

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)

2006

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 2006 calendar year, or tax year beginning 2006, 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 9 FL**
 City or town, state or country and ZIP + 4: **Washington, DC 20005-2105**

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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **7,409,439.**

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.)

		1a		1b		1c		1d		1e	
1 Contributions, gifts, grants, and similar amounts received:											
a Contributions to donor advised funds											
b Direct public support (not included on line 1a)											
c Indirect public support (not included on line 1a)											
d Government contributions (grants) (not included on line 1a)											
e Total (add lines 1a through 1d) (cash \$ <u>5,605,966.</u> noncash \$ <u>9,540.</u>)											
2 Program service revenue including government fees and contracts (from Part VII, line 93)											
3 Membership dues and assessments											
4 Interest on savings and temporary cash investments											
5 Dividends and interest from securities											
6a Gross rents		6a									
b Less: rental expenses		6b									
c Net rental income or (loss). Subtract line 6b from line 6a											
7 Other investment income (describe ▶ _____)											
8a Gross amount from sales of assets other than inventory		(A) Securities		(B) Other							
b Less: cost or other basis and sales expenses											
c Gain or (loss) (attach schedule)											
d Net gain or (loss). Combine line 8c, columns (A) and (B) <u>Statement 1</u>											
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>											
a Gross revenue (not including \$ _____ of contributions reported on line 1b)		9a									
b Less: direct expenses other than fundraising expenses		9b									
c Net income or (loss) from special events. Subtract line 9b from line 9a											
10a Gross sales of inventory, less returns and allowances		10a									
b Less: cost of goods sold		10b									
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a											
11 Other revenue (from Part VII, line 103)											
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11											
13 Program services (from line 44, column (B))											
14 Management and general (from line 44, column (C))											
15 Fundraising (from line 44, column (D))											
16 Payments to affiliates (attach schedule)											
17 Total expenses. Add lines 16 and 44, column (A)											
18 Excess or (deficit) for the year. Subtract line 17 from line 12											
19 Net assets or fund balances at beginning of year (from line 73, column (A))											
20 Other changes in net assets or fund balances (attach explanation) <u>Statement 2</u>											
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20											

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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ <u>2,974,721.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	2,974,721.	2,974,721.	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) <i>Statement 4</i>	25a	294,956.	154,107.	116,301.
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c	26	929,338.	771,095.	54,659.
27	Pension plan contributions not included on lines 25a, b, and c	27	5,589.	3,708.	164.
28	Employee benefits not included on lines 25a - 27	28	71,804.	63,113.	5,047.
29	Payroll taxes	29	96,038.	77,390.	8,940.
30	Professional fundraising fees	30	28,583.		28,583.
31	Accounting fees	31	8,500.		8,500.
32	Legal fees	32	0.		
33	Supplies	33	25,074.	18,362.	6,170.
34	Telephone	34	19,306.	12,657.	3,548.
35	Postage and shipping	35	7,618.	5,117.	1,298.
36	Occupancy	36	82,780.		81,780.
37	Equipment rental and maintenance	37	20,969.		20,969.
38	Printing and publications	38	22,675.	18,590.	3,131.
39	Travel	39	230,847.	205,514.	17,966.
40	Conferences, conventions, and meetings	40	12,341.	11,763.	578.
41	Interest	41	0.		
42	Depreciation, depletion, etc. (attach schedule) <i>Statement 5</i>	42	10,528.		10,528.
43	Other expenses not covered above (itemize):				
a	Outside services	43a	161,070.	156,746.	3,606.
b	Other expenses	43b	25,108.	14,795.	5,533.
c	Allocation of indirect cost center expenses reported in (C)	43c			
d		43d	0.	318,900.	-348,718.
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	5,027,845.	4,806,578.	0.

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 6		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 7	
(Grants and allocations \$ 2,453,798.) If this amount includes foreign grants, check here ► <input type="checkbox"/>		2,725,877.
b AmeriCorps Federal Program:	See Statement 8	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		496,825.
c AmeriCorps Match & Caring Counts:	See Statement 9	
(Grants and allocations \$ 7,500.) If this amount includes foreign grants, check here ► <input type="checkbox"/>		453,850.
d GENERATIONS Women & Families Program:	See Statement 10	
(Grants and allocations \$ 508,423.) If this amount includes foreign grants, check here ► <input type="checkbox"/>		1,037,346.
e Other program services (attach schedule)	See Statements 11-13	
(Grants and allocations \$ 5,000.) If this amount includes foreign grants, check here ► <input type="checkbox"/>		92,680.
f Total of Program Service Expenses (should equal line 44, column (B), Program services). . . . ►		4,806,578.

