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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No. 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization **National AIDS Fund**

Doing Business As

Number and street (or P O. box if mail is not delivered to street address) **729 15th Street NW, 9th Floor**

Room/suite

City or town, state or country, and ZIP + 4 **Washington, DC 20005**

D Employer identification number **52 : 1706646**

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

G Gross receipts $ **16,822,552.**

F Name and address of principal officer: **Kandy Ferree, President & CEO**
c/o same address as C above

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **www.aidsfund.org**

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation **1990**

M State of legal domicile. **OH**

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: **The National AIDS Fund (NAF) is committed to eliminating new HIV infections in the U.S. by 2030 by: leveraging public and private sector resources, fostering community innovation and developing leadership and advocacy capacity. NAF has a national network of partners, develops & manages cost-effective and highly impactful grantmaking & Technical Assist. initiatives+20 yrs. exper.**

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of employees (Part V, line 2a)	5	121
6	Total number of volunteers (estimate if necessary)	6	0.
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,712,983.	12,068,170.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	363,847.	392,009.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(1,966.)	254.
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,074,864.	12,460,433.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,456,797.	5,168,566.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,148,415.	2,310,153.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	32,742.	27,710.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 319,227.		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,503,387.	1,259,826.
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	9,141,341.	8,766,255.
19	Revenue less expenses. Subtract line 18 from line 12	(66,477.)	3,694,178.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	8,776,807.	12,939,124.
21	Total liabilities (Part X, line 26)	3,086,334.	3,385,029.
22	Net assets or fund balances. Subtract line 21 from line 20	5,690,473.	9,554,095.

Part II Signature Block

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.

Sign Here

Signature of officer: Kandy Ferree, President & CEO — Date: 06/10/10

Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date: 6/15/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: **Matthews, Carter and Boyce, P.C.**
11320 Random Hills Rd-Suite 600, Fairfax,VA 22030-7427

EIN ▶ **54 : 1487262**

Phone no ▶ **(703) 218-3600**

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

SCANNED JUL 29 2010

6-17

26

Part III (Statement of Program Service Accomplishments)

1 Briefly describe the organization's mission:
The National AIDS Fund (NAF) is committed to eliminating new HIV infections, in the U.S., by 2030 through: leveraging resources, fostering community innovation and developing leadership and advocacy capacity.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ **2,299,415.** including grants of $ **1,827,302.**) (Revenue $ **0.**)
Grants Program, CP Expansion, and Technical Assistance: The National AIDS Fund (NAF) has a growing network of Community Partnerships (CPs) which are locally governed, HIV/AIDS grantmaking coalitions across the country. NAF provides CPs with need-based Leadership Grants, up to $25,000 annually, to support needs assessments, leadership development, , convening an advisory board, technical assistance, and programmatic support. NAF also provides Challenge Grants of up to $75,000 annually that are typically matched $2 locally for every $1 from NAF. Community Partnerships award these funds to community-based organizations that provide HIV prevention, care and/or supportive services to the most impacted and/or underserved populations in their geographic regions. NAF is exploring various Community Partnership Models that can create a sustainable presence across the United States and territories, including the Deep South and Puerto Rico where the HIV/AIDS epidemic is growing rapidly and is having a disproportionate impact on the health and well-being of local communities. NAF is also exploring strategic collaborations to leverage the presence of Community Partnerships and grantees in the development of regional advocacy capacity and formal advocacy coalitions.

4b (Code:) (Expenses $ **1,871,272.** including grants of $ **1,380,864.**) (Revenue $ **0.**)
Southern REACH (Regional Expansion of Access and Capacity to address HIV/AIDS): Southern REACH is a grantmaking and capacity-building initiative supporting community-based organizations (CBOs) in nine Southern states (NC, SC, GA, AL, MS, LA, AR, TN, & FL). The goal is to broaden and strengthen community capacity to address HIV/AIDS through grants for direct services and policy advocacy. Through Southern REACH, in partnership with the Ford Foundation, NAF has awarded two rounds of grants totaling nearly $2.7 million. Grants supported programmatic capacity building, organizational capacity building, and policy advocacy activities. A subset of grantees also received technical assistance to strengthen organizational infrastructure and policy advocacy capacity.

4c (Code:) (Expenses $ **1,564,160.** including grants of $ **1,465,000.**) (Revenue $ **0.**)
Syringe Access: The Syringe Access Fund is a national grantmaking initiative that supports direct services and policy projects to reduce the risk of HIV infection, Hepatitis C, and other blood-borne pathogens among injection drug users and their sexual partners through expanded access to sterile syringes. Established in 2004, the Syringe Access Fund served as a collaborative effort of private foundations, corporations, and public charities that together have granted over $6.5 million. In 2009, management of the Syringe Access Fund was transferred from the Tides Foundation to National AIDS Fund. A total $1.89 million in two-year grants was awarded in 2009 to 46 organizations in the mainland United States and Puerto Rico.

4d Other program services. (Describe in Schedule O.)
(Expenses $ **2,712,181.** including grants of $ **495,400.**) (Revenue $ **0.**)

4e Total program service expenses ▶ **8,447,028.**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		✓
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		✓
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	✓	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	✓	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	✓	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	✓	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.* (Yes / No: 12A — / ✓)			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		✓
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	✓	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		✓
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✓
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		✓

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II.*	21	✓	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.*	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		✓
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	✓	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		✓
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		✓
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 31		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 121		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-*file* this return. (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ► ..... See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a 15		
b	Enter the number of voting members that are independent	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9a		✓

