

					IC DISCLO						OMB No. 154	5.00/17
		00	Return of O	rgai	nization Ex	kempt	From	Incon		(5-0047
Forn		90	Under section 501(c), 527,				-			ntions)	202
Depar	tment o	f the Treasury			curity numbers or		-				Open to P	
Intern	al Revei	nue Service		-	Form990 for instru						Inspecti	on
AF	or the		ar year, or tax year beginnin	ng (ОСТ 1, 202	2 and	lending	SEP 3				
	heck if	a.	f organization					D Emp	oloyer ide	ntificat	ion number	
	Addre	NATI	ONAL ALLIANCE C				-					
	chang Name	e TERR	ITORIAL AIDS DI	REC	TORS, DBA:	NASTAL)	_	1 1	0 6 5 0		
	chang Initial	e Doing b	usiness as NASTAD				I		1-156			
	return Final		and street (or P.O. box if mail i			ress)	Room/sui 339				000	
	return/ termin	_	NORTH CAPITOL S				222		202)4	34-0		126
	ated Ameno		own, state or province, count		12IP or foreign pos 1512	stal code			receipts \$		26,523,	130.
	return Applic								this a grou		_	v]
	tion pendir		nd address of principal officer AS C ABOVE	r: SIE	SPREN LEE				r subordin			X No
		empt status:) (incort no)	40.47(a)(1)	<u> </u>		all subordina			No
			<u>X 501(c)(3) 501(c) (</u> NASTAD.ORG) (insert no.)	4947(a)(1)	<u> 0</u> 0 5				. See instructio	ns
	lebsi		X Corporation Trust	Δ	ssociation 0	Ither			oup exem		umber tate of legal domi	
	rt I	Summary						ai ui iuiiiali		∠ wio	late of legal uotifi	
			e the organization's mission of	or mos	t significant activiti	SEE	PART	ттт т	TNE 1	1.		
8	•	Brieffy describ	e the organization's mission t	01 11105	t Significant activiti	es. <u>DIII</u>	1 / 111 (1			L •		
Governance	2	Check this bo	x if the organization	n disco	ontinued its operati	ions or disno	sed of mo	ore than 250	6 of its net	accete	2	
veri			ting members of the governing							3		22
ĝ			lependent voting members of			VI line 1h)				4		22
			of individuals employed in cal							5		83
itie			of volunteers (estimate if nece							6		25
Activities &			d business revenue from Part							7a		0.
ĕ			business taxable income fron							7b		0.
									r Year		Current Yea	
	8	Contributions	and grants (Part VIII, line 1h)					16,6	25,47	2.	24,812,	921.
Revenue			ce revenue (Part VIII, line 2g)						74,58		1,657,	
eve		•	come (Part VIII, column (A), lin						64	2.		512.
ř			e (Part VIII, column (A), lines 5,						7	6.	51,	623.
			- add lines 8 through 11 (mus					18,0	00,77	1.	26,523,	136.
			milar amounts paid (Part IX, co		(4) (1 4 0)			6,1	46,69	6.	9,251,	894.
	14	Benefits paid	to or for members (Part IX, co	lumn (/	A), line 4)					0.		0.
ي ي			r compensation, employee be					7,2	22,67	9.	8,538,	
nse	16a	Professional f	undraising fees (Part IX, colun	nn (A),	line 11e)					0.		0.
Expenses	b	Total fundrais	ing expenses (Part IX, column	ı (D), lir	ne 25)	173,5	63.					
۵	17	Other expense	es (Part IX, column (A), lines 1	1a-11c	l, 11f-24e)				42,57		8,193,	
	18	Total expense	s. Add lines 13-17 (must equa	al Part	IX, column (A), line	25)			11,94		25,983,	
	19	Revenue less	expenses. Subtract line 18 fro	om line	12				88,82		539,	
Assets or Balances							_	Beginning of			End of Yea	
sets									67,22		13,162,	
t As									80,19		8,636,	
Eunc			fund balances. Subtract line 2	21 from	1 line 20			3,9	87,02	8.	4,526,	562.
	rt II											
			I declare that I have examined this							of my kn	owledge and belie	ef, it is
true,	correc	t, and complete.	Declaration of preparer (other th	ian offic	er) is based on all inf	formation of w	hich prepa	rer has any k	nowledge.			
		Signature of of	Hinor Se purper						Date			
Sigr		-		1 D T					Dale			
Here	e	STEPHEN Type or print n		' DT	RECTOR							
					Duran		1	Date	Chec	/	PTIN	
Deld		Print/Type pre		יסי	Preparer's signatur	re Richard J	. hocastro	Duit	if			1/
Paid			J. LOCASTRO, C			۲ אז		<u> </u>		mployed	P002883	14
Prep		Firm's name	GELMAN, ROSENE						Firm's EIN	52-	-1392008	
Use	Uniy	Firm's address				0 U U N			Dhan	201	051 000	^
	41. 27		BETHESDA, MD 2						Phone no.	20T-	951-909	
May	the IF	≺S discuss this	s return with the preparer sho	wn abo	ove? See instructio	ons					X Yes	No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	NATIONAL ALLIANCE OF STATE AND
	990 (2022) TERRITORIAL AIDS DIRECTORS, DBA: NASTAD 91-1568650 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	NASTAD'S MISSION IS TO ADVANCE THE HEALTH AND DIGNITY OF PEOPLE LIVING
	WITH AND IMPACTED BY HIV/AIDS, VIRAL HEPATITIS, AND INTERSECTING
	EPIDEMICS BY STRENGTHENING GOVERNMENTAL PUBLIC HEALTH AND LEVERAGING
	COMMUNITY PARTNERSHIPS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
-	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations 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 \$ 15,227,328 including grants of \$ 7,159,737 i) (Revenue \$)
Ĩ	SYNDEMIC APPROACHES
	PREVENTION: NASTAD'S HIV PREVENTION AND SURVEILLANCE ACTIVITIES ARE
	PRIMARILY FUNDED THROUGH A CDC COOPERATIVE AGREEMENT TO CONDUCT
	CAPACITY BUILDING/TECHNICAL ASSISTANCE (TA) ACTIVITIES AND
	COMMUNICATION IN SUPPORT OF STATE AND LOCAL HIV PREVENTION PROGRAMS
	FUNDED FOR PHASE 1 OF ENDING THE HIV EPIDEMIC (EHE) INITIATIVE.
	ADDITIONALLY, NASTAD HAS RECEIVED FUNDING FROM CDC THROUGH CSTLTS TO
	DEVELOPMENT A LEARNING COMMUNITY REGARDING HIV CLUSTER DETECTION AND
	RESPONSE. ON SEPTEMBER 30, 2022, NASTAD RECEIVED FUNDING FROM CDC DHP
	FOR SUPPLEMENTAL FUNDS TO EXPANDED ON NASTAD'S EHE PHASE I
	IMPLEMENTATION ACTIVITIES. ON SEPTEMBER 30, 2022, NASTAD WAS FUNDED
	THROUGH A FIVE YEAR SUBAWARD FROM EMORY UNIVERSITY FOR A CDC NATIONAL
4	
4b	(Code:) (Expenses \$5,126,407. including grants of \$1,948,706.) (Revenue \$1,411,888.) STRENGTHENING PUBLIC HEALTH SYSTEMS:
	HEALTH CARE ACCESS: NASTAD IS IN THE SECOND YEAR OF A FIVE-YEAR
	COOPERATIVE AGREEMENT WITH HEALTH RESOURCES AND SERVICES ADMINISTRATION
	(HRSA) TO PROVIDE TECHNICAL ASSISTANCE (TA) FOR AIDS DRUG ASSISTANCE
	PROGRAMS (ADAP) AND RYAN WHITE PART B PROGRAMS. PROGRAM ACTIVITIES
	INCLUDE A FOCUS ON ADAP CLINICAL QUALITY, AS WELL AS TA TO ADAPS ON
	VARIOUS ISSUES INCLUDING IMPLEMENTATION OF THE AFFORDABLE CARE ACT
	(ACA), INSURANCE PURCHASING, INTEGRATED PLANNING, FINANCIAL
	FORECASTING, IMPLEMENTING QUALITY MEASURES AND NEW DATA COLLECTION
	ACTIVITIES, DEVELOPING, AND DISSEMINATING VARIOUS MATERIALS, AND
	IMPLEMENTING AND MONITORING DRUG PRICING AGREEMENTS. NASTAD HAS AN
	ONGOING PROJECT SUPPORTED BY CORPORATE DONORS TO MONITOR AND ASSESS THE
4.0	
40	(Code:) (Expenses \$ 2,528,313. including grants of \$ 143,450.) (Revenue \$ 245,192.) ORGANIZATIONAL EXCELLENCE:
	CBA: NASTAD HAS A COOPERATIVE AGREEMENT WITH CDC'S DIVISION OF HIV
	PREVENTION (DHP) TO PROVIDE TECHNICAL ASSISTANCE TO HEALTH DEPARTMENTS
	AND CDC-DIRECTLY FUNDED COMMUNITY-BASED ORGANIZATIONS (CBOS) ON
	INTEGRATED HIV PREVENTION STRATEGIES.
	INTEGRATED HIV TREVENTION DIRATEGIED:
	NATIONAL HIV AND HEPATITIS TECHNICAL ASSISTANCE MEETING: NASTAD
	CONVENES A TECHNICAL ASSISTANCE MEETING EACH YEAR FOR HIV PREVENTION,
	CARE INCLUDING ADAP COORDINATORS, HEPATITIS, AND DRUG USER HEALTH
	STAFF. IT IS SUPPORTED THROUGH CORPORATE CONTRIBUTIONS SPECIFICALLY
	FOR THIS PURPOSE.
	FOR THIS PORPOSE.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 635,346. including grants of \$) (Revenue \$) Total program service expenses 23,517,394.
<u>4e</u>	
ac -	Form 990 (2022) SEE SCHEDULE O FOR CONTINUATION(S)
232002	2 12-13-22 SEE SCHEDOLE O FOR CONTINUATION(S)
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Form 990 (2022) TERRITORIAL AIDS DIRECTORS, DBA: NASTAD Part IV Checklist of Required Schedules