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
Assets	45 Cash—non-interest-bearing		45	
	46 Savings and temporary cash investments	61,386.	46	18,758.
	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	375,931.	49	434,245.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	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	23,366.	53	13,912.
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,284,155.	54a	3,211,719.
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
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	99,181.			
b Less: accumulated depreciation (attach schedule) <i>Statement 14</i>	57b 75,299.	19,950.	57c 23,882.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> See Statement 15)		6,755.	58 7,032.	
59 Total assets (must equal line 74). Add lines 45 through 58		2,771,543.	59 3,709,548.	
Liabilities	60 Accounts payable and accrued expenses	33,736.	60	27,679.
	61 Grants payable	1,095,250.	61	1,326,433.
	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 <input type="checkbox"/> Other Liabilities)		3,505.	65 2,165.
66 Total liabilities. Add lines 60 through 65		1,132,491.	66 1,356,277.	
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 Unrestricted	573,576.	67	760,286.
	68 Temporarily restricted	1,065,476.	68	1,592,985.
	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 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		1,639,052.	73 2,353,271.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		2,771,543.	74 3,709,548.

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

a	Total revenue, gains, and other support per audited financial statements		a	5,768,523.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1 4,084.		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	4,084.
c	Subtract line b from line a		c	5,764,439.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): <u>Realized loss on sale of investments</u>	d2 -12,056.		
	Add lines d1 and d2		d	-12,056.
e	Total revenue (Part I, line 12). Add lines c and d		e	5,752,383.

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

a	Total expenses and losses per audited financial statements		a	5,054,304.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3 14,403.		
4	Other (specify): <u>Realized loss on sale of investments</u>	b4 12,056.		
	Add lines b1 through b4		b	26,459.
c	Subtract line b from line a		c	5,027,845.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	5,027,845.

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	106,684.	26,374.	0.
Bryan Wilt c/o National AIDS Fund 729 15th St., NW - 9th Floor, Washington, DC 20005	Chief Fiscal Officer 40 hrs	76,641.	9,520.	0.
Matthew Kessler c/o National AIDS Fund 729 15th St., NW - 9th Floor, Washington, DC 20005	Director of Operations 40 hrs	66,359.	9,378.	0.
See attached Statement 16				

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 15		
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)	75b	✓
c	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 the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions	75c	✓
d	Does the organization have a written conflict of interest policy?	75d	✓

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 (if not paid enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
None				

Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	✓
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	77	✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	✓
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?	80a	✓
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) None	81a	
b	Did the organization file Form 1120-POL for this year?	81b	✓

Part VI Other Information (continued)

		Yes	No
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		
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 <i>quid pro quo</i> 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?		
	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	85a		
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.		
	85b		
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		
88a	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	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		✓
88b			
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/> .		
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		✓
	89b		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="text"/>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		✓
	89e		
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		✓
	89f		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	89g		
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, 2006 (See instructions)	90b	51
91a	The books are in care of National AIDS Fund Telephone no (202) 408-4848		
	Located at 729 15th Street, NW - 9th Floor Washington, DC ZIP + 4 20005-2105		
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)?		
	91b		✓
	If "Yes," enter the name of the foreign country <input type="text"/>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country

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 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	8,757.	
96 Dividends and interest from securities			14	136,312.	
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	-12,056	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a <u>Miscellaneous</u>					3,864.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				133,013.	3,864.
105 Total (add line 104, columns (B), (D), and (E))					136,877.

Note: Line 105 plus line 1e, 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).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No

Please Sign Here 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.

Signature of officer: *Kandy Ferree* Date: 5/14/07
 Type or print name and title: Kandy Ferree President & CEO

Paid Preparer's Use Only Preparer's signature: *E. Cohen, CPA* Date: 5/14/07 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X):
 Firm's name (or yours if self-employed), address, and ZIP + 4: E. Cohen and Company, CPAs EIN: 52 1754364
One Research Court, Suite 101, Rockville, MD 20850 Phone no.: (301) 917-6200

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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
 - 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).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization National AIDS Fund	Employer identification number	
	Number, street, and room or suite no. If a P O box, see instructions. 729 15th St., NW - 9th Floor	52	1706646
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Washington, DC 20005		

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ **The Corporation**

Telephone No. ▶ (**202**) **408-4848** FAX No. ▶ (**202**) **408-1818**

- 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 section 501(c) corporation required to file Form 990-T) extension of time until **August 15**, 20**07**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20**06** or
- ▶ tax year beginning _____, 20____, and ending _____, 20_____.

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.	3a	\$	
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.	3b	\$	
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.	3c	\$	0.

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.

