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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009Department of the Treasury
Internal Revenue ServiceUnder 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

Open to Public Inspection**For the 2009 calendar year, or tax year beginning** 7/01, **2009, and ending** 6/30, **2010**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	C Please use IRS label or print or type. See specific instructions. NORTHERN NEVADA HIV OUTPATIENT PROGRAM, EDUCATION AND SERVICES P.O. BOX 6420 RENO, NV 89513	D Employer Identification Number 86-0865357	E Telephone number 775-348-2882	G Gross receipts \$ 9,123,792.	F Name and address of principal officer: WILLIAM FUELLENBACH SAME 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.NNHOPES.ORG				
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of Formation 1997		M State of legal domicile NV		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>NORTHERN NEVADA H.O.P.E.S. IS DEDICATED TO ENHANCING THE QUALITY OF LIFE FOR THOSE AFFECTED BY HIV. THIS MISSION IS ACCOMPLISHED THROUGH ONGOING, PATIENT CENTERED CLINICAL INTERVENTION, CASE MANAGEMENT AND COMMUNITY LEADERSHIP.</u>			
Revenue	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		9
	5 Total number of employees (Part V, line 2a)	5		33
	6 Total number of volunteers (estimate if necessary)	6		28
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b		0.
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	4,348,533.	3,684,518.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,824,625.	5,418,357.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	302.	18.	
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,835.	17,070.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,220,295.	9,119,963.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,588,493.	1,555,870.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶			
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,555,889.	7,458,159.	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (D), line 25)	9,144,382.	9,014,029.	
	19 Revenue less expenses Subtract line 18 from line 12	75,913.	105,934.	
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year	
	21 Total liabilities (Part X, line 26)	2,865,255.	2,961,039.	
	22 Net assets or fund balances Subtract line 21 from line 20	735,612.	725,462.	
		2,129,643.	2,235,577.	

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: <u>William Fuellenbach</u>	Date: <u>1/6/11</u>	EXEC DIRECTOR
Type or print name and title: <u>WILLIAM FUELLENBACH</u>			
Paid Preparer's Use Only	Preparer's signature: <u>Grant Bennett, CPA</u>	Date: <u>1/03/11</u>	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4: <u>GRANT BENNETT ASSOCIATES</u> <u>1375 EXPOSITION BLVD STE 230</u> <u>SACRAMENTO, CA 95815-5115</u>		Preparer's identifying number (see instructions): <u>P00125006</u>
	EIN: <u>94-2692073</u>		Phone no: <u>(916) 922-5109</u>

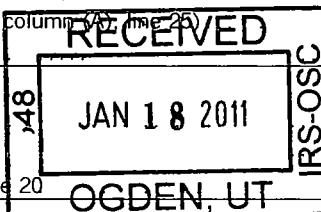
May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/29/09 Form **990** (2009)

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Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

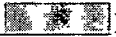
NORTHERN NEVADA H.O.P.E.S. IS DEDICATED TO ENHANCING THE QUALITY OF LIFE FOR THOSE
AFFECTED BY HIV. THIS MISSION IS ACCOMPLISHED THROUGH ONGOING, PATIENT CENTERED
CLINICAL INTERVENTION, CASE MANAGEMENT AND COMMUNITY LEADERSHIP.

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 \$ 8,528,502. including grants of \$) (Revenue \$ 5,439,256.)
TO ENHANCE THE QUALITY OF LIFE FOR THOSE AFFECTED WITH HIV.**4b** (Code ) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code ) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 8,528,502.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
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		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
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		
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		X
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		X
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	X	
• 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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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		X
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		X
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		X
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		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	21	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? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	21		X
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? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	22		X
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? <i>If 'Yes,' complete Schedule J</i>	23		X
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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>	24a		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
24c 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		
24d 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? <i>If 'Yes,' complete Schedule L, Part I</i>	25a		X
25b 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? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		X
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? <i>If 'Yes,' complete Schedule L, Part II</i>	26		X
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? <i>If 'Yes,' complete Schedule L, Part III</i>	27		X
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)	28		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		X
28c 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? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	29	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	32		X
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? <i>If 'Yes,' complete Schedule R, Part I</i>	33		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		X
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		X
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	X	

