convening an advisory board, technical assistance and programmatic support of each of its 29 Community Partnerships. In addition the Fund provides Challenge Grants that require each Community Partnership to leverage local matching resources that are combined with the national funds and granted to community based organizations that provide direct HIV prevention, care and/or supportive services.

	<u>Grants</u>	<u>Program Svc Expenses</u>
To Form 990, Part III, line a	<u>1,421,633</u>	<u>1,529,308</u>

Form 990 Statement of Program Service Accomplishments Statement 7
 Part III

Description of Program Service – section b

AmeriCorps Program: The AmeriCorps Program is supported federally by The Corporation for National and Community Service and seeks to engage individuals, corporations and philanthropic institutions in support of volunteerism and community service. Approximately 40-46 AmeriCorps members are placed annually at community-based organizations in five National AIDS Fund Community Partnerships (Charlotte, NC; Chicago, IL; Detroit, MI; Tulsa, OK; Washington, DC). Each Member serves full time (1700 hours) providing HIV prevention, care or counseling and testing services. In return for their year of service, each member receives a living allowance, is eligible for health and child care benefits and upon successful completion of the program is eligible for a federally supported educational award.

	<u>Grants</u>	<u>Program Svc Expenses</u>
To Form 990, Part III, line b	<u>0</u>	<u>493,997</u>

Form 990	Statement of Program Service Accomplishments Part III	Statement 8
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Description of Program Service – section c

AmeriCorps Match & Caring Counts: The federal AmeriCorps guidelines require substantial cash and in-kind matching resources to support the overall program. NAF typically has several private sector contributors that support the AmeriCorps Program. For example, the Met Life Foundation Caring Counts Program recognizes the exceptional volunteerism and community service efforts of the AmeriCorps members who successfully complete the program.

	<u>Grants</u>	<u>Program Svc Expenses</u>
To Form 990, Part III, line c	<u>0</u>	<u>411,100</u>

Form 990	Statement of Program Service Accomplishments Part III	Statement 9
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Description of Program Service – section d

CDC Business & Labor Responds to AIDS Program: BLRIA is a leadership development and technical assistance program that catalyzes the development of public-private partnerships in support of HIV/AIDS prevention and care programs in highly impacted populations/communities. The National AIDS Fund utilizes its 16 year network of Community Partnerships to engage local business and community leaders in support of HIV prevention and care at the national and local level through HIV workplace policy development, HIV workplace training for managers, employees and labor leaders, Family Life Education and HIV/AIDS Philanthropy and volunteerism.

	<u>Grants</u>	<u>Program Svc Expenses</u>
To Form 990, Part III, line d	<u>248,250</u>	<u>617,927</u>

Form 990	Statement of Program Service Accomplishments	Statement 10
	Part III	

Description of Program Service – section e (1 of 3)

Community Advocate Scholarship Program: This program is supported by private sector contributions and provides scholarships to allow Community Advocates to attend professional HIV/AIDS conferences. The program is administered through a competitive application process and seeks to support those people living with or working in the field of HIV/AIDS services who have both financial need and a plan to disseminate the information they learn by attending one of the eligible conferences.

	<u>Grants</u>	<u>Program Svc Expenses</u>
To Form 990, Part III, line e (1)	<u>0</u>	<u>41,303</u>

Form 990	Statement of Program Service Accomplishments	Statement 11
	Part III	

Description of Program Service – section e (2 of 3)

Annual Community Partnership Meeting: The Community Partnership Meeting is held annually for the key staff, convener and advisory board members of each of the Fund's 29 Community Partnerships across the United States. The four-day gathering is designed to provide technical and capacity building assistance to community-level leaders and usually includes information on the following topics: leadership development, advisory board recruitment, resource development, NAF grantmaking programs and special initiatives, current or emerging HIV-related issues (i.e. harm reduction, women's issues, youth programs, primary prevention for positives, etc).

	<u>Grants</u>	<u>Program Svc Expenses</u>
To Form 990, Part III, line e (2)	<u>0</u>	<u>24,324</u>

Form 990 Statement of Program Service Accomplishments Statement 12
 Part III

Description of Program Service – section e (3 of 3)

Other Programs:

GENERATIONS: Strengthening Women and Families Affected by HIV/AIDS was launched in 2004 with support from Johnson & Johnson. GENERATIONS combines cash grants with state-of-the-art technical assistance to empower Community Partnerships and the community-based grantees of the program to more effectively reach and serve women and families living with or affected by HIV/AIDS. The funded projects are either single agency grants or collaborative projects that support multiple agencies to combine resources and expertise to better meet the complex needs of women and families. The technical assistance is provided by National AIDS Fund staff in collaboration with HIV prevention science and technical assistance experts from the University of California, San Francisco – Center for AIDS Prevention Studies

Mothers’ March: The National AIDS Fund serves as the fiscal agent for this independent project. The individuals who direct the HIV education and awareness efforts are all mothers who have lost a child or family member to HIV/AIDS. The National AIDS Fund manages the financial accounts/transactions for this community-based project.