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

2006

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 2 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
Michael Rhein c/o National AIDS Fund 729 15th St., NW - 9th Floor, Washington, DC 20005	Dir. of Pgms. & Dev. 40 hrs	82,970.	16,683.	0.
Angela Van Croft c/o National AIDS Fund 729 15th St., NW - 9th Floor, Washington, DC 20005	Development Officer 40 hrs	61,674.	3,444.	0.
Juan Carlos Jelazquez c/o National AIDS Fund 729 15th St., NW - 9th Floor, Washington, DC 20005	Senior Pgm. Officer 40 hrs	49,362.	5,954.	0.
Total number of other employees paid over \$50,000 . ▶		3		

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
San Francisco State University Office of Research & Sponsored Programs 1600 Holloway Ave ADM471, San Francisco, CA 94132	GENERATIONS Womens Pgm. T/A Contr	106,667.
Total number of others receiving over \$50,000 for professional services ▶		1

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
None		
Total number of other contractors receiving over \$50,000 for other services ▶		none

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

	Yes	No
<p>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.)</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>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.)</p>		
<p>a Sale, exchange, or leasing of property?</p>		✓
<p>b Lending of money or other extension of credit?</p>		✓
<p>c Furnishing of goods, services, or facilities?</p>		✓
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V-A, Form 990</p>	✓	
<p>e Transfer of any part of its income or assets?</p>		✓
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) Statement 18</p>	✓	
<p>b Did the organization have a section 403(b) annuity plan for its employees? Statement 19</p>	✓	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>		✓
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		✓
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>		✓
<p>b Did the organization make any taxable distributions under section 4966?</p>		✓
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>		✓
<p>d Enter the total number of donor advised funds owned at the end of the tax year ► _____</p>		0.
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____</p>		0.
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____</p>		0.
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____</p>		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
N/A					
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5,256,300.	4,075,279.	4,159,485.	3,659,347.	17,150,411.
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	0.	600.	2,787.	0.	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	83,614.	29,903	28,767.	34,562.	176,846.
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	4,332.	2,422.	1,234.	223.	8,211.
23 Total of lines 15 through 22	5,344,246.	4,108,204	4,192,273.	3,694,132.	17,338,855.
24 Line 23 minus line 17	5,344,246.	4,107,604	4,189,486.	3,694,132.	17,335,468.
25 Enter 1% of line 23	53,443.	41,082	41,923.	36,941.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	346,709.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	9,539,154.
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	17,335,468.
d Add: Amounts from column (e) for lines: 18 176,846. 19 0.	26d	9,724,211.
22 8,211. 26b 9,539,154.	26e	7,611,257.
e Public support (line 26c minus line 26d total)	26f	43.91 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		

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:

(2005) ----- N/A (2004) ----- (2003) ----- (2002) -----

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:

(2005) ----- N/A (2004) ----- (2003) ----- (2002) -----

c Add: Amounts from column (e) for lines: 15 _____ 16 _____	27c	N/A
17 _____ 20 _____ 21 _____	27d	N/A
d Add: Line 27a total _____ and line 27b total _____	27e	N/A
e Public support (line 27c total minus line 27d total)	27f	
f Total support for section 509(a)(2) test: Enter amount from line 23 column (e)	27g	N/A %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27h	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 of the instructions.)
(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 10 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

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	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—		
	The lobbying nontaxable amount is—		
	Not over \$500,000	20% of the amount on line 40	} 41
	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	
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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				N/A
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 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
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a** Transfers from the reporting organization to a noncharitable exempt organization of:
 - (i)** Cash
 - (ii)** Other assets
- b** Other transactions:
 - (i)** Sales or exchanges of assets with a noncharitable exempt organization
 - (ii)** Purchases of assets from a noncharitable exempt organization
 - (iii)** Rental of facilities, equipment, or other assets
 - (iv)** Reimbursement arrangements
 - (v)** Loans or loan guarantees
 - (vi)** Performance of services or membership or fundraising solicitations
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

	Yes	No
51a(i)		✓
a(ii)		✓
b(i)		✓
b(ii)		✓
b(iii)		✓
b(iv)		✓
b(v)		✓
b(vi)		✓
c		✓

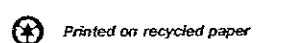
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		



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)	1,645,000	1,657,056	-	(12,056)
Other Donated Assets (B)	0	0	0	0
To Form 990, Part I, line 8	<u>1,645,000</u>	<u>1,657,056</u>	<u>0</u>	<u>(12,056)</u>

Form 990	Other Changes in Net Assets or Fund Balances	Statement 2
Description		Amount
Unrealized gain (loss) on investments		4,084
Loss due to cancellation of grants		<u>(14,403)</u>
To Form 990, Part I, line 20		<u>(10,319)</u>