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Form 990 (2009)

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.	39	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.	33	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
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)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?		X
7d	If 'Yes,' indicate the number of Forms 8822 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from other members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		

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Form 990 (2009)

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	9	
1b Enter the number of voting members that are independent	9	
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?		X
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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or 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		X

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?		X
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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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	X	
b Other officers of key employees of the organization SEE SCHEDULE O	X	
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?		X
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?		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

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. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ► WILLIAM R. FUELLENBACH 467 RALSTON RENO NV 89513-6420 775-348-2895

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
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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 employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

- 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

[illegible]

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

(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			
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1 b Total								83,526.	0.	11,731.

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 ▶ 0

- 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*

	Yes	No
3		X
4		X
5		X

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
MEDSCHOOL ASSOCIATES RENO, NV 89501	PHYSICIAN SERVICES	153,133.

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				
	b Membership dues	1b				
	c Fundraising events	1c 8,197.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 3,535,057.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 141,264.				
	g Noncash contribns included in lns 1a-1f	\$ 47,402.				
	h Total. Add lines 1a-1f		3,684,518.			
PROGRAM SERVICE REVENUE	Business Code					
	2a CLINICAL AND PHARMACY SVC		5,418,357.	5,418,357.		
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		5,418,357.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		18.			18.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real 20,899.				
	b Less rental expenses					
	c Rental income or (loss)	20,899.				
	d Net rental income or (loss)		20,899.	20,899.		
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 8,197. of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b 3,829.				
	c Net income or (loss) from fundraising events		-3,829.			-3,829.
	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				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		9,119,963.	5,439,256.	0.	-3,811.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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				
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	95,000.	85,500.	9,500.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.	0.	0.
7 Other salaries and wages	1,155,730.	1,040,157.	115,573.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	40,269.	40,269.		
9 Other employee benefits	166,013.	166,013.		
10 Payroll taxes	98,858.	98,858.		
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	50,375.		50,375.	
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	330,543.	330,543.		
12 Advertising and promotion	17,874.	17,874.		
13 Office expenses	107,297.	53,959.	53,338.	
14 Information technology	19,993.	9,327.	10,666.	
15 Royalties				
16 Occupancy	80,269.		80,269.	
17 Travel	14,940.	12,119.	2,821.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	39,169.	34,289.	4,880.	
20 Interest	19,564.		19,564.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	73,709.		73,709.	
23 Insurance	29,277.		29,277.	
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 BIOLOGICALS	6,231,926.	6,231,926.		
b HIV CARE CONSORTIUM	234,600.	234,600.		
c PATIENT INSURANCE	162,122.	162,122.		
d BAD DEBTS	27,309.		27,309.	
e MISCELLANEOUS	11,567.	10,946.	621.	
f All other expenses	7,625.		7,625.	
25 Total functional expenses. Add lines 1 through 24f	9,014,029.	8,528,502.	485,527.	0.
26 Joint costs. Check here ☐ if following SCP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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Form 990 (2009)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	169,467.	1	372,054.
	2 Savings and temporary cash investments	31,557.	2	31,569.
	3 Pledges and grants receivable, net	487,200.	3	428,556.
	4 Accounts receivable, net	400,199.	4	357,643.
	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	72,835.	8	89,559.
	9 Prepaid expenses and deferred charges	27,549.	9	29,592.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,102,769.		
	b Less accumulated depreciation.	10b 450,703.	1,676,448.	10c 1,652,066.
	11 Investments — publicly-traded securities		11	
	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		15	
16 Total assets Add lines 1 through 15 (must equal line 34)		2,865,255.	16	2,961,039.
LIABILITIES	17 Accounts payable and accrued expenses	431,884.	17	436,751.
	18 Grants payable		18	
	19 Deferred revenue	17,320.	19	20,000.
	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	286,408.	23	268,711.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		735,612.	26
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	2,129,643.	27	2,235,577.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	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, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,129,643.	33	2,235,577.
	34 Total liabilities and net assets/fund balances.		2,865,255.	34

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant?