Fee for Service: Non-profit organizations, government agencies and for-profit companies increasingly recognize the expertise of National AIDS Fund and our network of 29 Community Partnerships as a valuable resource that could enhance their work. Occasionally this recognition leads to requests by external entities to engage the Fund or specific staff in a fee-for-service agreement for a specific scope of work that is not otherwise covered by our federal or other private restricted income sources

	<u>Grants</u>	<u>Program Svc Expenses</u>
To Form 990, Part III, line e (3)	<u>94,904</u>	<u>115,261</u>

Description of Program Service – Total section e (1-3)

	<u>Grants</u>	<u>Program Svc Expenses</u>
Total To Form 990, Part III, line e (1-3)	<u>94,904</u>	<u>180,888</u>

Form 990	Investment Securities	Statement 13		
Description	U.S. Government	State & Local Gov't	Total Gov't Securities	
Government Securities Mutual Fund	1,078,126	0	1,078,126	
Total To Form 990, Part IV, line 54, Col B	1,078,126	0	1,078,126	

Form 990	Other Assets	Statement 15	
Description		Amount	
Other Assets - Deposits		6,755	
To Form 990, Part IV, line 58, Column B		6,755	

2004 Depreciation of Assets Not Held for Investment

Statement 14

Description	Cost or Other Basis	Accumulated Depreciation	Book Value
Microwave	167	167	0
Office Furniture	10,880	10,880	0
Office Furniture	1,372	1,372	0
Less stolen computer	-225	-225	0
Less stolen computer	-16	-16	0
4 Drawer File Cabinet	1,410	1,410	0
5 Shelf Bookcase	744	744	0
Action Laser Printer II	-732	-732	0
NEC SVGA Monitor	-450	-450	0
Compaq Presario 850	-1,588	-1,588	0
Laser Printer - HP4000se	1,412	1,412	0
FIMS Database Softwarre	43,860	35,819	8,041
IBM Computer Net Vista A20 1S6269A6U23LWGBD/Mon 55-HKK41	1,050	1,050	0
IBM Computer Net Vista A20 1S6269A6U23LWFRT/Mon 55-HHZ68	1,050	1,050	0
IBM Computer Net Vista A20 1S6269A6U23LWFTT/Mon 55-HKK38	1,050	1,050	0
IBM Thinkpad A22M Laptop HG7CK-VJMHC-HXWHT23BVJ-HRXTM	1,900	1,900	0
IBM iL2220 Data Video Projector 1S003BA0123A0111	2,450	2,450	0
IBM Thinkpad Type (A31) 2652-J4U Laptop Ser#78TMFWV	1,900	1,425	475
IBM Thinkpad Type (A31)2652-J4U Laptop Ser#78TMFWD	1,900	1,425	475
IBM NetVista Type A30 1.8gigcpu hd 256kram Ser#KAPL403	1,233	925	308
IBM NetVista Type A30 1.8gigcpu 256kram Ser#KAPM015	1,233	925	308
IBM NetVista Type A30 1.8gigcpu 256kram Ser#KAPK903	1,234	925	309
Microsoft SBS 2000 Upgrade/SBS 2000 5 CAL Upgrade	953	609	344
Inter-Tel Voicemail and Phone system (12 phones+VM)	9,519	2,539	6,980
IBM Laser Printer 1352 Ser # 9917N43 (10/23)	1,006	419	587
IBM Laser Printer 1352 Ser # 9917NOW (10/23)	1,006	419	587
IBM Thinkpad (TPR40)2681-Q6U 40gig HD; 2 4gig cpu procr; 256kram-Ser#FXM88	1,576	657	919
IBM ThinkCentre8194-A50P 80gig HD; 2 6gig cpu procr; 256kram Ser#KCBP25V	1,304	543	761
IBM ThinkCentre8194-A50P 80gig HD; 2 6gig cpu procr; 256kram Ser#KCBP58L	1,304	543	761
IBM ThinkCentre8194-A50P 80gig HD; 2 6gig cpu procr; 256kram Ser#KCBP23V	1,304	544	760
Cisco Systems Server Firewall (part of overall server upgrade)	623	121	502
Platinum Plus (Software for new server) Booked 6.04	264	44	220
Cubicle Wall Dividers - Re Form Inc.	1,440	48	1,392
IBM ThinkCentre8433 98U-A50P 40gig HD; 2.8gig cpu procr; 256kram Ser#KCMW0	1,317	73	1,244
IBM ThinkCentre8433 98U-A50P 40gig HD; 2.8gig cpu procr; 256kram Ser#KCMW0	1,317	73	1,244
IBM xSer235-109 2gig HD; 3060 MHz procr; 1 gig ram Ser#KPBXCF0 Server11/26	5,392	300	5,092
Grand Total 990 Page 3 - Part IV - Col B	100,159	68,850	31,309

