

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2005**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2005 calendar year, or tax year beginning \_\_\_\_\_, 2005, and ending \_\_\_\_\_, 20

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization  
**National AIDS Fund**  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**729 15th Street NW 9th FL**  
 City or town state or country and ZIP + 4  
**Washington, DC 20005**

**D** Employer identification number  
**52 1706646**

**E** Telephone number  
**( 202 ) 408-4848**

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶

**G** Website: ▶ **www.aidsfund.org**

**J** Organization type (check only one) ▶  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check here ▶  if the organization's gross receipts are normally not more than \$25 000. The organization need not file a return with the IRS; but if the organization chooses to file a return be sure to file a complete return. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **5,376,949.**

**H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes" enter number of affiliates ▶ \_\_\_\_\_  
**H(c)** Are all affiliates included?  Yes  No  
 (If "No" attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ▶ **N/A**

**M** Check ▶  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>		<b>3,379,677.</b>	
	<b>b</b> Indirect public support	<b>1b</b>		<b>147,430.</b>	
	<b>c</b> Government contributions (grants)	<b>1c</b>		<b>496,000.</b>	
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>4,014,410.</b> noncash \$ <b>8,697.</b> )	<b>1d</b>			<b>4,023,107.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			<b>3,209.</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>			<b>80,405.</b>
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe ▶ _____)	<b>7</b>				
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	<b>1,265,000.</b>	<b>8a</b>	<b>896.</b>		
	<b>b</b> Less: cost or other basis and sales expenses.	<b>1,272,052.</b>	<b>8b</b>	<b>1,574.</b>	
	<b>c</b> Gain or (loss) (attach schedule)	<b>-7,052.</b>	<b>8c</b>	<b>-678.</b>	
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			<b>-7,730.</b>	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>				
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>				
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			<b>4,332.</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			<b>4,103,323.</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>4,027,713.</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>0.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>174,286.</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			<b>4,201,999.</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>-98,676.</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>1,759,960.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>Statement 2</b>	<b>20</b>		<b>-22,232.</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			<b>1,639,052.</b>

**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 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) <b>Statement 3</b> (cash \$ <u>2,407,636</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	2,407,636.	2,407,636.		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	95,755.	70,566.	13,530.	11,659.
26	Other salaries and wages	937,109.	807,354.	60,450.	69,305.
27	Pension plan contributions	14,249.	10,274.	2,156.	1,819.
28	Other employee benefits	63,157.	57,783.	2,765.	2,609.
29	Payroll taxes	85,167.	75,117.	3,735.	6,315.
30	Professional fundraising fees	28,847.			28,847.
31	Accounting fees	8,000.		8,000.	
32	Legal fees				
33	Supplies	17,744.	14,173.	3,207.	364.
34	Telephone	14,974.	9,087.	2,996.	2,891.
35	Postage and shipping	4,555.	2,823.	743.	989.
36	Occupancy	95,351.	1,000.	94,351.	
37	Equipment rental and maintenance	5,940.	3,368.	2,572.	
38	Printing and publications	33,891.	14,796.	635.	18,460.
39	Travel	186,877.	168,528.	11,256.	7,093.
40	Conferences, conventions, and meetings	13,540.	13,255.	5.	280.
41	Interest <b>Statement 4</b>				
42	Depreciation, depletion, etc (attach schedule)	18,484.		18,484.	
43	Other expenses not covered above (itemize):				
a	Outside services	151,287.	149,819.	784.	684.
b	Other expenses	19,436.	12,852.	2,899.	3,685.
c	Allocated expenses	0.	209,282.	-228,568.	19,286.
d					
e					
f					
g					
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	4,201,999.	4,027,713.	0.	174,286.

**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 the instructions.)

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.