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	✓	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	✓	
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ **see attached schedule O**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ **Kandy Ferree c/o National AIDS Fund, 729 15th St. NW - 9th Fl, Washington, DC 20005, (202) 408-4848**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Kandy Ferree President & CEO	40			✓	✓	✓		171,845.	0.	27,853.
Michael Rhein Dir. of Programs and Resource Development	40				✓			101,609.	0.	18,877.
Denise Clark Chair	2	✓		✓				0.	0.	0.
Susan Klooz Vice Chair	2	✓		✓				0.	0.	0.
Christopher A. Barker Secretary	2	✓		✓				0.	0.	0.
Rick Gomez Treasurer	2	✓		✓				0.	0.	0.
Donald W. Bohn Trustee	2	✓						0.	0.	0.
Scott Campbell Trustee	2	✓						0.	0.	0.
Mark Chataway Trustee	2	✓						0.	0.	0.
Jill DeSimone Trustee	2	✓						0.	0.	0.
Cynthia Gomez Trustee	2	✓						0.	0.	0.
Mark Ishaug Trustee	2	✓						0.	0.	0.
Ivan Juzang Trustee	2	✓						0.	0.	0.
Celia Maxwell Trustee	2	✓						0.	0.	0.
Valerie Montgomery Rice Trustee	2	✓						0.	0.	0.
Mary Lou Moreno Trustee	2	✓						0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Sara Seims Trustee	2	✓						0.	0.	0.
1b Total ▶								273,454.	0.	46,730.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 2

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		✓
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	✓	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
HGX Creative, 441 Salem End Road, Farmingham, MA 01702	**Creative Design/Printing**	**104,457.**

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 130,571.				
	b Membership dues	1b 0.				
	c Fundraising events	1c 0.				
	d Related organizations	1d 0.				
	e Government grants (contributions)	1e 774,900.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 11,162,699.				
	g Noncash contributions included in lines 1a-1f: $ 25,366.					
	h **Total.** Add lines 1a–1f ▶		12,068,170.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶		0.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		271,466.			271,466.
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	4,482,513.				
	b Less cost or other basis and sales expenses	4,361,970.				
	c Gain or (loss)	120,543.				
	d Net gain or (loss) ▶		120,543.			120,543.
	8a Gross income from fundraising events (not including $ ..... of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a 403.					
	b Less: cost of goods sold b 149.					
	c Net income or (loss) from sales of inventory ▶		254.			254.
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶					
	12 **Total revenue.** See instructions. ▶		12,460,433.			392,263.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,168,566.	5,168,566.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	320,184.	222,577.	83,009.	14,598.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,657,386.	1,401,495.	134,072.	121,819.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	42,940.	32,375.	7,363.	3,202.
9 Other employee benefits	137,873.	121,752.	10,158.	5,963.
10 Payroll taxes	151,770.	130,959.	10,257.	10,554.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	12,734.		12,734.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	27,710.			27,710.
f Investment management fees				
g Other				
12 Advertising and promotion	6,905.	1,676.		5,229
13 Office expenses	175,116.	100,513.	50,967.	23,636.
14 Information technology	55,580.	42,946.	8,340.	4,294.
15 Royalties				
16 Occupancy	90,622.		90,622.	
17 Travel	378,460.	349,434.	17,092.	11,934.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,996.	28,573.	928.	1,495.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,651.		14,651.	0.
23 Insurance	3,173.		3,173.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a **Outside Services**	467,186.	403,780.	6,010.	57,396.
b **Other Expenses**	24,403.	15,116.	5,454.	3,833.
c **Allocated Expenses**		427,266.	(454,830)	27,564.
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	8,766,255.	8,447,028.	0.	319,227.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		627,402.	2	931,017.
	3	Pledges and grants receivable, net		975,709.	3	5,102,977.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		23,057.	9	35,718.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 121,387.			
	b	Less: accumulated depreciation	10b 99,495.	28,794.	10c	21,892.
	11	Investments—publicly traded securities		7,114,763.	11	6,830,838.
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		7,082.	15	16,682.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		8,776,807.	16	12,939,124.
Liabilities	17	Accounts payable and accrued expenses		158,182.	17	134,485.
	18	Grants payable		2,926,468.	18	3,241,625.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		1,684.	25	8,919.
	26	**Total liabilities.** Add lines 17 through 25		3,086,334.	26	3,385,029.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,112,103.	27	787,142.
	28	Temporarily restricted net assets		3,219,118.	28	7,407,701.
	29	Permanently restricted net assets		1,359,252.	29	1,359,252.
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		5,690,473.	33	9,554,095.
	34	Total liabilities and net assets/fund balances		8,776,807.	34	12,939,124.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	✓	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	✓	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
National AIDS Fund	52 1706646

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ----------

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,023,107.	5,615,506.	10,104,655.	8,712,983.	12,068,170.	40,524,421.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	4,023,107.	5,615,506.	10,104,655.	8,712,983.	12,068,170.	40,524,421.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						25,034,338.
6 **Public support.** Subtract line 5 from line 4.						15,490,083.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	4,023,107.	5,615,506.	10,104,655.	8,712,983.	12,068,170.	40,524,421.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	83,614.	145,069.	240,710.	307,259.	271,466.	1,048,118.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	254.	254.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	4,332.	3,864.	0.	0.	0.	8,196.
11 **Total support.** Add lines 7 through 10						41,580,989.

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	37.25 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	36.76 %

16a **33⅓ % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33⅓ % support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . ▶ ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33⅓ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II, Line 10 - Other Income Total - miscellaneous related or exempt function income = $8,196

2005 - Miscellaneous related or exempt function income = $4,332

2006 - Miscellaneous related or exempt function income = $3,864

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
National AIDS Fund	52 : 1706646

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1	0
2 Aggregate contributions to (during year)	0.	0.
3 Aggregate grants from (during year)	0.	0.
4 Aggregate value at end of year	1,295,432.	0.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g , recreation or pleasure) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ .....

(ii) Assets included in Form 990, Part X ▶ $ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ .....

b Assets included in Form 990, Part X ▶ $ .....

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	991,855.	1,329,208.			
b Contributions		10,300.			
c Net investment earnings, gains, and losses	312,619.	(347,653)			
d Grants or scholarships	0.	0.			
e Other expenditures for facilities and programs	0.	0.			
f Administrative expenses	0.	0.			
g End of year balance	1,304,474.	991,855.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► .....69 %
- b Permanent endowment ► .....99.31 %
- c Term endowment ► .....0. %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i) (i) unrelated organizations		✓
3a(ii) (ii) related organizations		✓
3b b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	16,075.		10,586.	5,489.
d Equipment	105,312.		88,909.	16,403.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				21,892.