or in quasi endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization's answer to any of the tollowing questions is 'Yes,'' then complete Schedule D, Parts VI, VII, VIII, VIII, K, or X, as applicable. 10 X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part VI 11a X b 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 11b X c 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 VII 11d X d Did the organization report an amount for other isabilities 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 VII 11d X e Did the organization report an amount for other isabilities in Part X, line 25? If 'Yes,'' complete Schedule D, Part X 11d X 12a Did the organization is parate, independent audited financial statements for the tax year? 11f X 11b X 11d X 11d X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11f X 11b Wasthe organization asective engineaves on Bart X, line 55,000				Yes	No
2 Is the organization engage in fact or index opticalization angage in lobbying activities, or have a section to candidates for public office? If "Yes," complete Schedule C, Part I 3 X 3 Did the organization engage in lobbying activities, or have a section 501(b) election in effect of index optimate Schedule C, Part I 4 X 4 Execution 501(c)(b) organization and the organization engage in lobbying activities, or have a section 501(b) election in effect of index or any similar funds or accounts for which dores have the right to provide advice on the distribution or investment of the "account lobe" which dores have the right to provide advice on the distribution or investment of anomatins in such thanks or accounts? If "Yes," complete Schedule D, Part I 5 X 6 Did the organization engage in the second call account liability, serve as a custodial nor amount in part X, line 21, for escore or custodial account liability, serve as a custodial reason reason. The second call account liability, serve as a custodial reason reason. The right second call account liability, serve as a custodial reason reason. The right second call calls are second calls customers. 9 X 9 Did the organization meason and rot investment a right second call calls are second calls customers. 9 X 10 Did the organization report an amount in part X, line 21, the second call calls are second calls customers? 9 X 11 If the organization report an amount for liability seret AL montop a related organizatio	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Dit he organization ergage in direct or indirect patical campaign activities on bahal of or in opposition to candidates for public official "I "tes," complete Schedule C, Part I 4 Section 501(b) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect of units and official organization engage in lobbying activities, or have a section 501(b) election in effect of units and official organization transformed organization transformed in Rev. Proc. 801(b) 801(c) 301(c) 60, complete Schedule C, Part II. 6 Did the organization rearism and younds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? (II "New," complete Schedule D, Part II. 9 Did the organization marina collectors of works of art, historical treasures, or other similar assets? (I' New, "complete Schedule D, Part II. 9 Did the organization, direct or funding a searmerit, including easements to provide landownerst? (I' "New," complete Schedule D, Part IV. 9 Did the organization, direct or funding a related organization, hold assets in donorrestricted endowments or inquali endownerst? I' New, "complete Schedule D, Part IV. 9 Did the organization report an amount for instruments - other ascutties in Part X, line 12, the tai 5% or more of its total assets reported in Part X, line 12, I''''''', "complete Schedule D, Part IV. 10 Did the organization report an amount for instruments - other ascutties in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 12, I'''''', "complete Schedule D, Part V. 11 Did the organization report an amount for instruments - other ascutties in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 12, I''''''', "complete Schedule D, Part V. 12 Did the organization report an amount for instruments		If "Yes," complete Schedule A	1		
public office? If ''Yes,' complete Schedule Q, Part I 3 X 4 Section 50((kg) organization. Did the organization engage in lobbying activities, or have a section 50((kg) election in effect during that as year' II 'Yes,' complete Schedule C, Part II 4 X 5 Is the organization asocine 50((kg) engations). 5 X 4 X 6 Did the organization maintain any conce advised funds or any smills funds or accounts for which doners have the right to provide advice in the distribution or investment of anomurus in such funds or accounts for which doners have the right to provide advice in the distribution or investment of a manurus in auch funds or accounts for which doners have the right to provide advice in the distribution or investment of a right assessments, or preserve open apace, the environment, hartoric lutal areas, or hatorics attructures II ''Yes, 'complete Schedule D, Part II 8 X 7 Did the organization maintain collections of works of art, historical targament, credit regazi, or doth regotition services? If 'Yes, 'complete Schedule D, Part IV 8 X 9 Did the organization report an amount for link buildings, and equipment in Part X, line 12, I'res, 'complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 12, I'res, 'complete Schedule D, Part X 11 X 11 If the organization report an amount for investments -	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
4 Section \$01(c)(3) organizations. Did the organization engage in lobbying activities, or have a section \$01(h) election in effect 4 X 5 is the organization a section \$01(c)(4), 501(c)(6), or \$01(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 90197 if "Yes," complete Schedule C, Part II. 5 X 6 Did the organization and yoon or divestime that onso or any similar tunks or accounts for which domors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 6 X 7 ZX 8 Did the organization residue name on any domor advised of at, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 7 X 7 Did the organization report an amount in Part X, line 21, for escrew or custodial account lability. serve as a custodian in convers? 9 X 10 Did the organization and another or york or custodial account lability. serve as a custodian in Convers? 9 X 10 Did the organization another or york or custodial account lability. Serve as a custodian in Convers? 9 X 10 Did the organization report an amount for reark A: line 12, hire 37 % " then complete Schedule D, Part V 10 X 10 Did the organization servers an am	3				
during the tax year? If Yes, "complete Schedule C, Part II 4 X 5 is the organization a sector Soft(d) So			3		<u>X</u>
5 Is the organization a section 501(c)(4), 501(c)(5), or 901(c)(6) organization that receives membership dues, assessments, or similar amounts as diffined in Rev. Proc. 99.197 (**es,* complete Schedule C, Part II. 5 X D Did the organization maintain any doorn advised funds or any similar funds or accounts? // **es,* complete Schedule D, Part II. 6 X D Did the organization nearbox in building easement is noted funds or accounts? // **es,* complete Schedule D, Part II. 7 X D Did the organization nearbox in building easement is noted funds or accounts? // **es,* complete Schedule D, Part II. 7 X D Did the organization rearbox in amount in Part X, line 21, for secree or or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide certic counseling. debt management, credit repair, or debt negoliation services? 9 X D Did the organization, finctly for through a natilated organization, hold assets in donor-restricted endowments or in quasi endowments? // *ys,* complete Schedule D, Part V 10 X D Did the organization services? 9 X. 11 X D Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total asset seported in Part X, line 16? // *ys,* complete Schedule D, Part V 10 X D Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total as	4				
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6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice and the provide advice on the distribution or investment of anot, his instructures? If "Yes," complete Schedule D, Part II. 6 X 7 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 7 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part IV. 10 X 11 the organization report an amount for investments - other securities in Part X, line 10? If "yes," complete Schedule D, Part VI. 10 X 12 Did the organization report an amount for investments - other securities 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 VI. 11a X 13 Did the organization report an amount for investments - other securities 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 VI. 11a	5		_		v
provide advice on the distribution or investment of amounts in such funds or account? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic ind areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not lister in Part X, or provide credit courseling, debt magament, credit repair, or debt negotiation services? 8 X 9 Did the organization, directly or through a related organization, hold assets in dono-restricted endowments or in quasi anowment 27, "Pres," complete Schedule D, Part IV 10 X 10 Did the organization directly or through a related organization, hold assets in dono-restricted endowments 10 X 11 If the organization of and, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 12 Did the organization report an amount for investments - organization file of an amount for investments - organization report in a mount for relation is Part X, line 12? If Yes," complete Schedule D, Part XI 11 X 13 X 11 X 11 X 14 X 11 X 11 X 15	~		5		
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, instrol and areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of vortex of art, historical treasures, or order similar asset? If "Yes," complete Schedule D, Part II. 8 X 9 Did the organization report an amount in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed In Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 It the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - program related In Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 14 Did the organization report an amount for investments - program related In Part X, line 10? If "Yes," complete Schedule D, Part X 11e X 15 Did the organization report an amount for other lia	6		~		v
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? #'Yes,' complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V 9 X 10 If the organization is answer to any of the following questions is 'Yes,' then complete Schedule D, Part VI, VII, VII, IX, or X, as applicable. 10 X 11 If the organization report an amount for lined, buildings, and equipment in Part X, line 127. If 'Yes,' complete Schedule D, Part VI 11a X 11 X Did the organization report an amount for lined Schedule D, Part VI 11a X 11 Did the organization report an amount for there assets in Part X, line 127. If 'Yes,' complete Schedule D, Part X 11a X 11 Did the organization separt an amount for other assets in Part X, line 127. If 'Yes,' complete Schedule D, Part X 11d X 11 Did the organization super Tiel 71. 'Yes,' complete Schedule D, Part X 11d X 11	'		7		x
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, incestrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in door restricted endowments or in guasi endowments? If Yes, " complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, " complete Schedule D, Part VI 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 17, If Yes, " complete Schedule D, Part VI 11a X 13 X Did the organization report an amount for investments - other securities 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 VII 11a X 14 X Did the organization report an amount for there liabilities in Part X, line 25? If Yes," complete Schedule D, Part X 11d X 14 X Did the organization obtain separate, independent audited financial statements for the tax year? 11d X 14 X Did the organization obtain separate, independent audited financial statements for the tax year? 11d X </td <td>0</td> <td></td> <td>- /</td> <td></td> <td></td>	0		- /		
9 Did the organization report an amount in Part X, line 11, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt neoptation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,	0		8		x
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14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 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, Part I 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes," 18 X 20a X 20a X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization operate one o	13				
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domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			20b		
	21			v	
					0000)

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232003 12-13-22

TERRITORIAL AIDS DIRECTORS, DBA: NASTAD 91-1568650 Page 4 Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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	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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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	0.51		х
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u></u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		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? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Dar	Note: All Form 990 filers are required to complete Schedule O TV Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par	Check if Ocheckula O contains a manager of match to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u> </u>
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 90 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		1c	x	
23200/	(gambling) winnings to prize winners?		<u>990 (</u>	20221

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Form 990 (2022)

91-1568650 Page 5

Form	990 (2022) TERRITORIAL AIDS DIRECTORS, DBA: NASTAI) 9	91-1568	650	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
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	83			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over,	а			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?		4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBA	R).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization	solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts				
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided 1	to the payor?	7a		X X
				7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required				
	to file Form 8282?	1 1		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		x
-	If the organization received a contribution of qualified intellectual property, did the organization file Fc			7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		n 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the				
			N/A	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:	1 1				
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	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:					
	Gross income from members or shareholders N/A	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				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		NT / N			
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		X X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		├──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?		16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17		<u> </u>
	If "Yes," complete Form 6069.				000	
232005	12-13-22			Form	990	(2022)

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TERRITORIAL AIDS DIRECTORS, DBA: NASTAD 91-1568650 Page 6 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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X		
<u>Sec</u>	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	22					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other					
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х		
6	Did the organization have members or stockholders?			6	Х			
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?			7a	Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st							
	persons other than the governing body?			7b	х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea							
а	The governing body?	2	Ũ	8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read							
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-		Code)	Ţ				
		Venue	<u>000e./</u>		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			Tou				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	uptoro	, anniacos,	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	, befor	e filing the form?	11a	Х			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	00101		114				
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	х			
-	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a	X			
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$			120	- 23			
С		,		12c	х			
10	on Schedule O how this was done			13	X			
13 14	Did the organization have a written whistleblower policy?			13	X			
14 15	Did the organization have a written document retention and destruction policy?			14	<u></u>			
15	Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		dependent					
-				15.0	Х			
a	The organization's CEO, Executive Director, or top management official			15a	<u>_</u>	x		
b	Other officers or key employees of the organization			15b				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem			40		v		
-	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	Izatior	í S					
<u> </u>	exempt status with respect to such arrangements?			16b				
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE</u>							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	id 990	-T (section 501(c)(3)s	only) a	availat	ole		
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain		,					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	of interest policy, and	financ	cial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records					
	VIRGINIE CAREY - (202)897-0059		1 1 - 1 - 0					
	444 NORTH CAPITOL STREET NW, 339, WASHINGTON, DC 2	000	1-1512		000			
232006	12-13-22			Form	990	(2022)		
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Form 990 (2022)

	NATIC	MAL ALLIANCE	OF STATE AND			
Form 990 (2022)	TERRI	TORIAL AIDS I	IRECTORS, DBA	: NASTAD	91-1568650	Page 7
Part VII Comper	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII Ction A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax y List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII 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 yea • 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, if any. See the instructions for definition of "key employee."						
Check if S	chedule O contains	a response or note to any	line in this Part VII			
Section A. Officers,	Directors, Trustee	s, Key Employees, and H	lighest Compensated E	mployees		
 List all of the org 	anization's current	officers, directors, trustee	•	, ,	•	
 List all of the org 	anization's current	key employees, if any. Se	e the instructions for def	inition of "key employ	ee."	
	le compensation (b	ox 5 of Form W-2, box 6 o				