National AIDS Fund
Tax Year 2006

Tax ID #: 52-1706646

Part II - Statement of Functional Expenses, Line 22b

Statement 3 - Schedule of Grants

Grantee Name	Program Area Classification	Address 1	Address 2	City, State and Zip	Amount
Community Foundation for Greater Atlanta, Inc.	HIV/AIDS Prevention and Care	The Hurt Building	Suite 449	Atlanta, GA 30303	190,000
Harvard Pilgrim Health Care Foundation	HIV/AIDS Women's Prevention & Care, Capacity Bldg.	93 Worcester Street		Wellesley, MA 02481-9181	170,000
AIDS Foundation of Chicago	HIV/AIDS Women's Prevention & Care	411 S. Wells	Suite 300	Chicago, IL 60607	165,000
Northern California Grantmakers	HIV/AIDS Women's Prevention & Care	625 Market Street	15th Floor	San Francisco, CA 94105	160,923
Tides Foundation	HIV/AIDS Prevention	New York Office	40 Exchange Place,	New York, NY 10005	150,000
Washington Regional Association of Grantmakers	HIV/AIDS Women's Prevention & Care	1400 16th Street, NW	Suite 740	Washington, DC 20036	140,000
El Paso Community Foundation	HIV/AIDS Women's Prevention & Care	310 North Mesa	Suite 1000	El Paso, TX 79901	111,250
Greater Cedar Rapids Community Foundation	HIV/AIDS Women's Prevention & Care, Capacity Bldg.	200 First Street, SW		Cedar Rapids, IA 52404	106,150
Princeton Area Community Foundation, Inc.	HIV/AIDS Women's Prevention & Care, Capacity Bldg.	15 Princess Drive	Suite 350	Lawrenceville, NJ 8648	105,000
Alliance Healthcare Foundation	HIV/AIDS Prevention and Care, Capacity Building	9325 Sky Park Court		San Diego, CA 92123	97,500
The Health Foundation of Greater Indianapolis	HIV/AIDS Prevention and Care, Capacity Building	429 East Vermont Street, #300		Indianapolis, IN 46202	97,500
Gulford Community AIDS Partnership	HIV/AIDS Prevention and Care, Capacity Building	P.O. Box 752	Suite 1150	Greensboro, NC 27402	90,000
Michigan AIDS Fund	HIV/AIDS Prevention and Care	21700 Northwestern Highway	22nd Floor	Southfield, MI 48075	90,000
New York Community Trust	HIV/AIDS Prevention and Care	909 Third Avenue		New York, NY 10022	90,000
CARES, Inc.	HIV/AIDS Prevention and Care, Capacity Building	85 Waterlvet Avenue		Albany, NY 12206	88,350
New Mexico Community Foundation	HIV/AIDS Prevention and Care, Capacity Building	343 East Alameda		Santa Fe, NM 87501	80,000
Medical Care Development	HIV/AIDS Prevention and Care, Capacity Building	11 Parkwood Drive	Suite 505	Augusta, ME 4330	79,683
Dade Community Foundation	HIV/AIDS Women's Prevention & Care, Capacity Bldg.	200 S. Biscayne Blvd.	Suite 100	Miami, FL 33131-2343	75,000
Community Foundation of Broward	HIV/AIDS Prevention and Care, Capacity Building	1401 East Broward Boulevard		Ft. Lauderdale, FL 33301	73,000
Heart of America United Way	HIV/AIDS Prevention and Care, Capacity Building	1080 Washington Street		Kansas City, MO 64105	72,500
Tulsa Area United Way	HIV/AIDS Prevention and Care, Capacity Building	1430 South Boulder	P.O. Box 1859	Tulsa, OK 74119	70,000
NO/AIDS Task Force	HIV/AIDS Disaster Recovery, Gulf Coast - Katrina	2601 Tulane Ave., Suite 500		New Orleans, LA 70119	65,000
