



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



CISYD2R61M

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

Name of the organization

Ryan White CARE Act Title II Community AIDS National Network

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012**Open to Public
Inspection**

Employer identification number

88-0370777

The organization generated its revenue from three primary sources, including corporate memberships associated with the 1) National ADAP Working Group (NAWG) and 2) "HEPATITIS, Education, Advocacy & Leadership" (HEAL), as well as grants associated with certain targeted programs, including its Industry Advisory Group, as well as Congressional Briefings. NAWG dues generated approximately \$85,000, whereas HEAL dues generated about \$20,000. Additionally, other grants included \$30,000 (Industry Advisory), \$25,000 (unrestricted) and \$35,000 (Congressional Briefings).

The organization's expenses included the following:

1. Business Expenses (i.e., memberships, business registration fees, interest) = \$2,526.70

2. Contract Services (i.e., accounting, legal, general) = \$27,695.81

3. Facilities & Equipment (i.e., rent, utilities, equipment rental) = \$31,581.40

4. Operations (i.e., postage, telephone, website) = \$5,749.46

5. Other Types of Expenses (i.e., insurance, misc costs) = \$4,901.50

6. Payroll Expenses = \$45,312.23

7. Travel & Meetings (i.e., conferences, meetings, events, travel) = \$52,574.50

0425876271

Jan. 29, 2014 LTR 2694C 0 R

88-0370777 201212 67

Input Op: 0425876271 00020602

R WHITE CARE ACT TITLE II CANN
COMMUNITY AIDS NATIONAL NETWORK
1724 FLORIDA AVE NW
WASHINGTON DC 20009



225478

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee05-21-14

Date_____
PRESIDENT & CEO

Title

04B.001