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Other Assets - Deposits	**16,682.**
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	**16,682.**

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	**0.**
Other Liabilities - Flexible Spending Plan	**8,919.**
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	**8,919.**

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,460,433.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,766,255.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	3,694,178.
4	Net unrealized gains (losses) on investments	4	185,089.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	(15,645)
9	Total adjustments (net). Add lines 4 through 8	9	169,444.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	3,863,622.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	12,754,606.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	289,993.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	4,180.		
e	Add lines **2a** through **2d**			2e	294,173.
3	Subtract line **2e** from line **1**			3	12,460,433.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	12,460,433.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	8,890,984.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	124,729.		
e	Add lines **2a** through **2d**			2e	124,729.
3	Subtract line **2e** from line **1**			3	8,766,255.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	8,766,255.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, Line 4 - Intended use of endowment funds - NAF shall disburse the income generated by the endowment funds to support grants for charitable purposes under terms of the fund agreements, and not organizational endowments of NAF.

Part X, Line 2 - FIN 48 Footnote; National AIDS Fund has determined that it does not currently have any tax positions that it considers to be uncertain. If this position changes, National AIDS Fund will assess the impact of any such matters on its financial position and results of operations.

Part XI, Line 8 Other - $15,645 Loss due to cancellation of grants.

Part XIV Supplemental Information *(continued)*

Part XII, Line 2d Other - $4,180 Includes (1) $4,031 realized net loss on endowment fund activity in 2009 included on 990 Part VIII, Line 7c, and (2) $149 direct expenses for cost of goods sold listed on 990 Part VIII, Line 10b.

Part XIII, Line 2d Other - $124,729 Includes (1) $15,645 Loss due to cancellation of grants; (2) $104,904 unrealized net loss on endowment fund activity in 2009; (3) $4,031 realized loss on investments; and (4) $149 direct expenses for cost of goods sold.

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047
2009
Open To Public Inspection

Name of the organization
National AIDS Fund

Employer identification number
52 1706646

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☑ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☑ In-person solicitations
- e ☑ Solicitation of non-government grants
- f ☑ Solicitation of government grants
- g ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Maguire/Maguire	CFC		✓	119,607.	27,710.	91,897.
Total ►						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Alabama, Arizona, California, Connecticut, District of Columbia, Florida, Georgia, Illinois, Kansas, Maine, Maryland, Massachusetts, Michigan, Missouri, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Virginia, Washington, Wisconsin

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				( )
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities:			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

National AIDS Fund

Employer identification number

52 1706646

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE ATTACHED SUBSTITUTE SCHEDULE I-1							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 114

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

NAF ensures the proper use of all grant funds awarded to other organizations. Monitoring procedures include the following, at a minimum: 1) Requiring a narrative application and budget from each grantee detailing the proposed use of grant funds, which serves as the basis for grant awards; 2) Issuing a detailed grant award contract letter outlining the terms and conditions of every grant, which are signed and returned prior to grant awards; and 3) requiring narrative progress and financial reports from grantees at least annually, but often semi-annually. These reports are reviewed prior to making additional payments to grantees. Additionally, most grants involve considerable interactive contact between NAF and grantee organizations throughout grant periods, including phone conversations, email communications and site visits, which serve grant monitoring purposes as well as provide occasions for technical support.

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

National AIDS Fund

Employer identification number

52 : 1706646

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See attached list of grants							

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

National AIDS Fund - Tax ID # 52-1706646
Tax Year 2009
Substitute Schedule I-1, Part II
Grants and Other Assistance to Governments and Organizations in the United States
Lines 1(a) - 1 (h), 2, 3