• 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B) (C)							(D)	(D) (E)			
Name and title	Average	(do		Pos	ition	l than c	ne	Reportable	Estimated			
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of		
	week		cer an	id a d	recto	r/trus I	ee)	from	from related	other		
	(list any	rector						the	organizations	compensation		
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the		
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related		
	below	lual tr	tional		nploy	st con yee	L	1035-1120)		organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio		
(1) STEPHEN LEE	40.00		_									
EXECUTIVE DIRECTOR				х				220,275.	0.	44,968.		
(2) NATALIE CRAMER	40.00											
DEPUTY EXECUTIVE DIRECTOR, PROGRAM					Х			171,002.	0.	23,409.		
(3) VIRGINIE CAREY	40.00											
DEPUTY EXECUTIVE DIRECTOR, OPERATION					Х			171,182.	0.	11,387.		
(4) TIM HORN	40.00											
DIRECTOR, MEDICATION ACCESS						X		130,552.	0.	32,435.		
(5) EMILY SCHREIBER	40.00											
SR DIR, POLICY & LEGISLATIVE AFFAIRS						X		139,122.	0.	22,315.		
(6) AUNTRE HAMP	40.00											
SR DIR, PUBLIC HEALTH SYSTEMS						X		144,240.	0.	16,192.		
(7) ISAIAH WEBSTER III	40.00											
SR DIR, ORGANIZATIONAL EXCELLENCE						X		137,746.	0.	19,029.		
(8) BOATEMAA NTIRI REID	40.00											
SR DIR SYNDEMIC APPROACHES						X		127,235.	0.	8,790.		
(9) DAVID KERN	1.50									•		
CHAIR (FROM 6/2023)	1	Х		Х				0.	0.	0.		
(10) CLOVER BARNES	1.50									•		
CHAIR-ELECT (END 6/2023)	1	Х		Х				0.	0.	0.		
(11) ELIZABETH CRUTSINGER-PERRY	1.50									•		
IMMEDIATE PAST CHAIR	1	Х		Х				0.	0.	0.		
(12) SARAH BRAUNSTEIN	1.50								•	•		
VICE CHAIR (FROM 6/2023)	1 50	Х		X				0.	0.	0.		
(13) RICARDO FERNANDEZ	1.50								•	•		
VICE CHAIR (END 5/2023)	1	Х		Х				0.	0.	0.		
(14) DEBRA GUILBAULT	1.50								•	•		
SECRETARY	1 50	Х		X				0.	0.	0.		
(15) JEREMY TURNER	1.50								•	•		
TREASURER	1 00	X		X				0.	0.	0.		
(16) VINCE AGUON	1.00								•	•		
DIRECTOR (FROM 3/2023)	1 00	Х						0.	0.	0.		
(17) MELVERTA BENDER	1.00	37							0	<u>^</u>		
DIRECTOR (END 5/2023)		Х						0.	0.	0 • Form 990 (2022)		

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Form 990 (2022)

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TERRITORIAL AIDS DIRECTORS, DBA: NASTAD 91-1568650 Page 8

Form 990 (2022) TERRITOR	IAL AIDS	S E	DIR	EC	ТO	RS	, E	DBA:	NASTAD	91-15	6865	<u>0 ғ</u>	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompen	sated Employee	s (continued)			
(A)	(B)			(C	C)				(D)	(E)		(F)	
Name and title	Average Position (do not check more than one							Reportable Reportable					
	hours per		not cl , unles					1	mpensation	compensation		amount	
	week	offi	cer an	d a di	recto	or/trus	tee)	4	from	from related		other	r
	(list any	ector							the	organizations	cc	ompens	ation
	hours for	or dire				ted		0	rganization	(W-2/1099-MISC	2/	from th	ıe
	related	stee o	ruste			bensa		1 1	2/1099-MISC/	1099-NEC)		organiza	
	organizations below	al tru	onal t		loyee	e com			1099-NEC)			and rela	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Or	rganizat	lons
(18) KATHLEEN BRADY	1.00			0	K	Ξω	ш.						
DIRECTOR (FROM 6/2023)		х							Ο.		0.		0.
(19) LARISA BRUNER	1.00												
DIRECTOR (FROM 6/2023)		х							0.		0.		0.
(20) SAMUEL BURGESS	1.00												
DIRECTOR		х							0.		0.		0.
(21) JACQUELYN CLYMORE	1.00										<u> </u>		
DIRECTOR (END 5/2023)	1.00	x							0.		0.		0.
(22) ANDY DILLEHAY	1.00	21							0.		<u>••</u>		
DIRECTOR (FROM 6/2023)	1.00	х							0.		0.		0.
(23) TOM DUNN	1.00	~	$\left \right $					-	0.		<u>••</u>		0.
	1.00	v							0				0
DIRECTOR (FROM 6/2023)	1 0 0	Х							0.		0.		0.
(24) JAMILA EALEY	1.00								0				0
DIRECTOR (END 2/2023)	1 00	Х						_	0.		0.		0.
(25) DAWN FUKUDA	1.00								•				•
DIRECTOR		Х							0.		0.		0.
(26) ANTHONY HANNAH	1.00								-				
DIRECTOR (FROM 6/2023)		Х							0.		0.		0.
1b Subtotal								1,	241,354.			78,5	
c Total from continuation sheets to Part V	II, Section A								0.		0.		0.
d Total (add lines 1b and 1c)	<u></u>							1,	241,354.		0. 1	78,5	25.
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove) wh	o re	eceived	more than \$100	000 of reportable			
compensation from the organization													14
												Yes	No
3 Did the organization list any former officer	, director, trust	ee, ł	key e	mpl	oyee	e, or	hig	ghest co	mpensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15											4	X	
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," con	-				-			-					X
Section B. Independent Contractors			01 50		2010	011 .					<u> -</u>		
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	hat rece	ived more than §	\$100.000 of compe	ensation	from	
the organization. Report compensation for	-	-											
(A)				<u>g</u>					(B)			(C)	
Name and business	address								Description of s	services		pensatio	on
FACENTE CONSULTING									-				
5601 VAN FLEET AVE, RICH		9	48	٥4				CONS	ULTING		2	75,0	00.
OMNI BOSTON CORPORATION			10	<u> </u>				00110	011110			1010	
2500 CALVERT ST NW, WASH		חמ	2	٥٨	٨Ŋ			ਸ਼੦੶੶੶੶	LS & MEE	TNCS	1	91,4	16
IMPACT MARKETING & COMMUN				02:			-			11100	<u>+</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	10.
GREEN HOLLY TERRACE, SILV					19			CONC	ULTING		1	14,1	58
GREEN HOULI IERRACE, SIL	VER SERI	цС	, .	MD			-	CONS	OTITIG			14,1	
2 Total number of independent contractors (i	ncludina but n	ot lir	nited	l to t	thos	se lis	ted	above)	who received m	ore than			
\$100,000 of compensation from the organ	zation				3	3							
SEE PART VII, SECTION	N A CONT	'IN	UA	TI	ON	S	HE	ETS			For	m 990	(2022)
232008 12-13-22													

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NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS, DBA: NASTAD 91-1568650

Form 990 TERRITOR	IAL AIDS							BA: NASTAD	91-156	8650
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, ar	nd H	ligh	est (Compensated Employe	ees (continued)	
(A) Name and title	(B) Average hours	(cl		(C Posi all t	tion		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) MARIA JACKSON DIRECTOR (FROM 6/2023)	1.00	x						0.	0.	0.
(28) CHRISTINE JONES	1.00	^				-		0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(29) KATHRYN MACOMBER	1.00									
DIRECTOR (END 5/2023)		х						0.	0.	0.
(30) ALI MANSARAY	1.00									
DIRECTOR (END 5/2023)		Х						0.	0.	0.
(31) RANDY MAYER	1.00							0	0	0
DIRECTOR (END 5/2023)	1 00	Х						0.	0.	0.
(32) FELENCIA MCGEE DIRECTOR (FROM 6/2023)	1.00	x						0.	0.	0.
(33) VONTRESE MCGHEE	1.00								•••	
DIRECTOR		x						0.	0.	0.
(34) MARLENE MCNEESE	1.00									
DIRECTOR (END 5/2023)		x						0.	0.	0.
(35) LORLETTE MOIR	1.00									
DIRECTOR		Х						0.	0.	0.
(37) ANDREA PEREZ	1.00	x						0.	0.	0.
DIRECTOR (FROM 6/2023) (38) THADDEUS PHAM	1.00	^						U .	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(39) MARISA RAMOS	1.00									
DIRECTOR		x						0.	0.	0.
(40) SCOTT STOKES	1.00									
DIRECTOR (FROM 6/23)		х						0.	0.	0.
(41) KIMBERLY TRUSS	1.00									-
DIRECTOR (FROM 6/2023)		Х						0.	0.	0.
			-							
Total to Part VII, Section A, line 1c										

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TERRITORIAL AIDS DIRECTORS, DBA: NASTAD 91-1568650 Page 9

			2022) TERRITORIAL A	IDS DIREC	CTORS, DBA:	NASTAD	91-1568	650 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin			(-)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<i>6</i> 0	-1	~	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	'		Membership dues					
<u>n</u> g			Fundraising events					
fts,			Related organizations					
, Gi Dila			Government grants (contributions) 1e	24,226,251.				
Sins			All other contributions, gifts, grants, and	,,				
uti er			similar amounts not included above 1f	586,670.				
đ∄		a	Noncash contributions included in lines 1a-1f					
no Da		-	Total. Add lines 1a-1f		24,812,921.			
				Business Code	, ,			
Ð	2	а	MEMBERSHIP DUES	900099	1,411,888.	1,411,888.		
, ki	-	b	REGISTRATION FEES	900099	245,192.	245,192.		
Program Service Revenue		с						
Ne la		d						
Berg		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f		1,657,080.			
	3		Investment income (including dividends, intere					
			other similar amounts)		1,512.			1,512.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
anı			and sales expenses 7b					
evenue		с	Gain or (loss)					
Ě			Net gain or (loss)					
Other	8	а	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See					
			, , ,					
		h	Part IV, line 18 8a Less: direct expenses 8b					
			Net income or (loss) from fundraising events	·				
	9		Gross income from gaming activities. See					
	2	-	Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
			and allowances10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
			· _ · _ / ···	Business Code				
sno	11	а	MISCELLANEOUS	900099	51,623.			51,623.
ane		b						
sells eve		с						
Miscellaneous Revenue		d	All other revenue					
2			Total. Add lines 11a-11d		51,623.			
	12		Total revenue. See instructions		26,523,136.	1,657,080.	0.	53,135.
23200	9 12-	13-						Form 990 (2022)

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NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS, DBA: NASTAD 91-1568650 Page 10

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 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 domestic organizations				
	and domestic governments. See Part IV, line 21	9,251,894.	9,251,894.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	670 276	220 000	110 200	
	trustees, and key employees	679,376.	230,988.	448,388.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	6,195,154.	5,266,888.	816,691.	111,575
7 0	Other salaries and wages	0,190,104.	5,200,000.	010,091.	TTT, 272
8	Pension plan accruals and contributions (include	321,698.	284,455.	31,062.	6 1 Q 1
0	section 401(k) and 403(b) employer contributions)	803,106.	661,348.	128,050.	6,181 13,708 8,854
9	Other employee benefits	538,726.	433,958.	95,914.	8 85/
0	Payroll taxes	550,720.	433,930.		0,054
1	Fees for services (nonemployees):				
a b		26,053.		26,053.	
c		65,300.		65,300.	
d					
e					
f	Investment management fees				
g					
9	column (A), amount, list line 11g expenses on Sch 0.)	4,622,905.	4,334,902.	278,921.	9,082
12	Advertising and promotion		, ,		•
13	Office expenses	432,878.	358,994.	71,199.	2,685
14	Information technology	15,325.	330.	14,995.	•
15	Royalties				
6	Occupancy	509,318.	407,964.	93,031.	8,323
7	Travel	1,247,019.	1,159,673.	74,972.	12,374
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,109,291.	1,042,109.	67,162.	20
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,612.	19,717.	4,493.	402
23	Insurance	15,110.	133.	14,977.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	45,120.	37,419.	7,421.	280
a ⊾	DUES, SUBS. & PUBS. STAFF TRAINING & DEV.	45,120.	1,356.	45,670.	200
b	MISCELLANEOUS	20,314.	14,357.	5,952.	5
с С	CREDIT CARD PROC. FEES	11,862.	9,837.	1,951.	<u>5</u> 74
d		1,516.	1,072.	444.	/ 4
e 5	· · · · · · · · · · · · · · · · · · ·	25,983,603.	23,517,394.	2,292,646.	173,563
2 <u>5</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	<u>2</u> 3,703,003.	23,31,3740	2,272,040.	10,000
.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2022)

Part IX Statement of Functional Expenses

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Form 990 (2022)