Children's Hospital-FACES	HIV/AIDS Disaster Recovery, Gulf Coast - Katrina	200 Henry Clay Avenue	2nd floor ER	New Orleans, LA 70118	50,000
South Mississippi AIDS Task Force	HIV/AIDS Disaster Recovery, Gulf Coast - Katrina	2756 Fernwood Road	P.O. Box 8009	Biloxi, MS 39531	50,000
United Way of Ventura County	HIV/AIDS Prevention and Care, Capacity Building	1317 Del Norte Road		Camarillo, CA 93010-8484	46,000
Community Foundation of Greater Memphis	HIV/AIDS Women's Prevention & Care, Capacity Bldg.	1900 Union Avenue		Memphis, TN 38104	39,365
AIDS Foundation Houston, Inc.	HIV/AIDS Prevention and Care, Capacity Building	3202 Wesleyan Street		Houston, TX 77027	35,000
AIDS Services Coalition	HIV/AIDS Disaster Recovery, Gulf Coast - Katrina	121 College Street		Hattiesburg, MS 39401	30,000
Coastal Family Health Center, Inc.	HIV/AIDS Disaster Recovery, Gulf Coast - Katrina	1046 Division Street		Biloxi, MS 39530	30,000
Community Service Center, Inc	HIV/AIDS Disaster Recovery, Gulf Coast - Katrina	4000 Magazine Street		New Orleans, LA 70115	30,000
Concerned Citizens For A Better Algiers, Inc.	HIV/AIDS Disaster Recovery, Gulf Coast - Katrina	1409 Nunez Street		New Orleans, LA 70114	30,000
Grace House	HIV/AIDS Disaster Recovery, Gulf Coast - Katrina	236 Millsaps Ave.		Jackson, MS 39202	30,000
In This Together	HIV/AIDS Disaster Recovery, Gulf Coast - Katrina	1661 Canal St.	Suite 3107	New Orleans, LA 70112	30,000
Institute of Women & Ethnic Studies	HIV/AIDS Disaster Recovery, Gulf Coast - Katrina	2804 Bell Street		New Orleans, LA 70119	30,000
N'R PEACE, Inc	HIV/AIDS Disaster Recovery, Gulf Coast - Katrina	3201 Gen De Gaulle Dr	201	New Orleans, LA 70114	30,000
Shelter Resources, inc. d.b.a. Belle Reve N.O.	HIV/AIDS Disaster Recovery, Gulf Coast - Katrina	3027-29 Royal Street		New Orleans, LA 70117	30,000
St. John #5 Baptist Church	HIV/AIDS Disaster Recovery, Gulf Coast - Katrina	3613 Hamburg St.		New Orleans, LA 70122	30,000
The Foundation for Enhancing Communities	HIV/AIDS Prevention and Care, Capacity Building	200 N. Third Street, 8th Floor		Harrisburg, PA 17108	25,000
AIDS/Law of Louisiana, Inc.	HIV/AIDS Disaster Recovery, Gulf Coast - Katrina	2601 Tulane Avenue	P.O. Box 678	New Orleans, LA 70119	20,000
South Alabama CARES/ Mobile AIDS Support Svc	HIV/AIDS Disaster Recovery, Gulf Coast - Katrina	2054 Dauphin Street	Fifth Floor	Mobile, AL 36606	15,000
AIDS Arms, Inc.	HIV/AIDS Youth Leadership	219 Sunset Avenue	Suite 116-A	Dallas, TX 75208	10,000
Gaston County Health Department	HIV/AIDS Disaster Recovery, Gulf Coast - Katrina	991 West Hudson Boulevard		Gastonia, NC 28052	7,500
Alamo Area Resource Center	HIV/AIDS Disaster Recovery, Gulf Coast - Katrina	527 N. Leona	Bldg A, 3rd Floor	San Antonio, TX 78207	5,000
National Association of People with AIDS	HIV/AIDS Conference Support	8401 Colesville Road #750		Silver Spring, MD 20910	5,000
Regional HIV/AIDS Consortium	HIV/AIDS Capacity Building	7510 East Independence Blvd	Suite 105	Charlotte, NC 28227	5,000
Matthew 25:40 Corporation	HIV/AIDS Disaster Recovery, Gulf Coast - Rescinded	1414 Martha Street		Lake Charles, LA 70601	(5,000)
				Total Grants 2006	2,974,721