1 (a) Name and address of organization or government			(b) EIN	(c) IRC Section if applicable	(d) Amount of cash grant	(h) Purpose of grant or assistance
A Brave New Day	1244 Highway 469 North	Pearl, MS 39208	26-3330985	501c(3)	5,000	HIV/AIDS Capacity Building - Southern Communities
AID Atlanta	1605 Peachtree Street, NE 1st Floor	Atlanta, GA 30309	58-1537967	501c(3)	52,925	HIV/AIDS Capacity Building - Southern Communities
Aid to Inmate Mothers	434 N McDonough	Montgomery, AL 36104	63-1032194	501c(3)	40,000	HIV/AIDS Capacity Building - Southern Communities
AID Gwinnett, Inc	3075 Breckinridge Blvd 415	Duluth, GA 30096	58-1973324	501c(3)	42,595	HIV/AIDS Capacity Building - Southern Communities
AIDS Action Coalition of North Alabama	600 St Clair Ave Bldg 6, Ste 14	Huntsville, AL 35801	58-1727755	501c(3)	45,000	HIV/AIDS Capacity Building - Southern Communities
AIDS Action Foundation	1730 M St, NW Suite 611	Washington, DC 20036	52-1521807	501c(3)	40,000	HIV/AIDS Prevention and Syringe Exchange Policy
AIDS Alabama	3521 7th Ave South	Birmingham, AL 35222	36-3412054	501c(3)	67,000	HIV/AIDS Prevention and Care, Capacity Building
AIDS Community Research Consortium (ACRC)	1048 El Camino Real Suite B	Redwood City, CA 94063	94-3100725	501c(3)	32,000	HIV/AIDS Prevention and Syringe Exchange Policy
AIDS Foundation of Chicago	411 S Wells Suite 300	Chicago, IL 60607	36-3412054	501c(3)	211,000	HIV/AIDS Prevention and Care, Prevention and Syringe Exchange
AIDS Survival Project	139 Ralph McGill Blvd , NE Ste 201	Atlanta, GA 30308	58-1797327	501c(3)	(3,100)	HIV/AIDS Capacity Building - Southern Communities
AIDS Taskforce of Greater Cleveland	3210 Euclid Avenue	Cleveland, OH 44115	34-1433612	501c(3)	40,000	HIV/AIDS Prevention and Syringe Exchange Policy
AIDSLaw of Louisiana, Inc	2601 Tulane Avenue Fifth Floor	New Orleans, LA 70119	72-1161571	501c(3)	54,225	HIV/AIDS Gulf Coast recovry Katrina, Capacity Bldg.-So Comm.
Aiken Teen Pregnancy Prevention	PO Box 355	Aiken, SC 29802	33-0340635	501c(3)	30,000	HIV/AIDS Capacity Building - Southern Communities
Alaskan AIDS Assistance Association	1057 W Northernlights Blvd Suite 102	Anchorage, AK 99503	92-0113788	501c(3)	24,000	HIV/AIDS Prevention and Syringe Exchange Policy
Albany Damien Center, The	12 South Lake Ave	Albany, NY 12148	22-3108995	501c(3)	44,000	HIV/AIDS Access to Care and Support Services
Alliance Healthcare Foundation	9325 Sky Park Court Suite 350	San Diego, CA 92123	33-0340635	501c(3)	10,000	HIV/AIDS Capacity Building
Alternatives for Girls	903 W Grand Blvd	Detroit, MI 48208	38-2766412	501c(3)	50,000	HIV/AIDS Women's Prevention and Care
amfAR	120 Wall Street, 13 Floor	New York, NY 10005-3908	13-3163817	501c(3)	25,000	HIV/AIDS Prevention and Syringe Exchange Policy
APEL HEALTH SERVICES CENTER, INC	PO Box 2392	Jacksonville, FL 32203	20-2226634	501c(3)	40,000	HIV/AIDS Capacity Building - Southern Communities
Asian & Pacific Islander Welness Center	730 Polk St. 4th Floor	San Francisco, CA 94109	94-3096109	501c(3)	18,000	HIV/AIDS Prevention and Care
Asian Pacific AIDS Intervention Team	605 W Olympic Blvd Ste 610	Los Angeles, CA 90015	95-1716914	501c(3)	25,000	HIV/AIDS Women's Prevention and Care
ASPIRA, Inc de Puerto Rico	Apartado 29132	San Juan, PR 00929-0132	66-0276355	501c(3)	10,000	HIV/AIDS Prevention and Care
Atlanta Harm Reduction Coalition, Inc	P O Box 92670 472 Paines Avenue, N W	Atlanta, GA 30314	58-2227958	501c(3)	89,000	HIV/AIDS Prevention & Syringe Exchange Policy, Cap. Bldg -South
Austin Harm Reduction Coalition	P.O Box 13482	Austin, TX 78711-3482	74-2752554	501c(3)	40,000	HIV/AIDS Prevention and Syringe Exchange Policy
Bienstar Human Services, Inc	5326 E Beverly Blvd	Los Angeles, CA 90022	95-4505737	501c(3)	12,000	HIV/AIDS Prevention and Care
Black Coalition on AIDS	2800 Third Street	San Francisco, CA 94107	95-3323090	501c(3)	10,000	HIV/AIDS Prevention and Care
Border AIDS Partnership	310 N Mesa Street, Suite 1000	El Paso, TX 79901	20-5385547	501c(3)	95,000	HIV/AIDS Prevention and Care, Syringe Exchange Policy
Boston Foundation, The	75 Arlington Street, 10th Fl	Boston, MA 02116	04-2104021	501c(3)	65,000	HIV/AIDS Prevention and Care, Capacity Building
BRBAC, Metro Health	950 E Washington St	Baton Rouge, LA 70802	72-1135608	501c(3)	41,060	HIV/AIDS Capacity Building - Southern Communities
Camden Area Health Education Center, Inc	514 Cooper Street	Camden, NJ 08108	22-2358827	501c(3)	40,000	HIV/AIDS Prevention and Syringe Exchange Policy
Care Alliance Health Center	1530 St Clair Avenue	Cleveland, OH 44114	34-1748776	501c(3)	53,000	HIV/AIDS Prison Health Prevention and Care
CARES, Inc.	85 Waterlivet Avenue	Albany, NY 12206	14-1731746	501c(3)	57,500	HIV/AIDS Prevention and Care, Capacity Building
Casa Joven del Caribe, Inc	Car 820 h m8 Sector Marzan	Rio Lajas, Toa Alta, PR 00953	66-0508652	501c(3)	65,000	HIV/AIDS Prevention and Care, Syringe Exchange Policy
Center for Health Justice	8235 Santa Monica Blvd Suite 214	West Hollywood, CA 90046	42-1605887	501c(3)	12,000	HIV/AIDS Prevention and Care
Central Carolina Community Foundation	2711 Middleburg Drive Suite 213	Columbia, SC 29204	57-0793960	501c(3)	100,000	HIV/AIDS Prevention and Care, Capacity Building
CitiWide Harm Reduction, Inc	226 East 144th Street	Bronx, NY 10451	13-4009817	501c(3)	47,640	HIV/AIDS Prevention and Care, Syringe Exchange Policy
Collaborative Solutions	1016 19th Street S 3rd Floor	Birmingham, AL 35205	85-0485864	501c(3)	13,000	HIV/AIDS Gulf Coast recovry Katrina, Capacity Bldg -So Comm
Common Ground - Westside HIV Community Ctr	2012 Lincoln Boulevard	Santa Monica CA, 90405	95-4460765	501c(3)	12,000	HIV/AIDS Prevention and Care
Communities in Schools of the Charleston Area	1090 East Montague Ave	Charleston, SC 29405	57-0915384	501c(3)	45,000	HIV/AIDS Capacity Building - Southern Communities
Community Foundation for Greater Atlanta, Inc	The Hurt Building Suite 449	Atlanta, GA 30303	58-1344646	501c(3)	75,000	HIV/AIDS Prevention and Care
Community Foundation of Broward	1401 East Broward Boulevard Suite 100	Ft Lauderdale, FL 33301	59-2477112	501c(3)	62,500	HIV/AIDS Prevention and Care, Capacity Building
Community Foundation of New Jersey	PO Box 338 Knox Hill Road	Morristown, NJ 07963-0338	22-2281783	501c(3)	85,000	HIV/AIDS Prevention and Care, Capacity Building
Cook County Family Connection Inc	303 South College Street	Sparks, Georgia 31647	58-2642722	501c(3)	48,000	HIV/AIDS Capacity Building - Southern Communities
Denver Foundation	950 South Cherry Street Suite 200	Denver, CO 80246	84-6048381	501c(3)	70,000	HIV/AIDS Prevention and Care, Capacity Building
Drug Policy Alliance	70 West 36th Street 16th Floor	New York, NY 10018	52-1516692	501c(3)	50,000	HIV/AIDS Prevention and Syringe Exchange Policy
Duke University	2200 W Main St , Suite 710	Durham, NC 27705	56-0532129	501c(3)	100,000	HIV/AIDS Prevention and Care,
El Centro Hispano	201 W Main Street Suite 100	Durham, NC 27701	56-2011661	501c(3)	65,000	HIV/AIDS Capacity Building - Southern Communities
El Paso Community Foundation	310 North Mesa Suite 1000	El Paso, TX 79901	74-1839536	501c(3)	10,000	HIV/AIDS Capacity Building
Equality Foundation of Georgia	1530 DeKalb Avenue Suite A	Atlanta, GA 30307	58-2346744	501c(3)	66,282	HIV/AIDS Capacity Building - Southern Communities
Fort Peck Tribal Health Department	800 Assiniboine Ave	Polar, MT 59255	81-0292623	local gov.	30,000	HIV/AIDS Prevention and Syringe Exchange Policy