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

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?

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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

BAA

Form 990 (2009)

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 'unusual grants'.)	4,528,719.	3,593,577.	4,497,601.	4,348,533.	3,684,518.	20,652,948.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1 through 3	4,528,719.	3,593,577.	4,497,601.	4,348,533.	3,684,518.	20,652,948.
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)						0.
6 Public support. Subtract line 5 from line 4						20,652,948.

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	4,528,719.	3,593,577.	4,497,601.	4,348,533.	3,684,518.	20,652,948.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	91,473.	75,376.	94,787.	71,681.	20,917.	354,234.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV		30,447.	13,896.	2,002.		46,345.
11 Total support. Add lines 7 through 10						21,053,527.
12 Gross receipts from related activities, etc. (see instructions)					12	18,094,869.
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	98.1 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	97.8 %
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☒		
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% 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 ▶ ☐		

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Schedule A (Form 990 or 990-EZ) 2009

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 yr 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 "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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 yr 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 on 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 lns 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 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, 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.

This image shows a full page of white paper with horizontal dashed lines, typical of primary school handwriting practice paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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 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
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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 organization answered 'Yes' to Form 990, Part IV, line 10.

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

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

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

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

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

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		696,412.		696,412.
b Buildings		952,166.	184,514.	767,652.
c Leasehold improvements		160,345.	65,226.	95,119.
d Equipment		261,544.	174,124.	87,420.
e Other		32,302.	26,839.	5,463.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,652,066.

BAA

Schedule D (Form 990) 2009

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

NORTHERN NEVADA HIV OUTPATIENT PROGRAM,
EDUCATION AND SERVICES**Supplemental Financial Statements**

- ▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions**

OMB No 1545-0047

2009**Open to Public Inspection**

Employer identification number

86-0865357

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		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
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 may 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 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 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 easement 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 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 XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	9,119,963.
2	Total expenses (Form 990, Part IX, column (A), line 25)	9,014,029.
3	Excess or (deficit) for the year Subtract line 2 from line 1	105,934.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	105,934.

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	9,123,792.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	9,123,792.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) SEE PART XIV	4b	-3,829.
c	Add lines 4a and 4b	4c	-3,829.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	9,119,963.

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

1	Total expenses and losses per audited financial statements	1	9,017,858.
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	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	9,017,858.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) SEE PART XIV	4b	-3,829.
c	Add lines 4a and 4b	4c	-3,829.
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	9,014,029.

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 XIV	Supplemental Information <i>(continued)</i>
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**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.**

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization **NORTHERN NEVADA HIV OUTPATIENT PROGRAM,
EDUCATION AND SERVICES**

Employer identification number
86-0865357

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	X	1	47,402.	EST SALE PRICE
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 ► ()				
26 Other ► ()				
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

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

	Yes	No
30a		X
31		X
32a		X
33		

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.

[illegible]

**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 **NORTHERN NEVADA HIV OUTPATIENT PROGRAM,
EDUCATION AND SERVICES**

Employer identification number
86-0865357

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

BOARD OF DIRECTORS AND FINANCE COMMITTEE REVIEW THE FORM 990 DURING A REGULAR
MEETING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ORGANIZATION'S BOARD OF DIRECTORS MONITOR AND ENFORCES COMPLIANCE WITH THE CONFLICT
OF INTEREST POLICY DURING REGULAR MONTHLY MEETINGS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

ORGANIZATION'S FINANCE COMMITTEE USES COMPARABILITY DATA TO REVIEW AND APPROVE
COMPENSATION OF OFFICERS AND KEY EMPLOYEES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization NORTHERN NEVADA HIV OUTPATIENT PROGRAM,
EDUCATION AND SERVICES

Employer identification number

86-0865357

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SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

NORTHERN NEVADA HIV OUTPATIENT PROGRAM,
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PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
OTHER REVENUE		2,002.	13,896.	30,447.	
TOTAL	\$ 0.	\$ 2,002.	\$ 13,896.	\$ 30,447.	\$ 0.