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.)
<b>a Grants Program:</b>	See Statement 6	
(Grants and allocations \$ 1,853,620.) If this amount includes foreign grants, check here ► <input type="checkbox"/>		2,000,478.
<b>b AmeriCorps Federal Program:</b>	See Statement 7	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		479,176.
<b>c AmeriCorps Match &amp; Caring Counts:</b>	See Statement 8	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		413,095.
<b>d CDC Workplace Program:</b>	See Statement 9	
(Grants and allocations \$ 63,750.) If this amount includes foreign grants, check here ► <input type="checkbox"/>		202,940.
<b>e Other program services (attach schedule)</b>	See Statements 10-12	
(Grants and allocations \$ 490,266.) If this amount includes foreign grants, check here ► <input type="checkbox"/>		932,024.
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services).		<b>4,027,713.</b>

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash—non-interest-bearing		45	
	46 Savings and temporary cash investments	228,348.	46	61,386.
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable	1,621,662.	49	375,931.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges Stmt 13	27,844.	53	23,366.
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,078,126.	54	2,284,155.
	55a Investments—land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	57a 98,051.		
	b Less: accumulated depreciation (attach schedule) Statement 14	57b 78,101.	31,309.	57c 19,950.
	58 Other assets (describe <b>▶ See Statement 15</b> )		6,755.	58 6,755.
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58.	2,994,044.	59	2,771,543.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	26,302.	60	33,736.
	61 Grants payable	1,205,048.	61	1,095,250.
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <b>▶ Other Liabilities</b> )		2,734.	65 3,505.
66 <b>Total liabilities.</b> Add lines 60 through 65	1,234,084.	66	1,132,491	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	361,575.	67	573,576.
	68 Temporarily restricted	1,398,385.	68	1,065,476.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,759,960.	73	1,639,052.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.	2,994,044.	74	2,771,543.	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b> Total revenue, gains, and other support per audited financial statements			<b>a</b>	4,111,053.
<b>b</b> Amounts included on line a but not on Part I, line 12:				
<b>1</b> Net unrealized gains on investments	<b>b1</b>			
<b>2</b> Donated services and use of facilities	<b>b2</b>			
<b>3</b> Recoveries of prior year grants	<b>b3</b>			
<b>4</b> Other (specify):	<b>b4</b>			
Add lines <b>b1</b> through <b>b4</b>			<b>b</b>	
<b>c</b> Subtract line <b>b</b> from line <b>a</b>			<b>c</b>	4,111,053.
<b>d</b> Amounts included on Part I, line 12, but not on line a:				
<b>1</b> Investment expenses not included on Part I, line 6b	<b>d1</b>			
<b>2</b> Other (specify): <b>Realized loss on sale of investments</b>	<b>d2</b>	-7,730.		
Add lines <b>d1</b> and <b>d2</b>			<b>d</b>	-7,730.
<b>e</b> Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>			<b>e</b>	4,103,323.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b> Total expenses and losses per audited financial statements			<b>a</b>	4,231,961.
<b>b</b> Amounts included on line a but not on Part I, line 17:				
<b>1</b> Donated services and use of facilities	<b>b1</b>			
<b>2</b> Prior year adjustments reported on Part I, line 20	<b>b2</b>			
<b>3</b> Losses reported on Part I, line 20	<b>b3</b>	22,232.		
<b>4</b> Other (specify): <b>Realized loss on sale of investments</b>	<b>b4</b>	7,730.		
Add lines <b>b1</b> through <b>b4</b>			<b>b</b>	29,962.
<b>c</b> Subtract line <b>b</b> from line <b>a</b>			<b>c</b>	4,201,999.
<b>d</b> Amounts included on Part I, line 17, but not on line a:				
<b>1</b> Investment expenses not included on Part I, line 6b	<b>d1</b>			
<b>2</b> Other (specify):	<b>d2</b>			
Add lines <b>d1</b> and <b>d2</b>			<b>d</b>	
<b>e</b> Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>			<b>e</b>	4,201,999.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Kandy Ferree c/o National AIDS Fund, 729 15th St., NW - 9th Floor, Washington, DC 20005	President/CEO 40 hrs	95,755.	21,275.	0
See attached Statement 16				

<b>Part V-A</b> Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float: right;">▶ <b>12</b></span>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	<b>75b</b>	✓
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations.  If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.	<b>75c</b>	✓
<b>d</b> Does the organization have a written conflict of interest policy?	<b>75d</b>	✓