National AIDS Fund

Tax ID #: 52-1706646

Form 990	Compensation of Current Officers, Directors, Trustees and Key Employees					Statement 4	
Part V-A Name/Title (A & B)	Form 990 Part V-A (Columns C-E)					Part II (D) Fundraising	
	Column (C) Compensation	Column (D) Benefit Plans	Column (E) Other	Part II (A) Total	Part II (B) Program Svc		Part II (C) Mgmt & Gen
Kandy Ferree President & CEO	106,684	26,374	-	133,058	82,872	28,617	21,569
Bryan Wilt Chief Fiscal Officer	76,641	9,520	-	86,161	36,384	47,600	2,177
Matthew Kessler Director of Operations	66,359	9,378	-	75,737	34,851	40,084	802
To Form 990, Part II, line 25a				<u>294,956</u>	<u>154,107</u>	<u>116,301</u>	<u>24,548</u>

National AIDS Fund
 Form 990 Page 2 - Statement 5
 2006 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
Office Furniture	1 95	SL	5	D-2006	95-6	10,880		10,880	10,880		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			1,410		1,410	1,410		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
FIMS Database Software	12 2000	SL	5			43,860		43,860	43,860		0
IBM iL2220 Data Video Projector 15003BA0123A0111	9 2001	SL	3	D-2006	01-6	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		0
IBM NetVista Type A30 1.8gigcpu hd 256kram Ser#KAPL403	10 2002	SL	3			1,233		1,233	1,233		0
IBM NetVista Type A30 1.8gigcpu 256kram Ser#KAPM015	10 2002	SL	3			1,233		1,233	1,233		0
IBM NetVista Type A30 1.8gigcpu 256kram Ser#KAPK903	10 2002	SL	3			1,234		1,234	1,234		0
Microsoft SBS 2000 Upgrade/SBS 2000 5 CAL Upgrade	2 2003	SL	3			953		953	953		26
Inter-Tel Voicemail and Phone system (12 phones+VM)	9 2003	SL	5			9,519		9,519	6,345		1,903
IBM Laser Printer 1352 Ser # 9917N43 (10/23)	10 2003	SL	3			1,006		1,006	1,006		252
IBM Laser Printer 1352 Ser # 9917NOW (10/23)	10 2003	SL	3			1,006		1,006	1,006		252
IBM Thinkpad (TPR40)2681-Q6U 40gig HD; 2.4gig cpu procr; 256kram-Ser#FXM8665	10 2003	SL	3			1,576		1,576	1,576		393
IBM ThinkCentre194-A50P 80gig HD; 2.6gig cpu procr; 256kram Ser#KCBP25V	10 2003	SL	3			1,304		1,304	1,304		326
IBM ThinkCentre194-A50P 80gig HD; 2.6gig cpu procr; 256kram Ser#KCBP56L	10 2003	SL	3			1,304		1,304	1,304		328
IBM ThinkCentre194-A50P 80gig HD; 2.6gig cpu procr; 256kram Ser#KCBP23V	10 2003	SL	3			1,305		1,305	1,305		326
Cisco Systems Server Firewall (part of overall server upgrade)	6 2004	SL	3			623		623	537		208
Platinum Plus (Software for new server) Booked 6.04	7 2004	SL	3			264		220	220		88
Cubicle Wall Dividers - Re Form Inc.	11 2004	SL	5			1,440		1,440	816		288
IBM ThinkCentre8433 98U-A50P 40gig HD; 2.8gig cpu procr; 256kram Ser#KCMW0Y4	11 2004	SL	3			1,317		1,317	951		439
IBM ThinkCentre8433 98U-A50P 40gig HD; 2.8gig cpu procr; 256kram Ser#KCMW0C3	11 2004	SL	3			1,317		1,317	951		439
IBM xSer235-109.2gig HD; 3060 MHz procr; 1 gig ram Ser#KPBXCFO Server11/26	11 2004	SL	3			5,392		5,392	3,894		1,797
IBM Thinkpad Type-1830-F4U 40gig HD; 1.7gig cpu procr; 512kram-Ser#L3-PWGRV	11 2005	SL	3			1,749		1,749	680		583
IBM Thinkpad Type-1830-F4U 40gig HD; 1.7gig cpu procr; 512kram-Ser#L3-PWGTX	11 2005	SL	3			1,749		1,749	680		583
IBM Color Laser Printer Model 1357 Serial # 32101NZ	11 2005	SL	3			3,625		3,625	1,409		1,208
Office Furniture conference table	4 2006	SL	5			1,003		1,003	150		150
Flagship Networks, Inc. GoodLink Server Software - Treo/SBS2003	6 2006	SL	3			1,799		1,799	350		350
IBM ThinkCentre8113 28U-A50P 40gig HD; 2.8gig cpu procr; 256kram Ser#KT8244	7 2006	SL	3			1,099		1,099	183		183
Viewsonic LCD Projector PJ458D/Draper Luma Protection Screen	8 2006	SL	3			1,019		1,019	141		141
IBM/Lenovo ThinkPad Type-R60-946295U 40gig HD; 1.66 gig cpu procr; -Ser#LVAZ013	12 2006	SL	3			1,679		1,679	47		47
IBM/Lenovo ThinkPad Type-R60-946295U 40gig HD; 1.66 gig cpu procr; -Ser#LVAZ014	12 2006	SL	3			1,679		1,679	47		47
IBM/Lenovo ThinkPad Type-R60-946295U 40gig HD; 1.66 gig cpu procr; -Ser#LVAZ015	12 2006	SL	3			1,679		1,679	47		47
IBM/Lenovo ThinkPad Type-R60-946295U 40gig HD; 1.66 gig cpu procr; -Ser#LVAZ016	12 2006	SL	3			1,679		1,679	47		47
IBM/Lenovo ThinkPad Type-R60-946295U 40gig HD; 1.66 gig cpu procr; -Ser#LVAZ017	12 2006	SL	3			1,679		1,679	47		47
IBM/Lenovo ThinkVision L171 17 Inch LCD Monitors (5) Type-9227AC1 @ \$229 each											
Serial #'s V2H7461; V2H7450; V2H7459; V2H7454; V2H7471	12 2006	SL	3			1,145		1,145	32		32
1985 Asset Purchases Removed 2006 (Fully Depreciated)	12 2006			D-2006	95-6	-10,880		-10,880	-10,880		0
2001 Asset Purchases Removed 2006 (Fully Depreciated)	12 2006			D-2006	01-6	-2,450		-2,450	-2,450		0
Grand Total 990 Page 2 Part II, Line 42						99,181		99,181	75,299		10,528

Form 990	Statement of Organization's Primary Exempt Purpose	Statement 6
	Part III	

Explanation

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

Form 990	Statement of Program Service Accomplishments	Statement 7
	Part III	

Description of Program Service – section a

Grants Program and Technical Assistance: The National AIDS Fund (NAF) 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 growing network of Community Partnerships. NAF also provides Challenge Grants of up to \$100,000/annually 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 to persons at risk for or living with HIV/AIDS. The NAF is engaged in a 5-7 year plan to develop a Community Partnership in all 50 states and U.S. territories, with a primary focus on the “deep south” (i.e. Mississippi, Louisiana, Alabama, Arkansas) and other areas like Maryland, Puerto Rico, and Delaware where the HIV/AIDS epidemic is growing rapidly or is having a major impact on the health and well being of local communities.