2004 BOARD OF TRUSTEES

JUDITH A. BILLINGS
Community Leader & Activist
Puyallup, WA

THOMAS J. COATES, Ph.D
Professor, Division of Infectious Diseases
David Geffen School of Medicine, University of California, Los Angeles
Los Angeles, CA

ELAINE M. DANIELS, M.D., Ph.D
Senior Medical Director, Therapeutic Group Leader for HIV and Women's Health
US Medical, PGP, Pfizer, Inc.
New York, NY

GARY R. NOBLE, M.D., M.P.H.
Retired Vice President, Medical & Public Health Affairs
Johnson & Johnson
Far Hills, NJ

LAURIE PETER, MA, MSW, LCSW
Social Worker
Morristown, NJ

Note: The Officers and Directors listed above do not receive compensation, contributions to employee benefit plans, deferred compensation or expense account allowances, except as described in Part V of the Federal Form 990. Each of the above officers and directors contributes less than one hour per week.

2004 BOARD OF TRUSTEES

MARNA REHAGE

Project Director
Iowa Community AIDS Partnership
The Greater Cedar Rapids Foundation
Cedar Rapids, IA
(Community Partnership Representative)

JOHN N. SCOTT

Executive Director & President
Elton John AIDS Foundation
Beverly Hills, CA

CHANNING WICKHAM

Director
Washington AIDS Partnership
Washington, DC
(Community Partnership Representative)

BETTY H. WILSON

Executive Director
The Health Foundation of
Greater Indianapolis
Indianapolis, IN

Executive Committee

Dr. Elaine Daniels, *Chair*
Dr. Thomas Coates, *Vice-Chair*
Dr. Gary Noble, *Secretary*
Mr. J. Channing Wickham, *Treasurer*

Note: The Officers and Directors listed above do not receive compensation, contributions to employee benefit plans, deferred compensation or expense account allowances, except as described in Part V of the Federal Form 990. Each of the above officers and directors contributes less than one hour per week.

**National AIDS Fund
990 Federal Tax Return - 2004
Part VI - Line 90a
List of States Where Copy of 990 is Filed
December 31, 2004**

**Tax ID #: 52-1706646
Statement 17**

Arizona
California
Connecticut
Florida
Georgia
Illinois
Kansas
Maine
Maryland
Massachusetts
Michigan
Missouri
New Jersey
New Mexico
New York
North Carolina
South Carolina
Ohio
Oklahoma
Pennsylvania
Tennessee
Virginia

Schedule A		Payment of Compensation to Officers Part III, Line 2d		Statement 18
<u>Officer/Key Employee</u>	<u>Title/Hours Worked Weekly</u>	<u>Compensation</u>	<u>Contributions to Benefit Plans & Deferred Compensation</u>	
Kandy Ferree	President/CEO 40 hrs/wk	81,609.	31,613.	

Schedule A	Explanation of Qualifications to Receive Payments Part III, Line 3-Note	Statement 18
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The National AIDS Fund distributes grant payments prompted by a written request for funds from National AIDS Fund's Community Partnerships. The request must include written documentation that: 1) all local challenge grant funds have been raised; 2) a competitive grantmaking process has been conducted and grants recommended by the local advisory board; 3) a grant information form has been submitted for each community based organization receiving funds; 4) grants summary worksheet has been submitted by the Partnership. In addition, the Community Partnership must include a cover letter specifying the amount requested and the related grant period. In a few cases, the Fund will distribute grant resources to a Community Partnership or individual HIV/AIDS organization based on a specific, written designation by a donor of the National AIDS Fund.

Schedule A	Explanation of Qualifications to Receive Payments Part III, Line 4-Note	Statement 18
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The National AIDS Fund sponsors a defined contribution pension plan – 403(b) that covers all full-time employees who have completed one year of service and 1,000 hours during the plan year. The Board determines employer contributions annually and in 2004 the Board approved a continuation of employer contributions of 6% of each participant’s salary. Employees are fully vested in the employer contributions. For the year ended December 31, 2004, pension expense was \$25,067.

Schedule A	Other Income Part IV-A, Line 22	Statement 19
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<u>Description</u>	<u>2003 Amount</u>	<u>2002 Amount</u>	<u>2001 Amount</u>	<u>2000 Amount</u>
Other Income	1,234.	223.	835.	525.
Total to Schedule A, Line 22	1,234.	223.	835.	525.