**Part V-B** Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
None				

<b>Part VI</b> Other Information <i>(See the instructions.)</i>	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>	✓
<b>77</b> 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	<b>77</b>	✓
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	✓
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>78b</b>	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	✓
<b>80a</b> 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>80a</b>	✓
<b>b</b> If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b> Enter direct and indirect political expenditures. (See line 81 instructions.) <span style="float: right;"><b>81a</b></span>		
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>81b</b>	✓

**Part VI Other Information** (continued)

	Yes	No
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<b>82a</b> 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>82a</b>	✓	
<b>b</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.)	<b>82b</b>		
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	✓	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	✓	
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		✓
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>		
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members?	<b>85a</b>		
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>85b</b>		
<b>c</b> Dues, assessments, and similar amounts from members	<b>85c</b>		
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>		
<b>h</b> 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?	<b>85h</b>		
<b>86 501(c)(7) orgs.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>		
<b>87 501(c)(12) orgs.</b> Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>		
<b>88</b> 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.	<b>88</b>		✓
<b>89a 501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
<b>b 501(c)(3) and 501(c)(4) orgs.</b> 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.	<b>89b</b>		✓
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			<b>0.</b>
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶			<b>N/A</b>
<b>90a</b> List the states with which a copy of this return is filed ▶ <b>See Statement 17</b>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	<b>90b</b>		<b>48</b>
<b>91a</b> The books are in care of ▶ <b>National AIDS Fund</b> Telephone no. ▶ <b>( 202 ) 408-4848</b> Located at ▶ <b>729 15th Street, NW - 9th Floor Washington, DC</b> ZIP + 4 ▶ <b>20005</b>			
<b>b</b> 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	<b>91b</b>		✓
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	<b>91c</b>		✓
<b>92</b> 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 . . . ▶   <b>92</b>			<input type="checkbox"/>

**Part VII Analysis of Income-Producing Activities** (See 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 _____					
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	3,209.	
96 Dividends and interest from securities			14	80,405.	
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			18	-7,730.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a <b>Miscellaneous</b>					4,332.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				75,884.	4,332.
105 Total (add line 104, columns (B), (D), and (E))					80,216.

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 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).
103a	Miscellaneous revenue generated in relation to the organization's exempt purpose of eliminating HIV disease as a major health and social problem

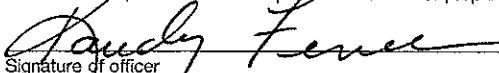
**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

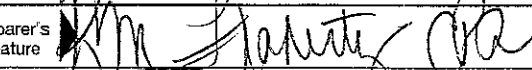
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See 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: 5-10-06  
 Signature of officer: Kandy Ferree  
 Type of print name and title: President & CEO

Paid Preparer's Use Only: Preparer's signature:  Date: 5/10/06 Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. W): 24-18-1388  
 Firm's name (or yours if self-employed), address, and ZIP+4: E. Cohen and Company, CPAs  
 EIN: 52-1754364  
 Phone no.: (301) 948-1240  
 18310 Montgomery Village Ave., Suite 460-Gathersburg MD 20879



**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 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**

▶ **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
<b>Bryan Wilt</b> c/o National AIDS Fund 729 15th St, NW-9th FL, Washington, DC 20005	<b>Chief Fiscal Officer</b> 40 hours/week	<b>67,131.</b>	<b>12,340.</b>	
<b>Michael Rhein</b> c/o National AIDS Fund 729 15th St, NW-9th FL, Washington, DC 20005	<b>Sr. Prgm. &amp; Dev. Officer</b> 40 hours/week	<b>77,848.</b>	<b>14,836.</b>	
<b>Krista Bradley</b> c/o National AIDS Fund 729 15th St, NW-9th FL, Washington, DC 20005	<b>Program Officer</b> 40 hours/week	<b>62,764.</b>	<b>6,778.</b>	
<b>Angela Van Croft</b> c/o National AIDS Fund 729 15th St, NW-9th FL, Washington, DC 20005	<b>Development Officer</b> 40 hours/week	<b>60,177.</b>	<b>2,114.</b>	
Total number of other employees paid over \$50,000 . ▶		<b>0.</b>		

**Part II-A 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
<b>None</b>		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>None</b>		
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶		