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SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

**NORTHERN NEVADA HIV OUTPATIENT PROGRAM,
EDUCATION AND SERVICES**

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SCHEDULE D, PART XII, LINE 4B

OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

EVENT EXPENSES

TOTAL \$ -3,829.
\$ -3,829.

SCHEDULE D, PART XIII, LINE 4B

OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

EVENT EXPENSES

TOTAL \$ -3,829.
\$ -3,829.

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NORTHERN NEVADA HIV OUTPATIENT PROGRAM,
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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
AUTO / TRANSPORT EQUIPMENT																
25	VAN	3/31/07		47,048							47,048	21,172	S/L	5		9,410
28	1994 GMC SAFARI VAN	4/04/01		5,000							5,000	5,000	S/L	7		0
103	2010 FORD E350 SUPER DUTY	5/27/10		47,402							47,402		S/L	5		790
TOTAL AUTO / TRANSPORT EQUIP				99,450	0	0	0	0	0	0	99,450	26,172				10,200
BUILDINGS																
29	467 RALSTON HOUSE	12/22/00		81,588							81,588	17,340	S/L	40		2,040
30	BUILDING 2 - HILL HOUSE	7/15/03		416,578							416,578	62,484	S/L	40		10,414
31	BLD 3 NON HOPES PORTION	10/15/01		241,500							241,500	46,793	S/L	40		6,038
32	BUILDING 3 CLINIC	1/31/03		212,500							212,500	34,092	S/L	40		5,313
TOTAL BUILDINGS				952,166	0	0	0	0	0	0	952,166	160,709				23,805
FURNITURE AND FIXTURES																
9	DESK	3/12/07		1,087							1,087	362	S/L	7		155
10	DESK	3/12/07		1,168							1,168	390	S/L	7		167
11	DESK	3/12/07		1,638							1,638	546	S/L	7		234
12	DESK	3/19/07		1,514							1,514	486	S/L	7		216
33	FREEZER	7/30/04		301							301	295	S/L	5		6
34	FILING CABINET	7/30/04		3,877							3,877	3,811	S/L	5		66
35	OVEN - HILL HOUSE	8/30/04		150							150	145	S/L	5		5
36	DESKS	10/12/04		1,208							1,208	821	S/L	7		173
37	FURNITURE	2/23/05		427							427	264	S/L	7		61

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2009 FEDERAL BOOK DEPRECIATION SCHEDULE NORTHERN NEVADA HIV OUTPATIENT PROGRAM, EDUCATION AND SERVICES

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86-0865357

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
38	COURT TABLE - CLINIC	6/03/05		280							280	163	S/L	7		40
40	CABINET	2/02/99		1,196							1,196	1,196	S/L	7		0
41	CABINET	6/02/99		1,196							1,196	1,196	S/L	7		0
42	OFFICE FURNITURE	11/15/99		681							681	681	S/L	7		0
43	OAK DESK	11/24/99		399							399	399	S/L	7		0
44	DESK	6/05/00		275							275	275	S/L	7		0
45	FILING CABINET	5/01/00		134							134	134	S/L	7		0
46	REFRIGERATOR	12/09/99		640							640	640	S/L	7		0
47	STOVE	12/09/99		310							310	310	S/L	7		0
48	CEILING FAN	11/10/99		1,294							1,294	1,294	S/L	7		0
49	FILING CABINETS	1/02/01		1,200							1,200	1,200	S/L	7		0
50	DESK	3/30/01		356							356	356	S/L	7		0
51	EXAM TABLES W/LAMP	2/12/03		2,985							2,985	2,735	S/L	7		250
52	WORK TABLES	5/21/04		1,020							1,020	1,020	S/L	3		0
53	2 HANGING CABINETS CLINIC	5/31/04		550							550	550	S/L	3		0
54	DISPLAY RACKS MAGAZINES	5/31/04		867							867	867	S/L	3		0
55	COUCH	12/30/99		1,800							1,800	1,800	S/L	7		0
56	DONATED FURNITURE	2/03/01		2,500							2,500	2,500	S/L	7		0
94	FURNITURE	3/10/08		1,795							1,795	341	S/L	7		256
95	FURNITURE	5/20/08		1,454							1,454	225	S/L	7		208
TOTAL FURNITURE AND FIXTURE				32,302	0	0	0	0	0	0	32,302	25,002				1,837
IMPROVEMENTS																
1	BLINDS	2/20/07		2,600							2,600	866	S/L	7		371
2	BLINDS - HILL HOUSE	3/08/07		3,000							3,000	1,001	S/L	7		429
3	BLINDS - FINAL INSTALL	3/29/07		1,920							1,920	617	S/L	7		274