National AIDS Fund - Tax ID # 52-1706646
Tax Year 2009
Substitute Schedule I-1, Part II
Grants and Other Assistance to Governments and Organizations in the United States
Lines 1(a) - 1 (h), 2, 3

1 (a) Name and address of organization or government			(b) EIN	(c) IRC Section if applicable	(d) Amount of cash grant	(h) Purpose of grant or assistance
Foundation for Enhancing Communities, The	200 N Third Street P O Box 678	Harrisburg, PA 17108	01-0564355	501c(3)	27,500	HIV/AIDS Prevention and Care, Capacity Building
Friends for Life Corporation	43 N Cleveland	Memphis, TN 38104	62-1511959	501c(3)	55,800	HIV/AIDS Capacity Building - Southern Communities
Funders Concerned About AIDS	189 Montague Street Suite 801A	Brooklyn, NY 11201	13-3869632	501c(3)	500	HIV/AIDS Discretionary
Gaston County Health Department	991 West Hudson Boulevard	Gastonia, NC 28052	56-6000300	local gov	30,400	HIV/AIDS Capacity Building, Women's Prevention and Care
Greater Milwaukee Foundation, Inc	1020 North Broadway	Milwaukee, WI 53202	39-6036407	501c(3)	30,000	HIV/AIDS Prevention and Care
Greater Richmond Interfaith Program	165 22nd Street	Richmond, CA 94801	23-7169239	501c(3)	50,000	HIV/AIDS Prevention and Syringe Exchange Policy
Guilford Community AIDS Partnership	P O. Box 752	Greensboro, NC 27402	58-2121823	501c(3)	22,500	HIV/AIDS Prevention and Care, Capacity Building
Harm Reduction Coaltion	22 West 27th Street Fifth Floor	New York, NY 10001	94-3204958	501c(3)	140,000	HIV/AIDS Prevention and Syringe Exchange Policy
Health Foundation of Greater Indianapolis, The	429 East Vermont Street, #300	Indianapolis, IN 46202	35-6203550	501c(3)	60,000	HIV/AIDS Prevention and Care, Capacity Building
HIV Edn & Prev Proj of Alameda Cnty (HEPPAC)	5323 Foothill Blvd	Oakland, CA 94601	94-3205535	501c(3)	14,000	HIV/AIDS Prevention and Care
Iniciativa Comunitaria de Investigación	PO Box 366535	San Juan, PR 00936-6535	66-0483960	501c(3)	57,635	HIV/AIDS Prevention and Care, Syringe Exchange Policy
Interior AIDS Association	710 3rd Ave	Fairbanks, AK 99701	92-0127274	501c(3)	20,000	HIV/AIDS Prevention and Syringe Exchange Policy
Institute of Women & Ethnic Studies	2804 Bell Street	New Orleans, LA 70119	72-1244155	501c(3)	5,000	HIV/AIDS Capacity Building - Southern Communities
Jerusalem House, Inc	17 Executive Park Dr NE 290	Atlanta, GA 30329	58-1829807	501c(3)	55,039	HIV/AIDS Capacity Building - Southern Communities
Kansas City Free Health Clinic	3515 Broadway	Kansas City, MO 64111	43-0967292	501c(3)	50,000	HIV/AIDS Prevention and Syringe Exchange Policy
Legal Services Alabama, Inc	207 Montgomery Street Suite 1200	Montgomery, AL 36104	63-0743038	501c(3)	(38,000)	HIV/AIDS Disaster Recovery - Gulf Coast, Katrina
Louisiana Public Health Institute	1515 Poydras Street, Ste 1200	New Orleans, LA 70112	72-1379921	501c(3)	92,000	HIV/AIDS Prevention and Care, Capacity Building
Low Country Health Care System, Inc	333 Revolutionary Trail	Fairfax, SC 29827	58-2366697	501c(3)	31,000	HIV/AIDS Capacity Building - Southern Communities
Lower East Side Harm Reduction Center	25 Allen Street	New York, NY 10002	13-3727641	501c(3)	26,000	HIV/AIDS Prevention and Syringe Exchange Policy
Medical Care Development	11 Parkwood Drive	Augusta, ME 4330	01-6022787	501c(3)	45,000	HIV/AIDS Prevention and Care, Capacity Building
Methodist Healthcare Foundation	2400 Poplar, Suite 500	Memphis, TN 38112	23-7320638	501c(3)	35,000	HIV/AIDS Prevention and Care, Capacity Building
Michigan AIDS Coalition	429 Livernois	Ferndale, MI 48220	38-2804679	501c(3)	130,000	HIV/AIDS Access to Care- Support Svcs , Prev-Care, Cap Bldg
Ministerio En Jehova Seran Provistos SID	PO Box 9531 Cotto Station	Arecibo, PR 00613	66-0529242	501c(3)	8,000	HIV/AIDS Prevention and Care
Minnesota Transgender Health Coalition	3909 21st Ave South	Minneapolis, MN 55407	20-3776010	501c(3)	10,000	HIV/AIDS Prevention and Syringe Exchange Policy
Nashville CARES	501 Bnck Church Park Drive Suite 160	Nashville, TN 37207	62-1274532	501c(3)	40,000	HIV/AIDS Capacity Building - Southern Communities