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

	Yes	No
<p><b>1</b> 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)</p> <p>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.</p>		✓
<p><b>2</b> 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.)</p>		
<p><b>a</b> Sale, exchange, or leasing of property?</p>		✓
<p><b>b</b> Lending of money or other extension of credit?</p>		✓
<p><b>c</b> Furnishing of goods, services, or facilities?</p>		✓
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>Statement 18</b></p>	✓	
<p><b>e</b> Transfer of any part of its income or assets?</p>		✓
<p><b>3a</b> 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) <b>Statement 18</b></p>	✓	
<p><b>b</b> Do you have a section 403(b) annuity plan for your employees? <b>Statement 18</b></p>	✓	
<p><b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?</p>		✓
<p><b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>		✓
<p><b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		✓

**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)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 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 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,075,279.	4,159,485.	3,659,347.	2,175,968.	14,070,079.
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	600.	2,787.			3,387.
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	29,903	28,767.	34,562.	115,004.	208,236
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	2,422.	1,234.	223.	835.	4,714.
23 Total of lines 15 through 22	4,108,204	4,192,273.	3,694,132.	2,291,807.	14,286,416
24 Line 23 minus line 17	4,107,604	4,189,486.	3,694,132.	2,291,807.	14,283,029
25 Enter 1% of line 23	41,082	41,923.	36,941.	22,918.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 285,661
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 7,273,498
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 14,283,029
d Add: Amounts from column (e) for lines: 18 208,236 19 22 4,714. 26b 7,273,498.					26d 7,486,448
e Public support (line 26c minus line 26d total)					26e 6,796,581
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 47.58 %
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: (2004) N/A (2003) (2002) (2001)					
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 11b, 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: (2004) N/A (2003) (2002) (2001)					
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 N/A
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 2001 through 2004, 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.) **N/A**  
 (To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

		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)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
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?		
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**

(The term "expenditures" means amounts paid or incurred.)

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

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					<b>0.</b>
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					<b>0.</b>
<b>47</b> Total lobbying expenditures . . . . .					<b>0.</b>
<b>48</b> Grassroots nontaxable amount . . . . .					<b>0.</b>
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					<b>0.</b>
<b>50</b> Grassroots lobbying expenditures . . . . .					<b>0.</b>

**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:

- 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**.)

Yes	No	Amount
	✓	
	✓	
	✓	
	✓	
	✓	
	✓	
	✓	
	✓	
		<b>0.</b>

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 (A) Publicly Traded Securities and (B) Other			Statement 1
Description	Gross Sales Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss)
Government Bond Fund (A)	1,265,000	1,272,052	-	(7,052)
Other Donated Assets (B)	896	1,574	0	(678)
To Form 990, Part I, line 8	<u>1,265,896</u>	<u>1,273,626</u>	<u>0</u>	<u>(7,730)</u>

Form 990	Other Changes in Net Assets or Fund Balances	Statement 2
Description		Amount
Unrealized gain (loss) on investments		(12,343)
Loss due to cancellation of grants		<u>(9,889)</u>
To Form 990, Part I, line 20		<u>(22,232)</u>