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
7	CARPET	2/21/07		18,015							18,015	6,006	S/L	7		2,574
8	FLOORING	3/19/07		19,459							19,459	6,255	S/L	7		2,780
13	DAVID BANDUR - PAINTING	2/27/07		1,752							1,752	408	S/L	10		175
14	2 CARRIER FURNANCES	2/05/07		5,430							5,430	1,312	S/L	10		543
15	MR ELECTRIC	2/21/07		1,156							1,156	271	S/L	10		116
16	PAINT REIMBURSEMENT - BIL	2/28/07		3,199							3,199	747	S/L	10		320
17	PANTRY	5/14/07		5,003							5,003	1,549	S/L	7		715
18	LANDSCAPING	6/25/07		1,744							1,744	232	S/L	15		116
19	PAINTING	2/28/07		14,472							14,472	3,376	S/L	10		1,447
20	PARKING LOT STRIPING	3/29/07		1,290							1,290	290	S/L	10		129
21	PHARMACY REMODEL	10/10/06		5,400							5,400	990	S/L	15		360
39	FURNANCE	7/30/04		6,184							6,184	4,342	S/L	7		883
57	PAINTING	6/30/03		5,000							5,000		S/L			0
58	FOOD PANTRY	10/30/00		3,141							3,141	684	S/L	40		79
59	METAL FENCING	9/15/03		10,594							10,594	8,826	S/L	7		1,513
70	AIR CONDITIONER	5/21/04		655							655	478	S/L	7		94
71	FURNANCE	11/15/03		11,820							11,820	9,571	S/L	7		1,689
92	ROOF	5/07/08		13,254							13,254	386	S/L	40		331
93	RAMP ACCESS	5/30/08		2,200							2,200	60	S/L	40		55
96	LANDSCAPING	10/15/07		1,719							1,719	201	S/L	15		115
97	HEATING UNIT	10/31/07		4,291							4,291	715	S/L	10		429
101	ROOF - 467 RALSTON	7/31/09		1,925							1,925	84	S/L	40		44
102	ROOF - 467 RALSTON	6/30/09		15,122							15,122		S/L	40		378
TOTAL IMPROVEMENTS				160,345		0	0	0	0	0	160,345	49,267				15,959