New Mexico Community Foundation	343 East Alameda	Santa Fe, NM 87501	85-0311210	501c(3)	29,000	HIV/AIDS Prevention and Care, Capacity Building
New York City AIDS Housing Network (NYCAHN)	80-A Fourth Ave	Brooklyn, NY 11217	13-4094385	501c(3)	50,000	HIV/AIDS Prevention and Syringe Exchange Policy
New York Community Trust	909 Third Avenue 22nd Floor	New York, NY 10022	13-3062214	501c(3)	80,000	HIV/AIDS Prevention and Care
North Carolina Harm Reduction Coalition	1001 South Marshall Street Box 18	Winston-Salem, NC 27101	20-3452075	501c(3)	40,000	HIV/AIDS Prevention and Syringe Exchange Policy
North Georgia AIDS Alliance, Inc	615 Oak Street Suite D	Gainesville, GA 30501	58-2409616	501c(3)	30,000	HIV/AIDS Capacity Building - Southern Communities
NO/AIDS Task Force	2601 Tulane Ave , Suite 500	New Orleans, LA 70119	72-1056935	501c(3)	5,624	HIV/AIDS Disaster Recovery - Gulf Coast, Katrina
N`R PEACE, Inc	3201 Gen De Gaulle Dr 201	New Orleans, LA 70114	72-1463764	501c(3)	8,376	HIV/AIDS Disaster Recovery - Gulf Coast, Katrina
Okaloosa AIDS Support & Informational Service	4 Jackson Street NE STE 10	Fort Walton Beach, FL 32548	59-3089946	501c(3)	73,687	HIV/AIDS Capacity Building - Southern Communities
People's Harm Reduction Alliance	1415 N E 43rd Street	Seattle, WA 98105	35-2307112	501c(3)	50,000	HIV/AIDS Prevention and Syringe Exchange Policy
Philadelphia Center, The	2020 Centenary Blvd.	Shreveport, LA 71104	72-1204252	501c(3)	40,000	HIV/AIDS Capacity Building - Southern Communities
Physicians for Human Rights	2 Arrow Street Suite 301	Cambridge, MA 02138	22-2488437	501c(3)	40,000	HIV/AIDS Prevention and Syringe Exchange Policy
Piedmont Health Services Sickle Cell Agency	401 Taylor Ave	High Point, NC 27262	23-7362747	501c(3)	50,000	HIV/AIDS Access to Care and Support Services
Piedmont HIV Health Care Consortium	331 West Main St Suite 405	Durham, NC 27701	58-2089779	501c(3)	31,100	HIV/AIDS Capacity Building - Southern Communities
Pine Belt Mental Healthcare Resources	103 South 19th Avenue	Hattiesburg, MS 39401	64-0528487	501c(3)	13,000	HIV/AIDS Disaster Recovery - Gulf Coast, Katrina
Point Defiance AIDS Project	535 Dock Street Suite 112	Tacoma, WA 98402	91-1435394	501c(3)	120,000	HIV/AIDS Prevention and Syringe Exchange Policy
Points of Distribution	1370 Mission St 4th Floor	San Francisco, CA 94103	80-0285340	501c(3)	60,000	HIV/AIDS Prevention and Syringe Exchange Policy
Proyecto Amor Que Sana, Inc	7033 Méndez Vigo & Aurora	Ponce PR 00717	66-0573904	501c(3)	13,350	HIV/AIDS Prevention and Care
Public Health Foundation Enterprises, Inc	13200 Crossroads Parkway N -Ste 135	City of Industry, CA 91746	95-2557063	501c(3)	11,677	HIV/AIDS Prevention and Care
Puerto Rico Community Network for Clinic	Urb. Garcia Ubarri # 1162 Brumbaugh St	San Juan, PR 00925	66-0466365	501c(3)	15,000	HIV/AIDS Prevention and Care
REACH LA	1400 E Olympic Blvd Suite 240	Los Angeles, CA 90021	95-4672865	501c(3)	12,000	HIV/AIDS Prevention and Care
Rural Women's Health Project	1108 SW 2nd Ave	Gainesville, FL 32601	59-3429511	501c(3)	53,065	HIV/AIDS Capacity Building - Southern Communities
Safer Alternatives thru Networking & Education	8015 Freeport Blvd	Sacramento, CA 95832	94-3390723	501c(3)	44,000	HIV/AIDS Prevention and Syringe Exchange Policy
San Diego Human Dignity Foundation	4070 Centre Street	San Diego, CA 92103	33-0709428	501c(3)	130,000	HIV/AIDS Access to Care- Support Svcs , Prev -Care
SisterLove, Inc	3709 Bakers Ferry Road, SW	Atlanta, GA 30331	58-2016070	501c(3)	74,865	HIV/AIDS Capacity Building - Southern Communities
South Carolina HIV/AIDS Council	1115 Calhoun Street	Columbia, SC 29201	57-0994526	501c(3)	50,000	HIV/AIDS Capacity Building - Southern Communities

National AIDS Fund - Tax ID # 52-1706646
Tax Year 2009
Substitute Schedule I-1, Part II
Grants and Other Assistance to Governments and Organizations in the United States
Lines 1(a) - 1 (h), 2, 3