## National AIDS Fund

Tax ID #: 52-1706646

Tax Year 2005

## Part II - Statement of Functional Expenses, Line 22

## 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	171,000
Harvard Pilgrim Health Care Foundation	93 Worcester Street		Wellesley, MA 02481	164,500
AIDS Foundation of Chicago	411 South Wells	Suite 300	Chicago, IL 60607-3924	156,000
Tides Foundation	40 Exchange Place	Suite 1111	New York, NY 10005	150,000
Northern California Grantmakers	625 Market Street	15th Floor	San Francisco, CA 94105	118,985
El Paso Community Foundation	310 North Mesa	Suite 1000	El Paso, TX 79901	112,584
Greater Cedar Rapids Community Foundation, The	200 First Street, SW		Cedar Rapids, IA 52404	103,773
Michigan AIDS Fund	21700 Northwestern Highway	Suite 1150	Southfield, MI 48075	97,000
Health Foundation of Greater Indianapolis, The	342 Massachusetts Ave.	Marott Center, 1FL	Indianapolis, IN 46204	96,743
Princeton Area Community Foundation, Inc.	15 Princess Drive		Lawrenceville, NJ 08648	95,500
Alliance Healthcare Foundation	9325 Sky Park Court	Suite 350	San Diego, CA 92123	93,500
New York Community Trust	2 Park Avenue 24th Floor		New York, NY 10016	90,000
Community Foundation for Greater Atlanta, Inc.	The Hurt Building	Suite 449	Atlanta, GA 30303	85,000
Guilford Community AIDS Partnership	1901 Lendew St., Suite 5	P.O. Box 752	Greensboro, NC 27402	79,500
CARES, Inc.	85 Waterlivet Avenue		Albany, NY 12206	77,500
Dade Community Foundation	200 S. Biscayne Blvd.	Suite 505	Miami, FL 33131-2343	75,000
Community Foundation of Broward	1401 East Broward Boulevard	Suite 100	Ft. Lauderdale, FL 33301	72,500
Heart of America United Way	1080 Washington Street		Kansas City, MO 64105	72,000
Tulsa Area United Way	1430 South Boulder	P O Box 1859	Tulsa, OK 74119	63,500
New Mexico Community Foundation	343 East Alameda		Santa Fe, NM 87501	62,120
Medical Care Development	11 Parkwood Drive		Augusta, ME 04330	59,971
Regional HIV/AIDS Consortium	7510 East Independence Blvd	Suite 105	Charlotte, NC 28227	52,000
AIDS Foundation Houston, The	3202 Wesleyan Annex		Houston, TX 77027	49,500
United Way of Ventura County	1317 Del Norte Road		Camarillo, CA 93010-8484	39,800
AIDS Institute, The	PO Box 16705		Tampa, FL 33687-6705	35,000
PreventionWorks, Inc.	1407 S Street NW		Washington, DC 20009	30,000
Community Foundation of Greater Memphis	1900 Union Avenue		Memphis, TN 38104	22,160
Central Louisiana AIDS Support Services, Inc. (CLAS)	103 Bolton Avenue		Alexandria, LA 71301	10,000
Mobile AIDS Support Services	2054 Dauphin Street		Mobile, AL 36606	10,000
Montrose Clinic, Inc.	215 Westheimer		Houston, TX 77006	10,000
NO/AIDS Task Force	813 Belanger St.	(CASS Office)	Houma, LA 70360	10,000
South Mississippi AIDS Task Force	2756 Fernwood Road		Biloxi, MS 39531	10,000
Acadiana C A R E S.	203 W. Third St		Lafayette, LA 70501	7,500
Alamo Area Resource Center	527 N. Leona	Bldg A, 3rd Floor	San Antonio, TX 78201	5,000
Family Service of Greater Baton Rouge	4727 Revere Ave.		Baton Rouge, LA 70808	5,000
Foundation for Enhancing Communities, The	200 N. Third Street	P O Box 678	Harrisburg, PA 17108	5,000
Matthew 25:40 Corporation	1414 Martha Street		Lake Charles, LA 70601	5,000
Southeast Mississippi Rural Health Initiative, Inc.	5488 US Hwy 49		Hattiesburg, MS 39403	5,000
			<b>Total Grants 2005</b>	<b>2,407,636</b>