Form 990 (2022)
Part X	Balance Sheet

TERRITORIAL AIDS DIRECTORS, DBA: NASTAD 91-1568650 Page 11

a	τΧ	Balance Sneet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,231,936.	1	4,710,940		
	2	Savings and temporary cash investments			1,217,494.	2	1,383,728
	3	Pledges and grants receivable, net			3,607,838.	3	4,038,229
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial o	contributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descril	oed in sec	tion 4958(c)(3)(B)		6	
0	7	Notes and loans receivable, net				7	
Assels	8	Inventories for sale or use				8	
2	9				255,501.	9	342,72
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		248,258.			
	b			131,349.	141,521.	10c	116,90
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	2,912,931.	15	2,570,25		
	16	Total assets. Add lines 1 through 15 (must e			12,367,221.	16	13,162,78
	17	Accounts payable and accrued expenses	5,039,486.	17	5,591,30		
	18	Grants payable		18			
	19	Deferred revenue	77,687.	19	109,56		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
,	22	Loans and other payables to any current or fo	ormer offic	er, director,			
		trustee, key employee, creator or founder, su	bstantial o	contributor, or 35%			
		controlled entity or family member of any of t	hese pers	ons		22	
i	23	Secured mortgages and notes payable to un	elated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrela	ted third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	nes 17-24)	. Complete Part X			
		of Schedule D			3,263,020.	25	2,935,34
	26	Total liabilities. Add lines 17 through 25			8,380,193.	26	8,636,22
		Organizations that follow FASB ASC 958, o	heck her	e X			
3		and complete lines 27, 28, 32, and 33.					
3	27	Net assets without donor restrictions			3,167,465.	27	4,440,98
3	28	Net assets with donor restrictions	819,563.	28	85,58		
		Organizations that do not follow FASB ASC	C 958, che	eck here			
-		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current fun	ds			29	
100	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
2	31	Retained earnings, endowment, accumulated	l income,	or other funds		31	
Net Assets of Fund Dalances	32	Total net assets or fund balances		[3,987,028.	32	4,526,562
-	33	Total liabilities and net assets/fund balances			12,367,221.	33	13,162,788

Form 990 (2022)

232011 12-13-22

Form	NATIONAL ALLIANCE OF STATE AND 990 (2022) TERRITORIAL AIDS DIRECTORS, DBA: NASTAD	91-1	L568650	Pa	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,523	3,1	<u>36.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,983				
3	Revenue less expenses. Subtract line 2 from line 1	3			33.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,98'	7,0	28.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		4,520				
column (B))							
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	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?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х			
				000			

Form **990** (2022)

232012 12-13-22

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service			Public Chai omplete if the organ 494 At		OMB No. 1545-0047 2022 Open to Public					
				Form990 for instruction		latest inf	ormation.		Inspection	
Name of	the organizati			NCE OF STATE					identification number	
Part I	Reason			DS DIRECTORS , (All organizations must c					1-1568650	
							ee instruction	5.		
1 2 2 3 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	A church, con A school des A hospital or A medical res	nvention of chu cribed in secti a cooperative search organiza	urches, or associatio i on 170(b)(1)(A)(ii). (/ hospital service orga	For lines 1 through 12, cl n of churches described Attach Schedule E (Form Inization described in se njunction with a hospital	in sectio 1 990).) ection 170	n 170(b)(1 (b)(1)(A)(ii	i).)(iii). Enter	the hospital's name,	
5	city, and state An organizati		or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in	
•			Complete Part II.)		or operation	,				
6 7 X 8 9	 section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 									
	university:	0		, , , , , , , , , , , , , , , , , , ,				0		
10										
11				vely to test for public saf	etv. See	section 50)9(a)(4).			
12 a b	more publicly lines 12a thro Type I. A si the support organizatio Type II. A si control or n	supported org nugh 12d that of upporting orga ted organization n. You must o supporting organ nanagement o	ganizations described describes the type of anization operated, so on(s) the power to reg complete Part IV, Se anization supervised f the supporting orga	or controlled in connect anization vested in the sa	r section and comp by its supp majority o ion with its	509(a)(2). plete lines ported org f the direc s supporte	See section 12e, 12f, and anization(s), t tors or truste ed organizatio	5 09(a)(3). (1 12g. ypically by g es of the su n(s), by hav	Check the box on giving ipporting ing	
_			t complete Part IV,							
с		-		g organization operated				ly integrate	d with,	
d e	 Type III no that is not f requiremen Check this 	n-functionally unctionally int t (see instructi box if the orga	r integrated. A supp egrated. The organiz ons). You must con anization received a v	You must complete F orting organization oper- ation generally must sati nplete Part IV, Sections written determination from nally integrated supporting	ated in cor sfy a distri A and D, m the IRS	nnection w ibution rec and Part that it is a	vith its suppor quirement and V.	l an attentiv		
f Ent	er the number									
			about the supporte	d organization(s)					L	
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount o	f monetary	(vi) Amount of other	
	organization	I		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)	
Total										

						91-1568650	Page 2
Part II	Support Schedule for	or Organizations D	escribe	d 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support			•			-
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12094524.	7858603.	11146396.	<u>16625472.</u>	24812921.	72537916.
2	Tax revenues levied for the organ-						
	ization'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	12094524.	7858603.	11146396.	16625472.	24812921.	72537916.
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)						2190829.
	Public support. Subtract line 5 from line 4.						70347087.
	ction B. Total Support	1			1	1	1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	12094524.	7858603.	11146396.	16625472.	24812921.	72537916.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		4 4 9 9 5			1 - 1 0	
	and income from similar sources \dots	7,633.	14,307.	244.	642.	1,512.	24,338.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	10 000	0 0 0 1	1 500		F1 COD	60.010
	assets (Explain in Part VI.)	12,680.	2,931.	1,502.	76.	51,623.	
	Total support. Add lines 7 through 10						72631066.
	Gross receipts from related activities,					· · · ·	,011,286.
13	First 5 years. If the Form 990 is for the	-			•		
800	organization, check this box and stop						
	ction C. Computation of Public						96.86 %
	Public support percentage for 2022 (I		•			14	0.4 0.0
	Public support percentage from 2021					15	
108	33 1/3% support test - 2022. If the other here. The organization qualifies						V
h	stop here. The organization qualifies		-		line 15 is 22 1/20/		
D	33 1/3% support test - 2021. If the ordered store here. The experimentation guide						
170	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact meets the facts-and-circumstances te			-		-	
F		•	•		•	17a and line 15 is	
D	 10% -facts-and-circumstances test more, and if the organization meets the 	-					
	organization meets the facts-and-circl						
18	Private foundation. If the organization						
				a, 700, 17a, 01 17b			(Form 990) 2022
							· · · · · · · · · · · · · · · · · · ·

232022 12-09-22

	TERRITORIAL				NASTAD	91-1568650	Page 3
Part III Support Schedule for	r Organizations De	escribed	d in Section 509(a	a)(2)			

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
4							
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support			1	-	-	
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	• Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
Ċ	Add lines 10a and 10b						
	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 VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the form 990 is for the form 990 is for the form of	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
_	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2022 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2021	I Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 2	022 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2022. If the						ine 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organization	ation	
k	33 1/3% support tests - 2021. If the	erganization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	eck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organiza	ition
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
2320	23 12-09-22					Scheo	dule A (Form 990) 2022
			16	-			

TERRITORIAL AIDS DIRECTORS, DBA: NASTAD 91-1568650 Page 4

Part IV Supporting Organizations

Schedule A (Form 990) 2022

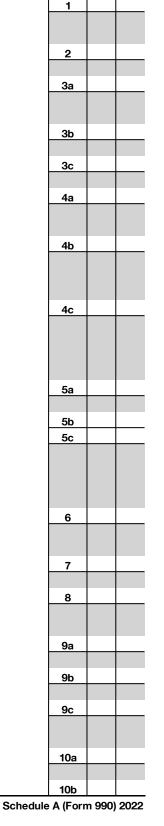
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

17

232024 12-09-22



Yes No

Sche	dule A (Fo	rm 990) 2022 TERRITORIAL AIDS DIRECTORS, DBA: NASTAD 91-15	6865	0 Ра	age 5
Pa	rt IV S	upporting Organizations (continued)			
				Yes	No
11	Has the c	rganization accepted a gift or contribution from any of the following persons?			
а	A person	who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c belov	v, the governing body of a supported organization?	11a		
		nember of a person described on line 11a above?	11b		
С		ntrolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>	detail in F	Part VI. Type I Supporting Organizations	11c		
Sec		spe i Supporting Organizations			
1	more sup directors, effectively organizati	overning body, members of the governing body, officers acting in their official capacity, or membership of one or ported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>o operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>ion, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		Yes	No
0		d organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		rganization operate for the benefit of any supported organization other than the supported			
		ion(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		ow providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	tion C. 1	d, or controlled the supporting organization. Type II Supporting Organizations	2		
		7F		Yes	No
1	Were a m	ajority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•		es of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		ement of the supporting organization was vested in the same persons that controlled or managed			
	-	orted organization(s).	1		
Sec	tion D. A	All Type III Supporting Organizations	<u> </u>		
				Yes	No
1	organizat year, (ii) a	rganization provide to each of its supported organizations, by the last day of the fifth month of the ion's tax year, (i) a written notice describing the type and amount of support provided during the prior tax copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
~		ion's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ion(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	•	ization maintained a close and continuous working relationship with the supported organization(s).	2		
3	significan	n of the relationship described on line 2, above, did the organization's supported organizations have a t voice in the organization's investment policies and in directing the use of the organization's			
	income o	r assets at all times during the tax year? If "Yes, " describe in Part VI the role the organization's			
<u> </u>	supported	d organizations played in this regard. Type III Functionally Integrated Supporting Organizations	3		
1 a b		e box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions e organization satisfied the Activities Test. Complete line 2 below. e organization is the parent of each of its supported organizations. Complete line 3 below.).		
с	The	e organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structior	<u>is).</u>	
2		Test. Answer lines 2a and 2b below.		Yes	No
а	Did subst	antially all of the organization's activities during the tax year directly further the exempt purposes of			

- the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

За

10580523 745960 23969

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NATIONAL ALLEANCE OF CHATE AND

	NATIONAL ALLIANCE OF S			01 1560650
	dule A (Form 990) 2022 TERRITORIAL AIDS DIREC			91-1568650 Page 6
Par	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

	dule A (Form 990) 2022 TERRITORIAL A	IDS_DIRECTORS,I (a)(3) Supporting Orga	DBA: NASTAD	9 (ed)	1-1568650 Page 7
Sect	ion D - Distributions		loontine		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	.		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990) 2022

232027 12-09-22

d Excess from 2021 e Excess from 2022

NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS, DBA: NASTAD 91-1568650 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

Schedule A (Form 990) 2022

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

NATIONAL AL TERRITORIAL

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

	MTD0	DIKECIOKO	, DDA.	NADIAD	
	ATDS	DIRECTORS	DBA •	NASTAD	
L	TANCE	GOF STATE	AND		

91-1568650

Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set o

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

	NAL ALLIANCE OF STATE AND FORIAL AIDS DIRECTORS,DBA: NASTAD		91-1568650
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
1		\$ 18,243,8	81. Person X Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
2		\$ 5,710,8	94. Person X Payroll Image: second se
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Payroll Payroll Noncash Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

23 2022.05090 NATIONAL ALLIANCE OF STAT 23969__1

Page **2** Employer identification number

			Employer identification number
	NAL ALLIANCE OF STATE AND TORIAL AIDS DIRECTORS,DBA: NASTAD		91-1568650
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
223453 11-15	5-22		Schedule B (Form 990) (2022)

10580523 745960 23969

Schedule B (Form 990) (2022)

24 2022.05090 NATIONAL ALLIANCE OF STAT 23969_1

Page **3**

Schedule I	B (Form 990) (2022)				Page 4			
	organization				Employer identification number			
NATIO	NAL ALLIANCE OF STATE A	ND						
	TORIAL AIDS DIRECTORS, D				91-1568650			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	ons to organizations describ	ed in section 50	1(c)(7), (8), or (10) th	nat total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1	,000 or less for th	ganizations le year. (Enter this info. d	once.) \$			
	Use duplicate copies of Part III if additional	space is needed.						
(a) No. from	(b) Purpose of gift	(c) Use of gi	4	(d) Des	cription of how gift is held			
Part I				(u) Desi				
		(e) Transfe	r of gift					
	Transformed							
·	Transferee's name, address, a	na ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Dese	cription of how gift is held			
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee			
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Dese	cription of how gift is held			
	(e) Transfer of gift							
			_					
	Transferee's name, address, and ZIP + 4		R	elationship of tra	nsferor to transferee			
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Dese	cription of how gift is held			
				_				
		(e) Transfe	r of gift					
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee			
223454 11-15	5-22				Schedule B (Form 990) (2022)			
					······································			