1 (a) Name and address of organization or government			(b) EIN	(c) IRC Section if applicable	(d) Amount of cash grant	(h) Purpose of grant or assistance
South Jersey AIDS, Inc (DBA S Jersey AIDS Alliance	19 Gordon's Alley	Atlantic City, NJ 08401	22-2686586	501c(3)	10,000	HIV/AIDS Prevention and Syringe Exchange Policy
Southern AIDS Coalition	3521 7th Avenue South	Birmingham, AL 35222	63-0985623	501c(3)	75,000	HIV/AIDS Capacity Building - Southern Communities
St Francis House NWA, Inc. dba Community Clinic	614 East Emma Suite 300	Springdale, AR 72764	31-1553455	501c(3)	74,510	HIV/AIDS Capacity Building - Southern Communities
St John #5 Baptist Church	3613 Hamburg St	New Orleans, LA 70122	72-1279715	501c(3)	5,000	HIV/AIDS Capacity Building - Southern Communities
St Luke's Health Care Foundation	855 A Avenue NE #105	Cedar Rapids, IA 52402	42-1106819	501c(3)	2,500	HIV/AIDS Capacity Building
STOP AIDS Project	2128 15th Street	San Francisco, CA 94114	94-2971280	501c(3)	18,000	HIV/AIDS Prevention and Care
Tenderloin Health	PO Box 423930	San Francisco, CA 94142	94-3041803	501c(3)	40,000	HIV/AIDS Prevention and Syringe Exchange Policy
Tides Center	1014 Torney Ave	San Francisco, CA 94129-1755	94-3213100	501c(3)	60,000	HIV/AIDS Prevention and Syringe Exchange Policy
Tulsa Area United Way	1430 South Boulder P O Box 1859	Tulsa, OK 74119	73-0580283	501c(3)	87,000	HIV/AIDS Prevention and Care, Capacity Building, Prison Health
United Way of Greater Kansas City-Heart of America	1080 Washington Street	Kansas City, MO 64105	44-0545812	501c(3)	57,500	HIV/AIDS Prevention and Care, Capacity Building
United Way of Ventura County	1317 Del Norte Road	Camarillo, CA 93010-8484	95-1945833	501c(3)	27,500	HIV/AIDS Prevention and Care, Capacity Building
Washington Regional Association of Grantmakers	1400 16th Street, NW Suite 740	Washington, DC 20036	52-1756853	501c(3)	120,000	HIV/AIDS Prevention and Care, Syringe Exchange Policy
Wateree AIDS Task Force (WATF)	108 B East Liberty St	Sumter, SC 29150	57-0921563	501c(3)	57,811	HIV/AIDS Capacity Building - Southern Communities
WORLD	414 13th St 2nd floor	Oakland, CA 94612	94-3177103	501c(3)	50,000	HIV/AIDS Women's Prevention and Care

2. Enter total number of section 501(c)(3) and government organizations 114
3. Enter total number of other organizations 0

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
National AIDS Fund	52 : 1706646

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . 2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? 4a		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b		✓
c	Participate in, or receive payment from, an equity-based compensation arrangement? 4c		✓
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? 5a		✓
b	Any related organization? 5b		✓
	If "Yes" to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? 6a		✓
b	Any related organization? 6b		✓
	If "Yes" to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7		✓
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III 8		✓
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? 9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Kandy Ferree	(i)	171,845.			10,815.	17,038.	199,968.	202,282
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
Mr. Scott Campbell	Mr. Campbell serves	1,425,000.	Aggregate total NAF		✓
	on NAF's Board of		programmatic support		
	Trustees and serves		received from EJAF in 2009		
	as Executive Director		for HIV/AIDS grant-making		
	for Elton John AIDS				
	Foundation				

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (Char. Auct. Items)	✓	46	23,266.	selling price of item
26	Other ► (Event Supplies)	✓	1	2,100.	selling price of item
27	Other ► ( )				
28	Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		✓
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		✓
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b	If "Yes," describe in Part II.		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

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Name of the organization

National AIDS Fund

Employer identification number

52 176646

Part VI Governance, Section B, Line - 11. Management, and Disclosure - The Form 990 is prepared by the CFO and subsequently reviewed and approved by the Treasurer of the Board of Trustees. The Treasurer shall document his/her approval on the required form which will be maintained in the organizations records. The Form 990 and related state returns will be signed by the President as the individual authorized under the existing policies and procedures established by the NAF. Prior to filing, the Board of Trustees shall be provided with completed Form 990 and related schedules in electronic format.

Part VI Governance, Section B, Policies Line - 12c. The Conflict of Interest form is provided to new employees upon hire and to new trustees upon election and prior to the start of their term of service. Subsequently, the form is provided to all officers, directors, trustees and staff in June of every year. It is the individual's responsibility to notify the organization of any new conflicts of interest that may occur throughout the year.

Part VI Governance, Section B, Policies Lines - 15a and 15b. The organization conducts a thorough benchmarking study of compensation for all staff every two years. This is done through the acquisition and use of data compiled by an independent human resources consulting firm to benchmark salaries for the organization as well as identify best practices within our sector. Salaries are benchmarked by position based on the size of the organization, the region in which we operate, as well as the size of our annual budget. The compensation research for the president & CEO is provided to the Board Chair who uses it, along with a thorough annual performance review conducted by the Board of Trustees, to work with the Executive Committee in making a recommendation to the Board of Trustees in regards to the annual salary and benefits package for the president & CEO. The Board of Trustees conducts an annual performance review of the President & CEO and executes any decisions about compensation increases based on a formal review, deliberation and vote on the annual compensation for the President & CEO. The compensation data for key employees is provided to the president & CEO who, within budget guidelines approved by the Board of Trustees and in consultation with respective supervisors, determines the annual salary ranges for key employees. Each employee receives an annual performance review by their supervisor, who in turn, makes recommendations for any performance-based salary increases to the President/CEO for consideration and a final decision.

Part VI Governance, Section C, Disclosure Line - 17. AL, AZ, CA, CO, CT, DC, FL, GA, IL, KS, ME, MD, MA, MI, MO, NJ, NM, NY, NC, OH, OK, PA, SC, TN, VA, WA, WI

Name of the organization	Employer identification number
National AIDS Fund	52 1706646

Part VI Governance, Section C, Disclosure Line - 19. The National AIDS Fund's governing documents, conflict of interest policy, 990 and financial statements are available to the public upon request via print or electronic media.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: National AIDS Fund

Employer identification number: 52 176646

Part III Statement of Program Service Accomplishments - 4d. Other program services (Schedule O - 1 of 2)

(1) GENERATIONS: Strengthening Women and Families Affected by HIV/AIDS: This program was launched in 2004 in collaboration with Johnson & Johnson. GENERATIONS combines cash grants with state-of-the art technical assistance and evaluation. The goal of the program is to build the capacity and effectiveness of community-based organizations to utilize evidence-based HIV prevention interventions targeting women and families most at risk for HIV. GENERATIONS has three distinct phases: a four-month Formative Phase – each grantee receives a $10,000 grant and intensive technical assistance to adapt an existing prevention intervention or hone a "home grown" intervention to meet the needs of their target population; a four-month Pilot Phase – each grantee receives a $25,000 grant to test and finalize the selected intervention; and, a 20-month Implementation Phase – each grantee receives a $125,000 grant to implement the intervention. Additional support for each grantee includes an independent evaluator to assess the impact of the program as well as on-site visits, grantee meetings, and technical assistance.