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										
Microwave	12	94	SL	5	D-2005		167		167	167		0
Office Furniture	1	95	SL	5	D-2005		10,880		10,880	10,880		0
Office Furniture	2	95	SL	5	D-1997		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
4 Drawer File Cabinet	1	94	SL	7	D-2005		1,410		1,410	1,410		0
5 Shelf Bookcase	1	94	SL	7	D-1998		744		744	744		0
Action Laser Printer II	10	92	SL	7	D-1999		-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
FIMS Database Software	12	2000	SL	5			43,860		43,860	43,860		8,041
IBM Computer Net Vista A20 1S6269A6U23LWGBD/Mon 55-HKK41	9	2001	SL	3	D-2005		1,050		1,050	1,050		0
IBM Computer Net Vista A20 1S6269A6U23LWFR/T/Mon 55-HHZ68	9	2001	SL	3	D-2005		1,050		1,050	1,050		0
IBM Computer Net Vista A20 1S6269A6U23LWFTT/Mon 55-HKK38	9	2001	SL	3	D-2005		1,050		1,050	1,050		0
IBM Thinkpad A22M Laptop HG7CK-VJMHC-HXWHT23BVJ-HRXTM	9	2001	SL	3	D-2005		1,900		1,900	1,900		0
IBM iL2220 Data Video Protector 1S003BA0123A0111	9	2001	SL	3			2,450		2,450	2,450		0
IBM Thinkpad Type (A31) 2652-J4U Laptop Ser#78TMFVW	10	2002	SL	3			1,900		1,900	1,900		475
IBM Thinkpad Type (A31)2652-J4U Laptop Ser#78TMFWD	10	2002	SL	3	D-2005		1,900		1,900	1,900		475
IBM NetVista Type A30 1.8gigcpu hd 256kram Ser#KAPL403	10	2002	SL	3			1,233		1,233	1,233		308
IBM NetVista Type A30 1.8gigcpu 256kram Ser#KAPM015	10	2002	SL	3			1,233		1,233	1,233		308
IBM NetVista Type A30 1.8gigcpu 256kram Ser#KAPK903	10	2002	SL	3			1,234		1,234	1,234		309
Microsoft SBS 2000 Upgrade/SBS 2000 5 CAL Upgrade	2	2003	SL	3			953		953	927		318
Inter-Tel Voicemail and Phone system (12 phones+VM)	9	2003	SL	5			9,519		9,519	4,442		1,903
IBM Laser Printer 1352 Ser # 9917N43 (10/23)	10	2003	SL	3			1,006		1,006	754		335
IBM Laser Printer 1352 Ser # 9917NOW (10/23)	10	2003	SL	3			1,006		1,006	754		335
IBM Thinkpad (TPR40)2681-Q6U 40gig HD; 2.4gig cpu procr; 256kram-Ser#FXM8	10	2003	SL	3			1,576		1,576	1,183		526
IBM ThinkCentre8194-A50P 80gig HD; 2.6gig cpu procr; 256kram Ser#KCBP25V	10	2003	SL	3			1,304		1,304	978		435
IBM ThinkCentre8194-A50P 80gig HD; 2.6gig cpu procr; 256kram Ser#KCBP58L	10	2003	SL	3			1,304		1,304	978		435
IBM ThinkCentre8194-A50P 80gig HD; 2.6gig cpu procr; 256kram Ser#KCBP23V	10	2003	SL	3			1,305		1,305	979		435

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	329		208
Platinum Plus (Software for new server) Booked 6.04	7	2004	SL	3			264		264	132		88
Cubicle Wall Dividers - Re Form Inc.	11	2004	SL	5			1,440		1,440	528		480
IBM ThinkCentre8433 98U-A50P 40gig HD; 2.8gig cpu procr; 256kram Ser#KCMW	11	2004	SL	3			1,317		1,317	512		439
IBM ThinkCentre8433 98U-A50P 40gig HD; 2.8gig cpu procr; 256kram Ser#KCMW	11	2004	SL	3			1,317		1,317	512		439
IBM xSer235-109.2gig HD; 3060 MHz procr; 1 gig ram Ser#KPBXCF0 Server1126	11	2004	SL	3			5,392		5,392	2,097		1,797
IBM Thinkpad Type-1830-F4U 40gig HD; 1.7gig cpu procr; 5126kram-Ser#L3-PWG	11	2005	SL	3			1,749		1,749	97		97
IBM Thinkpad Type-1830-F4U 40gig HD; 1.7gig cpu procr; 5126kram-Ser#L3-PWG	11	2005	SL	3			1,749		1,749	97		97
IBM Color Laser Printer Model 1357 Serial # 32101NZ	11	2005	SL	3			3,625		3,625	201		201
1994 Asset Purchases Removed 2005 (Fully Depreciated)	12	2005			D-2005	94-5	-911		-911	-911		0
1995 Asset Purchases Removed 2005 (Fully Depreciated)	12	2005			D-2005	95-5	-1,372		-1,372	-1,372		0
2001 Asset Purchases Removed 2005 (Fully Depreciated)	12	2005			D-2005	01-5	-5,050		-5,050	-5,050		0
2002 Asset Purchases Removed 2005 (Fully Depreciated)	12	2005			D-2005	02-5	-1,900		-1,900	-1,900		0
<b>Grand Total 990 Page 2</b>							<b>98,051</b>		<b>98,051</b>	<b>78,101</b>		<b>18,484</b>

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

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**Explanation**

The National AIDS Fund (the Fund) is a national catalyst for local action. The Fund's mission is to reduce the incidence and impact of HIV/AIDS by promoting leadership and generating resources for effective community responses to the epidemic.