10580523 745960 23969

SC	SCHEDULE D Supplemental Financial Statements					
			nization answered "Yes" on Form 990,	2022		
Denart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12l .ttach to Form 990.	D.	Open to Public	
	I Revenue Service		0 for instructions and the latest information	tion.	Inspection	
Nam	e of the organization				identification number	
Dee			IRECTORS, DBA: NASTAD		1-1568650	
Pa		ations Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lin		or Accounts.	Complete if the	
	organization	franswered fes off-offit 990, Partiv, in	(a) Donor advised funds	(b) Eurodo or	d other accounts	
	T . i . i .		(a) Donor advised funds	(b) Fullus all		
1		nd of year				
2		f contributions to (during year)				
3 ⊿						
4 5		d fundo				
5	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?					
6		on inform all grantees, donors, and donor a			Yes No	
Ū	•	poses and not for the benefit of the donor o	• •			
	impermissible priva			e e	Yes No	
Pa		ation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.		
1		servation easements held by the organization				
		of land for public use (for example, recrea		a historically impo	rtant land area	
		f natural habitat		a certified historic	structure	
	Preservation	of open space				
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form c	of a conservation e	asement on the last	
	day of the tax year	r.		Held	at the End of the Tax Year	
а	Total number of co	onservation easements		2a		
b						
с	Number of conserv	vation easements on a certified historic stru	ucture included in (a)	2c		
d	Number of conserv	vation easements included in (c) acquired a	after July 25,2006, and not on a			
	historic structure li	isted in the National Register		2d		
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during	g the tax	
	year					
4		where property subject to conservation eas				
5	•	tion have a written policy regarding the per				
-	,	orcement of the conservation easements it				
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easement	s during the year	
-					· · · · · · · · · · · · · · · · · · ·	
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation	ion easements dur	ing the year	
•			a action the requirements of acction 170/h			
8		vation easement reported on line 2(d) abov			Yes No	
9)(4)(B)(ii)? be how the organization reports conservation				
9		d include, if applicable, the text of the footr			the	
		ounting for conservation easements.		The that describes	uie	
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Otl	ner Similar As	sets.	
		f the organization answered "Yes" on Form				
1a		elected, as permitted under FASB ASC 95		nd balance sheet w	vorks	
	U U	easures, or other similar assets held for put	· ·			
		Part XIII the text of the footnote to its finar		•		
b	· •	elected, as permitted under FASB ASC 95			s of	
-	-	sures, or other similar assets held for public				
		ng amounts relating to these items:				
	-	ded on Form 990, Part VIII, line 1		\$		
2	.,	received or held works of art, historical tre		gain, provide		
		unts required to be reported under FASB A				
а	-	on Form 990, Part VIII, line 1	-	\$		
		Form 990, Part X				
		eduction Act Notice, see the Instructions			dule D (Form 990) 2022	
	1 09-01-22					
			26			

10580523 745960 23969

		L ALLIANCE			-					
		RIAL AIDS						56865		Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	Other S	Similar Asso	ets _{(conti}	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the t	following that r	nake sign	ificant use of i	ts		
	collection items (check all that apply):									
а	Public exhibition	c			hange progran					
b	Scholarly research	e	•	Other						
С	Preservation for future generations									
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5										
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "Y	es" on Fo	orm 990, Part I	V, line 9, o	•	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi								_	_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:						
								Amour	nt	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						_ 1f			
	Did the organization include an amount on F						?	Yes		
_	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete				(c) Two years) Three years ba		r voor	book
		(a) Current year	(0) P	rior year	(C) Two years	Dack (u	I Three years ba		i years	SUALK
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
-	and programs									
f	Administrative expenses									
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the curr	•		j, column (aj)) held as:					
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С		%								
•	The percentages on lines 2a, 2b, and 2c sho									
за	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held ar	nd administere	d for the			Yes	No
	organization by:								Tes	
	(i) Unrelated organizations									
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4 Par	t VI Land, Buildings, and Equipm		wment fi	unas.						
	Complete if the organization answere) Part IV	line 11a S	See Form 990	Part X lin	e 10			
	Description of property	(a) Cost or c	,	,	t or other	,	umulated	(d) Boo	nk vali	10
	Description of property	basis (investr		• •	(other)	• •	eciation	(u) Bot	n van	
1a	Land									
	Buildings									
	Leasehold improvements		513.				9,687.	1	0,8	26.
	Equipment		746.			2	26,746.		,	0.
	Other						94,916.	10	6,0	83.
-	. Add lines 1a through 1e. (Column (d) must e			nn (<u>B</u>). line 1	0c.)	<u>.</u>				09.
_									_	

NATIONAL ALLIANCE OF STATE AND

TERRITORIAL AIDS DIRECTORS, DBA: NASTAD

Schedule D (Form 990) 2022 TERRITORIAL AID Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEFERRED COMPENSATION INVESTMENT	204,627.
(2) DEPOSIT	99,254.
(3) RIGHT OF USE ASSET	2,266,378.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,570,259.
Part X Other Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Fed	eral income taxes	
(2) DE	FERRED COMPENSATION	204,627.
(3) RE	FUNDABLE ADVANCES	254,900.
(4) LE	ASE LIABILITY	2,475,822.
(5)		
(6)		
(7)		
(8)		
(9)		
<u>Total. (Colu</u>	mn (b) must equal Form 990, Part X, col. (B) line 25.)	2,935,349.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2022

232053 09-01-22

	NATIONAL ALLIANCE OF STAT			
Sche	dule D (Form 990) 2022 TERRITORIAL AIDS DIRECTOR			1568650 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenue per	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	26,523,136.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a	_	
b	Donated services and use of facilities	2b	_	
С	Recoveries of prior year grants	2c	_	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	26,523,136.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	26,523,136.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Expenses p	er Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total expenses and losses per audited financial statements		1	25,983,602.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	_	
b	Prior year adjustments	2b	_	
С	Other losses	2c	_	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	25,983,602.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	25,983,602.
Pa	t XIII Supplemental Information.			

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

232054 09-01-22

SCHEDULE I (Form 990)		Go	arants and Oth vernments, ar ete if the organizatio	nd Individual on answered "Yes" Attach to Form	s in the Ŭni on Form 990, Pai 990.	ted States rt IV, line 21 or 22.		OMB No. 1 20 Open to	22 Public
Internal Revenue Service				s.gov/Form990 for	the latest information	ation.		Inspe	
Name of the organization			OF STATE AN IRECTORS,DB					Employer identificatio	
Part I General In	formation on Grants ar		· · ·						
criteria used to a	ation maintain records to ward the grants or assis IV the organization's pro	tance?							□ No
	d Other Assistance to I nat received more than \$	-				anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any	
· · ·	dress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of g or assistanc	•
ACADEMY HEALTH 1666 K STREET, NW WASHINGTON, DC 200		52-1260918	501(C)(3)	319,548.	0.			BUILD DATA SHARIN CAPACITY IN STATE MEDICAID PROGRAMS INCREASE THE NUMB	HIV AND TO
ACCESS POINT OF G 1025 DANIELSVILLE ATHENS, GA 10601		30-1220951	501(C)(3)	50,000.	0.			SUPPORT CAPACITY INFECTIOUS DISEAS WORKFORCE IN PART WITH SYRINGE SERV	E NERSHIP
AIDS UNITED 1101 14TH STREET,I WASHINGTON, DC 200		52-1706646		2,669,111.	0.			PROVIDE TECHNICAL ASSISTANCE ON DRU HEALTH AND SYRING SERVICES PROGRAMS THIS PROGRAM WILL	, IG USER EE
AMISTAD SYRINGE SI HARM - 103 INDIA S PORTLAND, ME 04103	STREET -	01-0500860	501(C)(3)	37,500.	0.			DIRECT FUNDING FO TO EXPAND NATIONA FOR HDS AND CBOS	DR SSPS L SSP TA THAT CAN
ASTHO 2231 CRYSTAL DRIVI ARLINGTON, VA 2220	,	35-1044487	501(C)(3)	82,510.	0.			TO PROVIDE SERVIC WILL ASSIST HRSA RECIPIENTS TO COO RESOURCES, PLANNI	RDINATE
BLACKLIDGE COMMUN LLC - 101 E. VENTU AZ 85705	,	84-3282314	501(C)(3)	50,000.	0.			SUPPORT CAPACITY INFECTIOUS DISEAS WORKFORCE IN PART WITH SYRINGE SERV	E NERSHIP ICES
	er of section 501(c)(3) ar er of other organizations	0	,	e line 1 table				·····	83.
LHA For Paperwork	Reduction Act Notice,	see the Instructi	ons for Form 990.					Schedule I (Form	990) 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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Part II Continuation of Grants and Other		mestic Organizations		vernments (Sche	edule I (Form 990), Pa		1-1508050 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOOMBERG SCHOOL OF PUBLIC							SUPPORT CAPACITY OF
HEALTH'S SPARC - 3910 KESWICK							INFECTIOUS DISEASE
ROAD, N4327-B - BALTIMORE, MD							WORKFORCE IN PARTNERSHIP
21211	52-0595110	501(C)(3)	37,500.	0.			WITH SYRINGE SERVICES
							SUPPORT INFECTIOUS
BLUE MOUNTAIN HEART TO HEART							DISEASE WORKFORCE IN
5 W. ALDER STREET, SUITE 333							PARTNERSHIP W/ SSPS TO
WALLA WALLA, WA 99362	91-1527239	501(C)(3)	297,766.	0.			SERVE AS ACCESS POINTS
							PROVIDE DIRECT FUNDING
CAPITOL AREA REENTRY PROGRAM, INC							FOR SSPS IN HIGH BURDEN
1364 SWAN AVE							AREAS AND EXPAND NATIONAL
BATON ROUGE, LA 70807	06-1793810	501(C)(3)	50,000.	0.			SSP AND VACCINATION
· ·							PROVIDE DIRECT FUNDING
CENTER FOR PREVENTION SERVICES							FOR SSPS TO EXPAND
1117 EAST MOREHEAD STREET, SUITE 20							NATIONAL SSP TA FOR HDS
CHARLOTTE , NC 28204	56-0999338	501(C)(3)	50,000.	0.			AND CBOS THAT CAN REACH
							PROVIDE DIRECT FUNDING
CENTRAL LOUISIANA AIDS SUPPORT							FOR SSPS TO EXPAND
SERVICES - 1785 JACKSON STREET -							NATIONAL SSP TA FOR HDS
ALEXANDRIA, LA 71301	72-1097079	501(C)(3)	37,500.	0.			AND CBOS THAT CAN REACH
,							SUPPORT THE CAPACITY OF
COCHISE HARM REDUCTION							THE INFECTIOUS DISEASE
3021 SOUTH BOX TURTLE							WORKFORCE IN PARTNERSHIP
BISBEE, AZ 85603	87-4830119	501(C)(3)	37,500.	0.			WITH SYRINGE SERVICES
			,				THIS PROJECT SEEKS TO
COLORADO DEPARTMENT OF HEALTH AND							BUILD DATASHARING
ENVIRONMENT - 4300 CHERRY CREEK							CAPACITY IN STATE HIV AND
DRIVE SOUTH - DENVER, CO 80246	84-0644739	STATE GOVERNMENT	161,739.	0.			MEDICAID PROGRAMS TO
							SUPPORT CAPACITY OF
CONFLUENCE HRH413							INFECTIOUS DISEASE
7229 EAST D STREET							WORKFORCE IN PARTNERSHIP
TACOMA, WA 98404	80-0285340	501(C)(3)	62,500.	0.			WITH SYRINGE SERVICES
.,		, ,	,	••			SUPPORT CAPACITY OF
CONFLUENCE HRKC							INFECTIOUS DISEASE
7229 EAST D STREET							WORKFORCE IN PARTNERSHIP
TACOMA, WA 98404	80-0285340	501(C)(3)	50,000.	0.			WITH SYRINGE SERVICES