(Expenses $622,086. including grants of $150,000.)

(2) AmeriCorps: This program is funded by a public-private partnership, including The Corporation for National and Community Service (CNCS) and various private funders. AmeriCorps seeks to engage individuals, corporations, and philanthropic institutions in support of volunteerism, leadership development, and community service. In 2008-09, 49 AmeriCorps members were placed in community-based organizations in seven NAF Community Partnership regions (Raleigh/Durham, NC; Chicago, IL; Detroit, MI; Indianapolis, IN; Albuquerque/Santa Fe, NM; Tulsa, OK; and Washington, DC). Each member serves full-time (1700 hours) providing direct HIV prevention, HIV counseling and testing, or quality of life services. In return for their year of service, each member receives a living allowance, health and child care benefits, and upon successful completion of the program, a federally supported educational award.

(Expenses $696,067. including grants of $0.)

(3) AmeriCorps (Match)/Caring Counts Program: The federal AmeriCorps guidelines require substantial cash and in-kind matching resources to support the overall program. NAF typically has several private sector contributors that support the AmeriCorps/Caring Counts Program. The MetLife Foundation is the primary private funding partner and supports pre-service and year-end training meetings for all members. Caring Counts recognizes the exceptional volunteerism and community service efforts contributed by the AmeriCorps members who successfully complete the program. The

Name of the organization	Employer identification number
National AIDS Fund	52 1706646

AmeriCorps program helps set the stage for life-long civic engagement and leadership development for the members and makes significant investments in workforce development in the public health and HIV/AIDS sectors.

(Expenses $508,260. including grants of $5,400.)

(4) Access to Care: The Access to Care initiative was launched in 2009 and is supported by private sector contributors currently including Bristol Myers Squibb and the Walmart Foundation. The overarching goal of the initiative is to increase the access and utilization of high quality primary health care and HIV-specialty care by people living with HIV/AIDS who know their status but are not receiving care. NAF identified target areas based on a number of key factors including, but not limited to: HIV incidence, estimated number of people living with HIV/AIDS who are not in care. The intent of this work is to fund collaborative efforts – not individual organizations – that have a high level of readiness to institute "systems change efforts" to improve access and utilization, etc. In early 2010, NAF will fund 5-7 community collaborations working to strengthen service systems and address barriers that affect people's readiness or ability to participate in HIV healthcare, especially marginalized populations with limited access to medical care. The funded sites receive a three-month planning phase, followed by the implementation of interventions and project strategies to engage and retain people in care. Grants range in size from $350,000 - $600,000 annually. NAF coordinates a national evaluation process, provides technical assistance, and convenes the grantees annually for skills building and sharing best practices.

(Expenses $515,685. including grants of $215,000.)

(5) Health and Justice Initiative: This initiative is designed to address the disproportionate impact HIV/AIDS has on incarcerated and recently released populations. It was designed in consultation with a national advisory group. The initiative began in the summer of 2007 with a series of pilot grants totaling $280,000 to support seven existing prison health programs. The seven programs funded in 2009 focused on HIV prevention within prisons and jails and pre-release planning and community re-integration for HIV-positive individuals leaving incarceration. The lessons learned from these grants have guided NAF to integrate our support of this social justice work into the Community Partnerships Challenge Grants program and other special initiatives (i.e. Southern REACH, GENERATIONS, etc.).

(Expenses $131,528. including grants of $125,000.)

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

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National AIDS Fund	52 1706646

Part III Statement of Program Service Accomplishments - 4d. Other program services (Schedule O - 2 of 2)

(6) Program Communications: Non-profit organizations, government agencies, and for-profit companies increasingly recognize the expertise NAF and our network of 30+ Community Partnerships as a valuable resource that can enhance their work. To ensure transparency and inform the field about our work, NAF maintains a website, several publications and program-specific communications pieces all of which are intended to inform internal and external constituents about the work of NAF and our grantees, including the outcomes of specific projects and the impact of our grantmaking portfolios.

(Expenses $177,796. including grants of $0.)

(7) Annual Community Partnership Meeting: The Community Partnership Meeting is held annually for the key staff, conveners, and advisory board members representing the growing network of Community Partnerships across the United States. The three-day gathering is designed to foster an exchange of ideas, best practices, and network development. Technical assistance is typically provided in the following areas: leadership development, evaluation, advisory board recruitment/retention, resource development, NAF grantmaking programs, policy advocacy, and current or emerging HIV-related issues.

(Expenses $33,993. including grants of $0.)

(8) Gulf Coast HIV/AIDS Relief Fund (GCRF): Immediately following the devastation of Hurricane Katrina, a fund was established to receive donations and make grants to non-profit organizations providing emergency and ongoing HIV-related services to the approximately 21,000 HIV+ individuals who were previously living in and/or displaced from the hurricane-affected areas of Mississippi, Louisiana, and Alabama. Through the Gulf Coast HIV/AIDS Relief Fund, in partnership with the Ford Foundation, NAF has awarded three rounds of grants totaling nearly $2 million since our original investments right after the storm. Grants support programmatic capacity building, organizational capacity building, and public policy advocacy activities, as well as technical assistance to strengthen organizational infrastructure. Moving forward, GCRF will be combined with the Southern REACH Initiative to streamline efforts and maximize the impact of NAF investments in the Southern U.S.

(Expenses $26,766. including grants of $0.)