Southern HIV/AIDS Initiative: In response to the growing and devastating impact that HIV/AIDS is having on the Southern United States, the National AIDS Fund developed a special initiative to focus specifically on the unique needs of these states. The rural, conservative nature of these states coupled with high rates of poverty, fragile public health systems and very limited access to public transportation, often creates seemingly insurmountable barriers to delivering HIV prevention and care services to a growing population of individuals at risk for or living with HIV/AIDS. The National AIDS Fund has catalyzed a group of national funders interested in addressing the growing health disparities and lack of access to information and health care services in the southern United States with particular attention to how these factors are contributing to increased HIV risk and a growing number of people living with HIV/AIDS. The initiative is designed to support grassroots organizations, engage local leaders, catalyze philanthropy and to build public-private partnerships that will strengthen the disease prevention and healthcare systems across the southern United States with a particular focus on ensuring that the HIV prevention and care needs of local residents are addressed within the larger systems development effort.

Katrina HIV/AIDS Emergency Fund/Gulf Coast HIV/AIDS Relief 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. In 2006 a collaboration with the Ford Foundation added \$500,000 to a second phase of grants to agencies serving HIV-affected populations in the Gulf Coast states affected by the hurricanes.

To Form 990, Part III, line a	<u>Grants</u>	<u>Program Svc Expenses</u>
	<u>2,453,798</u>	<u>2,725,877</u>

Form 990	Statement of Program Service Accomplishments	Statement 8
	Part III	

Description of Program Service – section b

AmeriCorps Program: The AmeriCorps Program is supported federally by the Corporation for National and Community Service (CNCS) and seeks to engage individuals, corporations and philanthropic institutions in support of volunteerism, leadership development and community service. Approximately 45-50 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>496,825</u>

Form 990	Statement of Program Service Accomplishments	Statement 9
	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>7,500</u>	<u>453,850</u>

Form 990	Statement of Program Service Accomplishments	Statement 10
	Part III	

Description of Program Service – section d

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 primary goal of the GENERATIONS II Grant Round is to increase the capacity of community-based organizations to effectively design and implement evidence-based HIV prevention interventions targeting women and girls at risk for HIV infection. This program includes a two-phased approach whereby 9 grantees were selected to engage in a four-month “Formative Phase” to adapt an existing prevention intervention or hone a “home grown” intervention to meet the needs of their target population. During the Formative Phase each grantee is provided with a cash grant of up to \$10,000 and will be actively engaged in intensive technical assistance provided by a group of HIV prevention scientists and technical assistance specialists to ensure the projects have the highest likelihood of moving into the “Implementation Phase.” If grantees successfully complete the Formative Phase, they will receive grants of up to \$75,000/year for each of two years to implement the chosen primary HIV prevention intervention with their target population. Each grantee is matched with an independent evaluator that will assist in the evaluation design, data collection and analysis to assess the impact of the program. The grantees will also be supported through site visits, occasional national convenings and ongoing technical assistance.

	<u>Grants</u>	<u>Program Svc Expenses</u>
To Form 990, Part III, line d	<u>508,423</u>	<u>1,037,346</u>

Form 990	Statement of Program Service Accomplishments	Statement 11
	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 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>5,000</u>	<u>27,985</u>

Form 990	Statement of Program Service Accomplishments	Statement 12
	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 representing the growing network of 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. women's issues, youth programs, faith-based programs, programs for incarcerated populations, harm reduction, 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>33,800</u>

Form 990	Statement of Program Service Accomplishments	Statement 13
	Part III	

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

Other Programs:

Fee for Service & Program Communications: 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.

Initiative on HIV/AIDS and Incarcerated Populations: This initiative is designed to address the disproportionate impact that HIV/AIDS has on incarcerated and recently released populations. The program is guided by a national advisory panel and is designed to assess, prioritize and provide grants to address the most pressing HIV prevention, care and public policy needs of incarcerated individuals living with or at risk for HIV/AIDS. The program will begin with a series of pilot grants to support existing programs. The lessons learned from these grants will help to inform the design of a large-scale, national initiative with the goal of creating a significant and sustained collaborative of national funders to support programs over at least a 5-year timeframe.

	<u>Grants</u>	<u>Program Svc Expenses</u>
To Form 990, Part III, line e (3)	<u>0</u>	<u>30,895</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>5,000</u>	<u>92,680</u>