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Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT INFECTIOUS
CONNECTICUT HARM REDUCTION							DISEASE WORKFORCE IN
ALLIANCE, INC - 28 GRAND STREET -							PARTNERSHIP W/ SSPS TO
HARTFORD, CT 06106	47-4312705	501(C)(3)	164,856.	0.			SERVE AS ACCESS POINTS
							TO SUPPORT THE CAPACITY
CORPORACION EL PUNTO EN LA MONTANA							OF THE INFECTIOUS DISEASE
URBANIZACION VILLAS DEL REY 2-D 33							WORKFORCE IN PARTNERSHIP
CAGUAS , PR 00725	66 - 0714669	501(C)(3)	50,000.	Ο.			WITH SYRINGE SERVICES
COUNCIL OF STATE AND TERRITORIAL							TO ENHANCE HEALTH
EPIDEMIOLOGISTS - 2635 CENTURY							DEPARTMENTS' CAPACITY TO
CENTER PARKWAY NE, SUITE 700 -							SUPPORT INTEGRATED HIV
ATLANTA, GA 30345	23-7410799	501(C)(3)	115,249.	Ο.			PROGRAMS
							BUILD THE CAPACITY OF
CRISP DC, INC							PARTICIPATING STATES TO
1140 3RD ST NE #2141							REPORT THE MEDICAID ADULT
WASHINGTON, DC 20002	88-1511502	501(C)(3)	78,448.	Ο.			CORE SET HIV VIRAL
							TO SUPPORT THE CAPACITY
CROSSROADS RECOVERY CENTER							OF THE INFECTIOUS DISEASE
395 PAME LANE							WORKFORCE IN PARTNERSHIP
BISHOP, CA 93514	92-0767653	501(C)(3)	25,000.	Ο.			WITH SYRINGE SERVICES
							PROVIDE DIRECT FUNDING TO
FLORIDA HARM REDUCTION COLLECTIVE							SSPS TO EXPAND NATIONAL
INC - 1525 16TH ST S SUITE 3 -							SSPS TA FOR HDS AND CBOS
SAINT PETERSBURG , FL 33705	86-3321717	501(C)(3)	75,000.	٥.			THAT CAN REACH ALL SSPS
							PROVIDE DIRECT FUNDING TO
FYREBIRD RECOVERY							SSPS TO EXPAND NATIONAL
606 BROADWAY ST							SSPS TA FOR HDS AND CBOS
MYRTLE BEACH, SC 29577	88-2070517	501(C)(3)	50,000.	Ο.			THAT CAN REACH ALL SSPS
							PROVIDE DIRECT FUNDING TO
GENDER HEALTH CENTER							SSPS TO EXPAND NATIONAL
3823 V STREET							SSPS TA FOR HDS AND CBOS
SACRAMENTO , CA 95817	26-3839452	501(C)(3)	37,500.	0.			THAT CAN REACH ALL SSPS
							TO BUILD DATASHARING
GEORGETOWN UNIVERSITY							CAPACITY IN STATE HIV AND
4000 RESERVOIR RD., NW, BLDG. D, RO							MEDICAID PROGRAMS TO
WASHINGTON, DC 20057	53-0196603	501(C)(3)	206,504.	0.			INCREASE THE NUMBER OF

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HANCOCK COUNTY COMBINED GENERAL							PROVIDE DIRECT FUNDING TO
HEALTH DISTRICT - COURTHOUSE-300 S							SSPS TO EXPAND NATIONAL
MAIN ST REMIT ADDRESS: 2225							SSPS TA FOR HDS AND CBOS
KEITH PKWY - FINDLAY, OH 45840	34-6400608	GOVERNMENT	37,500.	Ο.			THAT CAN REACH ALL SSPS
							THIS PROGRAM WILL PROVIDE
HARM REDUCTION COALITION							DIRECT FUNDING FOR SSPS
243 5TH AVE #529							TO EXPAND NATIONAL SSP TA
NEW YORK, NY 10016	94-3204958	501(C)(3)	50,000.	٥.			FOR HDS AND CBOS THAT CAN
							SUPPORT INFECTIOUS
HARM REDUCTION MICHIGAN							DISEASE WORKFORCE IN
733 EAST 8TH STREET, SUITE 110							PARTNERSHIP W/ SSPS TO
TRAVERSE CITY, MI 49686	81-2744973	501(C)(3)	181,567.	0.			SERVE AS ACCESS POINTS
							TO SUPPORT THE CAPACITY
HARM REDUCTION SISTERS							OF THE INFECTIOUS DISEASE
1220 1/2 EAST 1ST STREET #A							WORKFORCE IN PARTNERSHIP
DULUTH, MN 55805	45-2597370	501(C)(3)	37,500.	Ο.			WITH SYRINGE SERVICES
i							HEPNET WILL
HEPATITIS EDUCATION PROJECT							ALIGN/MOBILIZE NASTAD,
1621 SOUTH JACKSONSTREET STE 201							NACCHO, AND NVHRS
SEATTLE, WA 98144	91-1658691	501(C)(3)	108,303.	Ο.			EXISTING HEPATITIS
							TO SUPPORT THE CAPACITY
HEPPAC							OF THE INFECTIOUS DISEASE
5323 FOOTHILL BLVD							WORKFORCE IN PARTNERSHIP
OAKLAND, CA 94601	94-3205535	501(C)(3)	37,500.	Ο.			WITH SYRINGE SERVICES
i							THIS PROGRAM WILL PROVIDE
HILL COUNTY COMMUNITY CLINIC							DIRECT FUNDING FOR SSPS
29632 HWY 299 EAST							TO EXPAND NATIONAL SSP TA
ROUND MOUNTAIN, CA 96084	94-2831597	501(C)(3)	37,500.	Ο.			FOR HDS AND CBOS THAT CAN
·							SUPPORT INFECTIOUS
HIPS							DISEASE WORKFORCE IN
906 H STREET, NE							PARTNERSHIP W/ SSPS TO
WASHINGTON, DC 20002	52-1847137	501(C)(3)	107,962.	0.			SERVE AS ACCESS POINTS
· ·			, ,				TO SUPPORT THE CAPACITY
HOLLER HARM REDUCTION							OF THE INFECTIOUS DISEASE
1685 NC-213, UNIT 4							WORKFORCE IN PARTNERSHIP
MARSHALL, NC 28753	85-2949706	F01 (G) (D)	37,500.	0.			WITH SYRINGE SERVICES

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(a) Name and address of	(b) EIN (c) IRC section		(d) Amount of (e) Amount of (f) Method of		(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
							PROVIDE DIRECT FUNDING
HUMBOLDT AREA CENTER FOR HARM							FOR SSPS TO EXPAND
REDUCTION - PO BOX 7365 - EUREKA ,							NATIONAL SSP TA FOR HDS
CA 99502	47-2822261	501(C)(3)	37,500.	0.			AND CBOS THAT CAN REACH
							PROVIDE DIRECT FUNDING
IDAHO HARM REDUCTION PROJECT							FOR SSPS TO EXPAND
2717 W. BANNOCK ST. STE. 100							NATIONAL SSP TA FOR HDS
BOISE, ID 83702	84-2505295	501(C)(3)	62,500.	Ο.			AND CBOS THAT CAN REACH
							TO SUPPORT THE CAPACITY
INCIATIVE COMUNITARIA DE							OF THE INFECTIOUS DISEASE
INVESTIGACION L - PO BOX 366535 -							WORKFORCE IN PARTNERSHIP
SAN JUAN, PR 00936	66-0483960	501(C)(3)	50,000.	0.			WITH SYRINGE SERVICES
							PROVIDE DIRECT FUNDING
INDIANA RECOVERY ALLIANCE							FOR SSPS TO EXPAND
PO BOX 394							NATIONAL SSP TA FOR HDS
BLOOMINGTON , IN 47402	47-3889160	501(C)(3)	75,000.	Ο.			AND CBOS THAT CAN REACH
							SEEKS TO BUILD
IOWA DEPARTMENT OF PUBLIC HEALTH							DATASHARING CAPACITY IN
321 E. 12TH STREET							STATE HIV AND MEDICAID
DES MOINES, IA 503190075	42-6004523	STATE GOVERNMENT	35,162.	Ο.			PROGRAMS TO INCREASE THE
							DEVELOP A PROGRAM TO LINK
IOWA HARM REDUCTION COALITION							SSP CLIENTS TO MEDICATION
1216 2ND AVE SE							ASSISTED THERAPIES, CARE
CEDAR RAPIDS, IA 52403	82-1864287	501(C)(3)	62,500.	Ο.			FOR INFECTIOUS DISEASE,
							PROVIDE DIRECT FUNDING
JOSHUA OLT'S LETS TALK FOUNDATION							FOR SSPS TO EXPAND
11819 N. DEERFIELD DR							NATIONAL SSP TA FOR HDS
DUNLAP, IL 61525	46-0825528	501(C)(3)	37,500.	0.			AND CBOS THAT CAN REACH
,			, ,				TO SUPPORT THE CAPACITY
KANSAS CITY CARE CLINIC							OF THE INFECTIOUS DISEASE
3515 BROADWAY							WORKFORCE IN PARTNERSHIP
KANSAS CITY, MO 64111	43-0967292	501(C)(3)	13,143.	0.			WITH SYRINGE SERVICES
		,	,				PROVIDE DIRECT FUNDING
MAINE ACCESS POINTS							FOR SSPS TO EXPAND
51 HARPSWELL RD. SUITE 500							NATIONAL SSP TA FOR HDS
BRUNSWICK, ME 04011	82-5123216	501(C)(3)	50,000.	0.			AND CBOS THAT CAN REACH