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NORTHERN NEVADA HIV OUTPATIENT PROGRAM,
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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179/ BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
LAND																
60	LAND	12/22/00		318,412							318,412					0
61	LAND - BUILDING 3	10/15/01		378,000							378,000					0
TOTAL LAND																
				696,412		0	0	0	0	0	696,412	0				0
MACHINERY AND EQUIPMENT																
4	COMPUTERS AND EQUIPMENT	1/12/07		21,782							21,782	10,890	S/L	5		4,356
5	DATA VOICE INTEGRATION	3/31/07		10,126							10,126	4,556	S/L	5		2,025
6	LEXMARK LASER PRINTER	6/01/07		1,179							1,179	492	S/L	5		236
22	ECLIPSE ACCOUNTING SOFTWA	1/01/07		6,011							6,011	5,010	S/L	3		1,001
23	IMAGE FLOW PACKAGE	3/01/07		13,369							13,369	10,397	S/L	3		2,972
24	BARCODE PRINTING PROGRAM	3/29/07		2,200							2,200	1,649	S/L	3		551
26	5 MINITOWERS AND MONITORS	VARIOUS		5,823							5,823	2,912	S/L	5		1,165
27	LATITUDE D820 NOTEBOOK	VARIOUS		1,447							1,447	723	S/L	5		289
62	FAX MACHINE	8/31/04		230							230	222	S/L	5		8
63	PRINTER	8/31/04		249							249	241	S/L	5		8
64	PENTIUM 4 COMPUTER	9/30/04		650							650	618	S/L	5		32
65	PENTIUM 4 COMPUTER	11/16/04		1,085							1,085	995	S/L	5		90
66	PCS	3/09/05		1,988							1,988	1,725	S/L	5		263
67	HEARTSTAR DEFIBRILLATOR	12/31/02		7,715							7,715	7,715	S/L	5		0
68	PROJECTOR-CCS PRESENTATIO	1/31/03		2,395							2,395	2,395	S/L	3		0
69	ANALYZER	9/30/03		2,000							2,000	2,000	S/L	3		0
72	NETWORK HARDWARE	7/24/98		1,813							1,813	1,813	S/L	5		0
73	NETWORK SERVERS	1/03/00		2,192							2,192	2,192	S/L	5		0
74	NETWORK SERVERS	7/01/99		1,719							1,719	1,719	S/L	5		0

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NORTHERN NEVADA HIV OUTPATIENT PROGRAM,
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75	PRINTER/SERVER	12/09/99		950							950	950	S/L	5		0
76	SERVER STATION	12/31/01		2,690							2,690	2,690	S/L	5		0
77	COMPUTER	12/26/02		1,925							1,925	1,925	S/L	3		0
78	FOUNDATION SYSTEM INC	1/21/03		7,980							7,980	7,980	S/L	5		0
79	PENTIUM NOTEBOOK	7/31/02		1,650							1,650	1,650	S/L	3		0
80	5 PENTIUM COMPUTERS	8/06/03		4,970							4,970	4,970	S/L	3		0
81	COMPUTER SYSTEM W/MONITOR	8/06/03		816							816	816	S/L	3		0
82	COMPUTER UPGRADE - CAROLE	3/19/04		513							513	513	S/L	3		0
83	COMP UPGRADE - PAULINE	3/19/04		500							500	500	S/L	3		0
84	MEMORY CARDS	8/06/03		340							340	340	S/L	5		0
85	COMPUTER HARDWARE	1/01/06		6,774							6,774	4,742	S/L	5		1,355
86	HIV CARE CASE SOFTWARE	4/02/99		2,000							2,000	2,000	S/L	5		0
87	10 LICENSES OFF HRS PROS	12/31/03		1,302							1,302	1,302	S/L	3		0
88	5 USER LICENSES - MEDISOFT	9/24/03		2,072							2,072	2,072	S/L	3		0
89	INTUIT QUICKBOOKS	1/22/04		1,127							1,127	1,127	S/L	3		0
90	COMPUTER SOFTWARE	1/01/06		4,711							4,711	4,616	S/L	3		0
91	COPIERS (CAPITAL LEASE)	8/20/06		25,121							25,121	15,072	S/L	5		5,024
98	COMPUTER	8/31/07		2,365							2,365	867	S/L	5		473
99	COLSCOPE	9/30/07		7,948							7,948	2,782	S/L	5		1,590
100	DELL COMPUTER	4/03/08		2,367							2,367	666	S/L	5		470
TOTAL MACHINERY AND EQUIPME																
				162,094		0	0	0	0	0	162,094	115,844				21,908
TOTAL DEPRECIATION																
				2,102,769		0	0	0	0	0	2,102,769	376,994				73,709
GRAND TOTAL DEPRECIATION																
				2,102,769		0	0	0	0	0	2,102,769	376,994				73,709