2006 Depreciation of Assets Not Held for Investment

Statement 14

Description	Cost or Other Basis	Accumulated Depreciation	Book Value
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 Softwarre	43,860	43,860	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	953	0
Inter-Tel Voicemail and Phone system (12 phones+VM)	9,519	6,345	3,174
IBM Laser Printer 1352 Ser # 9917N43 (10/23)	1,006	1,006	0
IBM Laser Printer 1352 Ser # 9917NOW (10/23)	1,006	1,006	0
IBM Thinkpad (TPR40)2681-Q6U 40gig HD; 2.4gig cpu procr; 256kram-Ser#FXM8865	1,576	1,576	0
IBM ThinkCentre8194-A50P 80gig HD; 2 6gig cpu procr; 256kram Ser#KCBP25V	1,304	1,304	0
IBM ThinkCentre8194-A50P 80gig HD; 2.6gig cpu procr; 256kram Ser#KCBP58L	1,304	1,304	0
IBM ThinkCentre8194-A50P 80gig HD; 2 6gig cpu procr; 256kram Ser#KCBP23V	1,305	1,305	0
Cisco Systems Server Firewall (part of overall server upgrade)	623	537	86
Platinum Plus (Software for new server) Booked 6 04	264	220	44
Cubicle Wall Dividers - Re Form Inc	1,440	816	624
IBM ThinkCentre8433 98U-A50P 40gig HD; 2 8gig cpu procr; 256kram Ser#KCMW0Y4	1,317	951	366
IBM ThinkCentre8433 98U-A50P 40gig HD; 2 8gig cpu procr; 256kram Ser#KCMW0C3	1,317	951	366
IBM xSer235-109 2gig HD; 3060 MHz procr; 1 gig ram Ser#KPBXCF0 Server11/26	5,392	3,894	1,498
IBM Thinkpad Type-1830-F4U 40gig HD; 1 7gig cpu procr; 5126kram-Ser#L3-PWGRV	1,749	680	1,069
IBM Thinkpad Type-1830-F4U 40gig HD; 1 7gig cpu procr; 5126kram-Ser#L3-PWGTX	1,750	680	1,070
IBM Color Laser Printer Model 1357 Serial # 32101NZ	3,625	1,409	2,216
Office Furniture conference table	1,003	150	853
Flagship Networks, Inc GoodLink Server Software - Treo/SBS2003	1,799	350	1,449
IBM ThinkCentre8113 28U-A50P 40gig HD; 2 8gig cpu procr; 256kram Ser#LKT8244	1,099	183	916
Viewsonic LCD Projector PJ458D/Draper Luma Projection Screen	1,019	141	878
IBM/Lenovo ThinkPad Type-R60-946295U 40gig HD; 1 66 gig cpu procr; -Ser#LVAZ013	1,679	47	1,632
IBM/Lenovo ThinkPad Type-R60-946295U 40gig HD; 1 66 gig cpu procr; -Ser#LVAZ014	1,679	47	1,632
IBM/Lenovo ThinkPad Type-R60-946295U 40gig HD; 1.66 gig cpu procr; -Ser#LVAZ015	1,679	47	1,632
IBM/Lenovo ThinkPad Type-R60-946295U 40gig HD; 1.66 gig cpu procr; -Ser#LVAZ016	1,679	47	1,632
IBM/Lenovo ThinkPad Type-R60-946295U 40gig HD; 1.66 gig cpu procr; -Ser#LVAZ017	1,679	47	1,632
IBM/Lenovo ThinkVision L171 17 Inch LCD Monitors (5) Type-9227AC1 @ \$229 each Serial #'s V2H7461; V2H7450; V2H7459; V2H7454; V2H7471	1,145	32	1,113
Grand Total 990 Page 3 - Part IV - Col B	99,181	75,299	23,882

Form 990

Other Assets

Statement 15

Description

Amount

Other Assets - Deposits

7,032

To Form 990, Part IV, line 58, Column B

7,032

2006 BOARD OF TRUSTEES

JUDITH A. BILLINGS
Community Leader & Activist
Puyallup, WA

DONALD BOHN
Vice President, State Government Affairs
Johnson & Johnson
New Brunswick, NJ

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 Anti-Infectives and HIV
US Medical, PGP, Pfizer, Inc
New York, NY

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.

2006 BOARD OF TRUSTEES

CYTHINA A. GOMEZ, Ph.D.
Director, Health Equity Initiatives &
Professor, Department of Health Education
San Francisco State University
San Francisco, CA

SUSAN KLOOZ
Vice President & General Counsel, Employment Practices Division
Wal-Mart Stores, Inc.
Bentonville, AR

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)

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.

2006 BOARD OF TRUSTEES

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

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

CINDY VELASQUEZ
Westminster, CO

Executive Committee

Dr. Gary Noble, *Chair*
Mr. J Channing Wickham, *Vice-Chair*
Ms. Denise Clark, *Treasurer*
Ms. Laurie Peter, *Secretary*

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 - 2006
Part VI - Line 90a
List of States Where Copy of 990 is Filed
December 31, 2006**

**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	Explanation of Qualifications to Receive Payments	Statement 18
	Part III, Line 3a-Note	

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.

Schedule A	Explanation of Qualifications to Receive Payments	Statement 19
	Part III, Line 3b-Note	

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 2006 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, 2006, pension expense was \$13,911.

Schedule A	Other Income	Statement 20
	Part IV-A, Line 22	

Description	2004	2003	2002	2001
	Amount	Amount	Amount	Amount
Other Income	4,332.	2,422.	1,234.	223.
Total to Schedule A, Line 22	4,332.	2,422.	1,234.	223.