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organization or government if applicable cash grant noncash asistance ivaluation (sasistance noncash asistance noncash (sasistance <					(a) Americant of	(f) Mathead of	(a) Decemination of	(h) Dumpers of supert
NARQUETE COUNTY HEALTH DEPARTMENT 184 US 41 EAST NRARNINE, NI 49866 38-6004869 STATE GOVERNMENT 25,000. 0. MINI STRINGS DEVICES NRARNY MEDICAL COLLEGE 105 DOCTOR DB TODD JUNICA BOULEVAR NARHARY MEDICAL COLLEGE 105 DOCTOR DB TODD JUNICAR BOULEVAR NARHARY MEDICAL COLLEGE 105 DOCTOR DB TODD JUNICAR BOULEVAR NARHARY MEDICAL PARA - 10 N. 35TH STREET - CHICAGO, LI 60515 36-3850240 501(C)(3) 118,617. 0. MILIS ADARTMENT OF HEALTH NAR HUMAN SERVICES - 335 S, GRAND AVE, SUITE 800, FEDERAL REPORTING - LIASTING, NIL 48933 38-600134 501(C)(3) 121,939. 0. MILIAN PUSKAR HEALTH RIGHT, INC MILIAN PUSKAR HEALTH RIGHT, INC/ MILIAN PUSKAR HEALTH RIGHT, IN	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
14 U 94 L RAFT 38-6004869 STATE GOVERNMENT 25,000, 0. WITH STRINGS SERVICES MEMARNY MEDICAL COLLEGS DG SUPPORT THE CARACTT DG SUPPORT THE CARACTT DF THE INFECTIOUS DISC NASHVILLS, TN 37208 62-0488046 501(C)(3) 50,000, 0. WITH STRINGS SERVICES MENARNY MEDICAL COLLEGS 62-0488046 501(C)(3) 50,000, 0. WITH STRINGS SERVICES NASHVILLS, TN 37208 62-0488046 501(C)(3) 50,000, 0. WITH STRINGS SERVICES MENARNY MEDICAL COLLEGS DG SUPPORT INFECTIOUS DISE DISEASE WORFFORCE IN PARTMENEN SUPPORT INFECTIOUS DISEASE NASHVILLS, TN 37208 62-0488046 501(C)(3) 118,617. 0. SERVERT CENTRACTINE SERVICES MINISTRISS/DBA TRAN - 10 W, 35TH 36-3600134 501(C)(3) 121,939. 0. MIST PROJECT SERVICE MICHIGAN DEFARMINN OF HEALTH AND SUILD DATASHAING DISLASE WORFFORCE IN PARTMENEN SUILD DATASHAING LANSING, MI 48933 38-6000134 501(C)(3) 121,939. 0. MEDICALIP FORSECT DISLASE WORFFORCE IN PARTMENENT MILLA PUEKAR HEALTH RIGHT, INC 38-6000134 501(C)(3) 50,000. 0. MUTH STRINGS SERVICES MISSOULA ALD FUT, SONANT NE 31-1118673 501(C)(3) 50,000. 0. SU								TO SUPPORT THE CAPACITY
NEGAUNEE, MI 49966 38-6004869 STATE GOVERNMENT 25,000. 0. NITH STRINGE SERVICES MEHARRY MEDICAL COLLEGE D5 DECTOR DB TODD JUNICR BOULEVAR D5 DECTOR DB TODD JUNICR BOULEVAR D5 THE CAPACITY NASHVILLE, TN 37208 62-0488046 501(C)(3) 50,000. 0. WITH STRINGE SERVICES NINISTRIES TORM G2-0488046 501(C)(3) 50,000. 0. SUPPORT INFECTIOUS NINISTRIES TORM TAY G2-0488046 501(C)(3) 118,617. 0. SUPPORT INFECTIOUS STREET - CHICAGO, LL 60516 36-3850240 501(C)(3) 118,617. 0. SUPPORT INFECTIOUS NICHIDAN DEPARTMENT OF HEALTH AND HICHIDAN DEPARTMENT OF HEALTH AND HICHIDAN DEPARTING NIS FORJECT SEES TO BUTLE DATASHARING NISTRIES FORFECTING LANSING, MI 49933 38-6000134 501(C)(3) 121,939. 0. WEDICALID PROGRAMS TO WEDICALID PROGRAMS TO SUPPORT INFECTIOUS DISEAUNCE IN FARTHREET MILAN PUSKAR HEALTH RIGHT, INC 311 SOULE ALT FUS FORMA STREET - MISSOULA ALD FUND, INC/DEA OPEN ALI SOULA ALD FUND, INC/DEA OPEN ALI SOULA ALD FUND, INC/DEA OPEN ALI SOULA ALI FUND	MARQUETTE COUNTY HEALTH DEPARTMENT							OF THE INFECTIOUS DISEASE
MERRERY MEDICAL COLLEGE MERRERY MEDICAL COLLEGE 1005 DOCTOR DE TODD JUNIOR BOILEVAR NASKVILLE, TN 37208 MEN & WOMEN IN PRISON MEN & WOMEN OF HEALTH AND HULE PROJECT SEEKS TO WOLAN SERVICES - 235 S, GRAND AVE, SUITE 800, FEDERAL REPORTING LANSING, MI 48933 38-6000134 \$01(C)(3) 121,939 0. MED CAL FROM AME, SUITE 800, FEDERAL REPORTING MILAN PUEKAR HEALTH RIGHT, INC 341 SOULGS ST MORGANTOWN, WV 26505 31-1118673 \$01(C)(3) 211,669. MILS PORAM STREET - MISSOULA, NA 59802 ST LOUIS, MO 63118 ST LOUIS, MO ST MAY MAD CBOOT THE CAPACTERY NATIONAL ASSOCIATION OF COUNTY & CITY HEAT NATIONAL ASSOCIATION OF STD NATIONAL COALITION OF STD NATIONA	184 US 41 EAST							WORKFORCE IN PARTNERSHIP
MEHARRY MEDICAL COLLEGE 1005 DOCTOR B TODD JUNIOR BOULEVAR NASNVILLE, TN 37208 0 OF THE INFECTIOUS DISE. WORKFORCE IN PARTNERSH MITSTRIES/DBA TRAN - 10 W, 35TH STREFT - CHICAGO, LL 60616 01(C)(3) 50,000. 0. SUPPORT INFECTIOUS DISEASE WORKFORCE IN PARTNERSH! PW SSPS TO SERVE & ACCESS POINTS DISEASE WORKFORCE IN PARTNERSH! PW SSPS TO SERVE AS ACCESS POINTS DUILD DATASHARING SUITE 00. FEDERAL REPORTING - LANSING, MI 49333 01(C)(3) 111,617. 0. THE INFERTIOUS DISEASE WORKFORCE IN PARTNERSH! PW SSPS TO SERVE AS ACCESS POINTS DUILD DATASHARING SUITE 00. FEDERAL REPORTING - LANSING, MI 49333 01(C)(3) 121,939. 0. MEDICAL PROVENT SERVE WORKFORCE IN PARTNERSH BUILD DATASHARING SUITE 00. FEDERAL REPORTING - LANSING, MI 49333 38-6000134 01(C)(3) 121,939. 0. MEDICAL PROVENT SERVE WORKFORCE IN PARTNERSH WORKFORCE IN PAR	NEGAUNEE, MI 49866	38-6004869	STATE GOVERNMENT	25,000.	0.			WITH SYRINGE SERVICES
1005 DOCTOR DB TODD JUNIOR BOULEVAR NAREVILLE, TN 37208 62-0488046 501(C)(3) 50,000. 0. MTH STRINES BRRVICES NAREVILLE, TN 37208 62-0488046 501(C)(3) 50,000. 0. MTH STRINES SERVICES MEN 4 WOMEN IN PRISON MINISTRIES/DBA TRAN - 10 W. 35TH STREET - CHICAGO, LL 60616 36-3850240 501(C)(3) 118,617. 0. BERVE AS ACCESS POINTS BACHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES - 235 S. GRAND AVE, SUITE 800, PEDERAL REPORTING - LANSING, MI 48933 38-6000134 501(C)(3) 121,939. 0. MEDICALD PROGRAMS TO BUILD DATASHARING SUID DATASHARING SUID DATASHARING SUID DATASHARING SUID BOATS SERVICES MILAN FUERAL RELTH RIGHT, INC 341 SOURCE ST MORGANTOWN, WV 26505 31-1118673 501(C)(3) 50,000. 0. MITH STRINESSE MORGANTOWN, WV 26505 31-1118673 501(C)(3) 50,000. 0. MITH STRINESSE MORGANTOWN, WV 26505 31-1118673 501(C)(3) 50,000. 0. MITH STRINESSE MORGANTAWAY SUPPORT INFECTIOUS SUPPORT INFECTIOUS MONETWORK SUPPORT INFECTIOUS SUPPORT INFECTIOUS MONETWORK PROVIDE DIRECT FUNDING FOR SUPE TO EXPAND MATIONAL ASSOCIATION OF COUNTY 4 CITH HEALTH OFFICIALS - 1201 L STREET, INW, SUITE 400 - MASHINGTON COLONTY 4 CITH HEALTH OFFICIALS - 1201 L STREET, INW, SUITE 400 - MASHINGTON FSTD DIRECTORS 5-1029 VERMONT AVE NM SULC)(3) 104,170. O. MEROTORINA RESOURCES, FLANNING AN COCANTING FSTD DIRECTORS 5-1029 VER								TO SUPPORT THE CAPACITY
NASHVILLE, TN 37208 62-0488046 501(C)(3) 50,000. 0. WITH SYRINGE SERVICES MEN & WOMEN IN PRISON SUPPORT INFECTIOUS SUPPORT INFECTIOUS SUPPORT INFECTIOUS STREET - CHICAGO, LL 60616 36-380240 501(C)(3) 118,617. 0. SERVE AS ACCESS POINTS STREET - CHICAGO, LL 60616 36-380240 501(C)(3) 118,617. 0. SERVE AS ACCESS POINTS NUCHAE DEPARTMENT OF FEALTH AND HUMAN SERVICES - 235 S. GRAND AVE, SUITE 800, FEDERAL REFORTING - SUILD DATASHARING SUILD DATASHARING LANSING, MI 48933 38-6000134 501(C)(3) 121,939. O. MEDICALD PROGRAMS TO URLAN FUSCACE ST SUIPFORT THE CAPACITY ON STATE HIV. ALI SOURCE ST MORANTOWN, WV 26505 31-1118673 501(C)(3) 50,000. O. WORKFORCE IN PARTNERSH WORKFORCE ST SUPFORT THECTOUS DISEASE WORKFORCE ST SUPFORT THECTOUS DISEASE WORKFORCE ST SUPFORT THECTOUS DISEASE SUPFORT THECTOUS DISEASE WORKFORCE IN PARTNERSHIP WY SSPS TO SERVE AS ACCESS FOINTS ALI ALL 715 RONAN STREET - MISSOULA, WS 5902 SO1(C)(3) 211,669. SUPFORT THECTOUS DIRECT FORMAN POR SSPS TO EXPAND NATIONAL SSP TA FOR HD ASSIGNET NO F COUNTY 4 CITH HEALTH OFTICIALS - 1201 L STREET, WM, SUITE 400 - MASIGNET, MV, SUITE 400 - MASINHORM, MZ 20005 52-1426663	MEHARRY MEDICAL COLLEGE							OF THE INFECTIOUS DISEASE
MEN & WOMEN IN PRISON MEN & WOMEN IN PRISON MINISTRIES/DBA TRAN - 10 W. 35TH STREET - CHICAGO, IL 60616 36-3850240 501(C)(3) 118,617. 0. DEADS WORKPORCE IN DISARS WORKPORCE IN DILLO DATASHARING SUTPORT INFECTIOUS DUILD DATASHARING SUPPORT INFECTIOUS DILLO DATASHARING SUPPORT INFECTIOUS DILLO DATASHARING SUPPORT INFECTIOUS DILLO DATASHARING SUPPORT INFECTIOUS DILLO DATASHARING SUPPORT INFECTIOUS DILLO DATASHARING SUPPORT INFECTIOUS DISEAS AB-6000134 501(C)(3) 121,939. 0. MEDICALD PROGRAMS TO DILLO DATASHARING SUPPORT INFECTIOUS DISEAS WORKFORCE IN PATTRE HIV. AMBIGAID PROGRAMS TO THE INFECTIOUS DISEASE WORKFORCE IN PATTRE HIV. MILAN PUSKAR HEALTH RIGHT, INC 341 SOURCE ST WORKFORCE IN PATTRESS A11 SOURCE ST MISSOULA AID FUND, INC/DBA OPEN AID ALL 7 15 ROMAN STREET - MISSOULA, WA 59802 36-3652244 501(C)(3) 50,000. 0. MISSOULA, WA 59802 36-3652244 501(C)(3) 211,669. 0. SUPPORT INFECTIOUS DISEASE WORKFORCE IN PARTNEESSIF W/ SSPS TO EXPAND MATIONAL SSPCIATION OF COUNTY & CITY HEALTH OFFICIALS - 1201 L STREET, W, SUITE 400 - WASHINGYON, DC 2005 52-1426663 501(C)(3) 104,170. 0. WASHINGYON, DC 2005 MISSOULA VAN WU HEALTH OFFICIALS - 1201 L STREET, W, SUITE 400 - WASHINGYON, DC 2005 MISSOULA CALITION OF STD DIRECTORS - 1029 VERMONT AVE NW	1005 DOCTOR DB TODD JUNIOR BOULEVAR							WORKFORCE IN PARTNERSHIP
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TERRITORIAL AIDS DIRECTORS, DBA: NASTAD