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Form 990	Statement of Program Service Accomplishments	Statement 6
	Part III	

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**Description of Program Service – section a**

**Grants Program and Technical Assistance:** 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, grantmaking 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.

**Katrina HIV/AIDS Emergency Fund:** Immediately following the devastation of hurricanes Katrina and Rita, a fund was established to receive donations and make grants to those non-profit organizations that are providing emergency and on-going HIV-related services to the approximately 22,000 HIV+ individuals who were previously living in and/or displaced from the hurricane-affected areas of Mississippi, Louisiana and Alabama.

	<u>Grants</u>	<u>Program Svc Expenses</u>
To Form 990, Part III, line a	<u>1,853,620</u>	<u>2,000,478</u>

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Form 990	Statement of Program Service Accomplishments	Statement 7
	Part III	

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**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 six National AIDS Fund Community Partnerships (Charlotte, NC; Chicago, IL; Detroit, MI; Indianapolis, IN; Tulsa, OK; Washington, DC). Each Member serves full time (1700 hours) providing direct 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>479,176</u>

Form 990	Statement of Program Service Accomplishments	Statement 8
	Part III	

**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. The National AIDS Fund typically has several private sector contributors that support the AmeriCorps Program. For example, the Met Life Foundation Caring Counts Program support pre-service training and 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>413,095</u>

Form 990	Statement of Program Service Accomplishments	Statement 9
	Part III	

**Description of Program Service – section d**

**CDC Business & Labor Responds to AIDS Program:** BRTA/LRTA is a leadership development and technical assistance program that catalyzes public-private partnerships in support of HIV/AIDS prevention and care programs in highly impacted populations/communities. The National AIDS Fund utilizes its 18 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. While the Fund continues to possess these core competencies, the formal CDC-funded grant program ended March 31, 2005.

	<u>Grants</u>	<u>Program Svc Expenses</u>
To Form 990, Part III, line d	<u>63,750</u>	<u>202,940</u>

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Form 990	Statement of Program Service Accomplishments	Statement 10
	Part III	

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**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 development and HIV/AIDS-specific 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>14,736</u>

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Form 990	Statement of Program Service Accomplishments	Statement 11
	Part III	

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**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>27,930</u>

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Form 990	Statement of Program Service Accomplishments	Statement 12
	Part III	

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**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. This project was completed during 2005.

**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>490,266</u>	<u>889,358</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>490,266</u>	<u>932,024</u>

Form 990	Investment Securities		Statement 13
<u>Description</u>	<u>U.S Government</u>	<u>State &amp; Local Gov't</u>	<u>Total Gov't Securities</u>
Government Securities Mutual Fund	2,284,155	0	2,284,155
Total To Form 990, Part IV, line 54, Col B	<u>2,284,155</u>	<u>0</u>	<u>2,284,155</u>

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

2005 Depreciation of Assets Not Held for Investment

Statement 14

Description	Cost or Other Basis	Accumulated Depreciation	Book Value
Office Furniture	10,880	10,880	0
Less stolen computer	-225	-225	0
Less stolen computer	-16	-16	0
4 Drawer File Cabinet	1,410	1,410	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 Software	43,860	43,860	0
IBM iL2220 Data Video Projector 1S003BA0123A0111	2,450	2,450	0
IBM Thinkpad Type (A31) 2652-J4U Laptop Ser#78TMFWV	1,900	1,900	0
IBM NetVista Type A30 1.8gigcpu hd 256kram Ser#KAPL403	1,233	1,233	0
IBM NetVista Type A30 1.8gigcpu 256kram Ser#KAPM015	1,233	1,233	0
IBM NetVista Type A30 1.8gigcpu 256kram Ser#KAPK903	1,234	1,234	0
Microsoft SBS 2000 Upgrade/SBS 2000 5 CAL Upgrade	953	927	26
Inter-Tel Voicemail and Phone system (12 phones+VM)	9,519	4,442	5,077
IBM Laser Printer 1352 Ser # 9917N43 (10/23)	1,006	754	252
IBM Laser Printer 1352 Ser # 9917NOW (10/23)	1,006	754	252
IBM Thinkpad (TPR40)2681-Q6U 40gig HD; 2.4gig cpu procr; 256kram-Ser#FXM886	1,576	1,183	393
IBM ThinkCentre8194-A50P 80gig HD; 2.6gig cpu procr; 256kram Ser#KCBP25V	1,304	978	326
IBM ThinkCentre8194-A50P 80gig HD; 2.6gig cpu procr; 256kram Ser#KCBP58L	1,304	978	326
IBM ThinkCentre8194-A50P 80gig HD; 2.6gig cpu procr; 256kram Ser#KCBP23V	1,305	979	326
Cisco Systems Server Firewall (part of overall server upgrade)	623	329	294
Platinum Plus (Software for new server) Booked 6.04	264	132	132
Cubicle Wall Dividers - Re Form Inc.	1,440	528	912
IBM ThinkCentre8433 98U-A50P 40gig HD; 2.8gig cpu procr; 256kram Ser#KCMW0	1,317	512	805
IBM ThinkCentre8433 98U-A50P 40gig HD; 2.8gig cpu procr; 256kram Ser#KCMW0	1,317	512	805
IBM xSer235-109.2gig HD; 3060 MHz procr; 1 gig ram Ser#KPBXCF0 Server11/26	5,392	2,097	3,295
IBM Thinkpad Type-1830-F4U 40gig HD; 1.7gig cpu procr; 5126kram-Ser#L3-PWGF	1,749	97	1,652
IBM Thinkpad Type-1830-F4U 40gig HD; 1.7gig cpu procr; 5126kram-Ser#L3-PWGT	1,750	97	1,653
IBM Color Laser Printer Model 1357 Serial # 32101NZ	3,625	201	3,424
<b>Grand Total 990 Page 3 - Part IV - Col B</b>	<b>98,051</b>	<b>78,101</b>	<b>19,950</b>



## 2005 BOARD OF TRUSTEES

**JUDITH A. BILLINGS**  
Community Leader & Activist  
Puyallup, WA

**DENISE M. CLARK**  
Vice President Information Technology  
Fisher Price  
East Aurora, NY

**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

**CYTHINA A. GOMEZ, Ph.D.**  
Co-Director & Interim Division Chief  
Center for AIDS Prevention Studies (CAPS) & Associate Professor in the Department of  
Medicine at the University of California San Francisco  
San Francisco, CA

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.

## 2005 BOARD OF TRUSTEES

**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

**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)

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  
2005 Form 990  
Part V – List of Officers, Directors  
Trustees and Key Employees

52-1706646  
Statement 16

## 2005 BOARD OF TRUSTEES

**BETTY H. WILSON**  
Executive Director  
The Health Foundation of  
Greater Indianapolis  
Indianapolis, IN

**JEREMY WOAN**  
Chief Executive Officer  
The Bampton Group  
San Francisco, CA

**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 - 2005  
Part VI - Line 90a  
List of States Where Copy of 990 is Filed  
December 31, 2005**

**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 &amp; Deferred Compensation</u>	
Kandy Ferree	President/CEO 40 hrs/wk	95,755.	21,275.	

Schedule A	Explanation of Qualifications to Receive Payments Part III, Line 3a-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 3b-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 2005 the Board approved a continuation of employer contributions of 3% of each participant’s salary. Employees are fully vested in the employer contributions. For the year ended December 31, 2005, pension expense was \$14,249.

Schedule A	Other Income Part IV-A, Line 22	Statement 19
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<u>Description</u>	<u>2004 Amount</u>	<u>2003 Amount</u>	<u>2002 Amount</u>	<u>2001 Amount</u>
Other Income	2,422.	1,234.	223.	835.
Total to Schedule A, Line 22	2,422.	1,234.	223.	835.