91-1568650 Page 1

Part II Continuation of Grants and Other		mestic Organizations		vernments (Sche	edule I (Form 990), Pa		71-1500050 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							PROVIDE DIRECT FUNDING
NORTH CAROLINA SURVIVORS UNION							FOR SSPS TO EXPAND
116 GROVE ST							NATIONAL SSP TA FOR HDS
GREENSBORO, NC 27403	83-2129340	501(C)(3)	50,000.	0.			AND CBOS THAT CAN REACH
							PROVIDE DIRECT FUNDING
OKLAHOMA HARM REDUCTION ALLIANCE,							FOR SSPS TO EXPAND
INC 2623 E 2ND STREET - TULSA							NATIONAL SSP TA FOR HDS
OK 74104	86-2303636	501(C)(3)	37,500.	0.			AND CBOS THAT CAN REACH
			,				PROVIDE DIRECT FUNDING TO
PARTNERSHIP TO END AIDS STATUS							SSPS TO EXPAND NATIONAL
INC 6707 ABERFOYLE COVE -							SSPS TA FOR HDS AND CBOS
MEMPHIS, TN 38119	27-1054837	501(C)(3)	50,000.	0.			THAT CAN REACH ALL SSPS
							PROVIDE DIRECT FUNDING TO
POSITIVELY LIVING							SSPS TO EXPAND NATIONAL
317 N. GAY ST							SSPS TA FOR HDS AND CBOS
KNOXVILLE, TN 37917	62-1698383	501(C)(3)	37,500.	0.			THAT CAN REACH ALL SSPS
							PROVIDE DIRECT FUNDING TO
POWER4STL							SSPS TO EXPAND NATIONAL
5501 DELMAR BLVD SUITE A430							SSPS TA FOR HDS AND CBOS
ST.LOUIS, MO 63112	83-2705388	501(C)(3)	75,000.	0.			THAT CAN REACH ALL SSPS
	03 2703300	501(0)(3)	/3,000.	••			PROVIDE DIRECT FUNDING TO
PROJECT WEBER RENEW							SSPS TO EXPAND NATIONAL
640 BROAD STREET							SSPS TA FOR HDS AND CBOS
PROVIDENCE, RI 02907	46-0964136	501(C)(3)	37,500.	0.			THAT CAN REACH ALL SSPS
TROVIDENCE, NI 02507	40 0004100	501(0/(5/	57,500.	0.			PROVIDE DIRECT FUNDING TO
PUNKS WITH LUNCH LANSING							SSPS TO EXPAND NATIONAL
201 N FOSTER ST							SSPS TO EXPAND NATIONAL SSPS TA FOR HDS AND CBOS
	84-2357012	E01(0)(2)	25 000	0.			
LANSING, MI 48912	84-235/012	501(C)(3)	25,000.	0.			THAT CAN REACH ALL SSPS
DEDEL DECOMEDY ELODIDA INC							TO SUPPORT THE CAPACITY
REBEL RECOVERY FLORIDA, INC							OF THE INFECTIOUS DISEASE
400 N CONGRESS AVE SUITE 130	01 5100500	E01(0)(2)	F0 000	_			WORKFORCE IN PARTNERSHIP
WEST PALM BEACH, FL 33401	81-5190566	DUT(C)(3)	50,000.	0.			WITH SYRINGE SERVICES
							TO SUPPORT THE CAPACITY
RURAL AIDS ACTION NETWORK							OF THE INFECTIOUS DISEASE
300 E ST GERMAIN STREET ST 220				_			WORKFORCE IN PARTNERSHIP
SAINT CLOUD, MN 56304	41-1784355	501(C)(3)	50,000.	0.			WITH SYRINGE SERVICES

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TERRITORIAL AIDS DIRECTORS, DBA: NASTAD

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Part II Continuation of Grants and Other	Assistance to Dol	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO SUPPORT THE CAPACITY
SAN JUAN BASIN PUBLIC HEALTH							OF THE INFECTIOUS DISEASE
281 SAWYER DRIVE SUITE 300							WORKFORCE IN PARTNERSHIP
DURANGO , CO 81303	84-6002563	STATE GOVERNMENT	25,000.	0.			WITH SYRINGE SERVICES
							TO PROVIDE TECHNICAL
SOUTHERN AIDS COALITION							EXPERTISE INCLUDING HIV
530 BEACON PARKWAY WEST, SUITE 503							PREVENTION AND CARE
BIRMINGHAM, AL 35209	63-0985623	501(C)(3)	58,390.	٥.			INTEGRATION AND REDUCING
							PROVIDE DIRECT FUNDING
SOUTHERN WEST VIRGINIA HARM							FOR SSPS TO EXPAND
REDUCTION - 7229 EAST D STREET -							NATIONAL SSP TA FOR HDS
TACOMA, WA 98404	80-0285340	501(C)(3)	25,000.	Ο.			AND CBOS THAT CAN REACH
							TO SUPPORT THE CAPACITY
SOUTHSIDE HARM REDUCTION SERVICES							OF THE INFECTIOUS DISEASE
2214 11TH AVE S							WORKFORCE IN PARTNERSHIP
MINNEAPOLIS, MN 55404	82-4602523	501(C)(3)	37,500.	0.			WITH SYRINGE SERVICES
			, .				PROVIDE DIRECT FUNDING
STABBIN WAGON							FOR SSPS TO EXPAND
819 TAYLOR ST APT 2							NATIONAL SSP TA FOR HDS
MEDFORD , OR 97504	87-1772696	501(C)(3)	50,000.	0.			AND CBOS THAT CAN REACH
			,				PROVIDE DIRECT FUNDING
STOP HARM ON TULSA STREETS							FOR SSPS TO EXPAND
7229 EAST D STREET							NATIONAL SSP TA FOR HDS
TACOMA, WA 98404	80-0285340	501(C)(3)	50,000.	0.			AND CBOS THAT CAN REACH
11COIM1, W1 90404	00 0203340	501(0)(3)	50,000.				THIS PROJECT SEEKS TO
TENNESSEE DEPARTMENT OF HEALTH							BUILD DATASHARING
710 JAMES ROBERTSON PARKWAY							CAPACITY IN STATE HIV AND
NASHVILLE, TN 37243	62 6001445	STATE GOVERNMENT	141,981.	0.			MEDICAID PROGRAMS TO
MASHVILLE, IN 57245	02-0001445	STATE GOVERNMENT	141,901.	0.			
TENNESSEE RECOVERY ALLIANCE							PROVIDE DIRECT FUNDING FOR SSPS TO EXPAND
12248 PATAGONIA LANE	02 2040000	E01(0)(2)		_			NATIONAL SSP TA FOR HDS
KNOXVILLE, TN 37922	83-3849890	DUT(C)(3)	50,000.	0.			AND CBOS THAT CAN REACH
							TO SUPPORT THE CAPACITY
THE NEXT HARM REDUCTION							OF THE INFECTIOUS DISEASE
22 WEST 27TH STREET 5TH FLOOR							WORKFORCE IN PARTNERSHIP
NEW YORK, NY 10001	83-1333112	501(C)(3)	75,000.	0.		1	WITH SYRINGE SERVICES

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TERRITORIAL AIDS DIRECTORS, DBA: NASTAD

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO SUPPORT THE CAPACITY
THE PEOPLE'S HARM REDUCTION							OF THE INFECTIOUS DISEASE
ALLIANCE - P.O. BOX 85038 -							WORKFORCE IN PARTNERSHIP
SEATTLE , WA 98145	35-2307112	501(C)(3)	37,500.	٥.			WITH SYRINGE SERVICES
							TO SUPPORT THE CAPACITY
THE PUERTO RICO PROJECT							OF THE INFECTIOUS DISEASE
2840 N. MULLGAN AVE							WORKFORCE IN PARTNERSHIP
CHICAGO, IL 60007	87-1119473	501(C)(3)	50,000.	٥.			WITH SYRINGE SERVICES
THE REGENTS OF UNIVERSITY OF							TO BUILD DATASHARING
CALIFORNIA - 490 ILLINOIS STREET,							CAPACITY IN STATE HIV AND
4TH FLOOR - SAN FRANCISCO, CA							MEDICAID PROGRAMS TO
94143	94-6036493	501(C)(3)	435,445.	Ο.			INCREASE THE NUMBER OF
							PROVIDE DIRECT FUNDING
TRYSTEREO HARM REDUCTION							FOR SSPS TO EXPAND
COLLECTIVE - 7229 EAST D STREET -							NATIONAL SSP TA FOR HDS
TACOMA, WA 98404	80-0285340	501(C)(3)	37,500.	Ο.			AND CBOS THAT CAN REACH
							PROVIDE DIRECT FUNDING
UNDERGROUND RECOVERY JAX							FOR SSPS TO EXPAND
5120 BIG FOREST LN							NATIONAL SSP TA FOR HDS
JACKSONVILLE, FL 32210	88-1640999	501(C)(3)	37,500.	Ο.			AND CBOS THAT CAN REACH
							PROVIDE DIRECT FUNDING
UNITED TERRITORIES OF PACIFIC							FOR SSPS TO EXPAND
ISLANDERS A - 841 CENTRAL AVE N							NATIONAL SSP TA FOR HDS
SUITE C-106 - KENT , WA 98032	61-1668192	501(C)(3)	50,000.	Ο.			AND CBOS THAT CAN REACH
· · ·							BUILD DATASHARING
UNIVERSITY MARYLAND BALTIMORE							CAPACITY IN STATE HIV AND
COUNTY - 1000 HILLTOP CIRCLE -							MEDICAID PROGRAMS TO
BALTIMORE, MD 21250	52-6002033	501(C)(3)	146,375.	Ο.			INCREASE THE NUMBER OF
							SUPPORT INFECTIOUS
UNIVERSITY OF MIAMI							DISEASE WORKFORCE IN
1320 SOUTH DIXIE HIGHWAY							PARTNERSHIP W/ SSPS TO
CORAL GABLES, FL 33146	59-0624458	501(C)(3)	366,471.	Ο.			SERVE AS ACCESS POINTS
······································				••			PROVIDE DIRECT FUNDING
VERMONT COMMITTEE FOR AID							FOR SSPS TO EXPAND
RESOURCES, EDU - PO BOX 5248 -							NATIONAL SSP TA FOR HDS
BURLINGTON, VT 05402	03-0307864	501(C)(3)	50,000.	Ο.			AND CBOS THAT CAN REACH

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Schedule I (Form 990) TERRITORI. Part II Continuation of Grants and Other		TRECTORS, DBA		vernments (Sch	edule I (Form 990). Pa		1-1568650 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							DEVELOP A PROGRAM TO LINK
VIRGINIA HARM REDUCTION COALITION							SSP CLIENTS TO MEDICATION
(VHRC) - 1917 FRANKLIN RD SW -							ASSISTED THERAPIES, CARE
ROAONKE , VA 24014	83-2479145	501(C)(3)	62,500.	0.			FOR INFECTIOUS DISEASE,
							BUILD DATASHARING
WASHINGTON STATE DEPARTMENT OF							CAPACITY IN STATE HIV AND
HEALTH - 101 ISRAEL ROAD SOUTHEAST							MEDICAID PROGRAMS TO
- TURNWATER, WA 98501	91-1444603	STATE GOVERNMENT	172,934.	0.			INCREASE THE NUMBER OF
							PROVIDE DIRECT FUNDING
WECARETN							FOR SSPS TO EXPAND
4005 PATTE ANN DRIVE							NATIONAL SSP TA FOR HDS
MEMPHIS, TN 38166	83-2965696	501(C)(3)	75,000.	0.			AND CBOS THAT CAN REACH
							PROVIDE DIRECT FUNDING
WELLNESS SERVICES, INC							FOR SSPS TO EXPAND
311 E. COURT ST.							NATIONAL SSP TA FOR HDS
FLINT , MI 48502	38-2674052	501(C)(3)	37,500.	0.			AND CBOS THAT CAN REACH
	50 2071052	501(0)(3)	57,500.				DEVELOP A PROGRAM TO LINK
WNCAP							SSP CLIENTS TO MEDICATION
554 FAIRVIEW RD							ASSISTED THERAPIES, CARE
ASHEVILLE, NC 28803	58-1772685	F(1/2)/2	154,804.	0.			FOR INFECTIOUS DISEASE,
ASHEVILLE, NC 20005	30-1772005	501(C)(3)	154,804.				FOR INFECTIOUS DISEASE,

TERRITORIAL AIDS DIRECTORS, DBA: NASTAD

Schedule I (Form 990) 2022

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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 noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION FOLLOWS DETAILED SUBAWARD MONITORING POLICY AND PROCEDURES

WHICH INCLUDES INSTRUCTIONS ON SELECTION, VETTING, MONITORING, TECHNICAL

ASSISTANCE, AND CLOSEOUT ACTIVITIES. MONITORING INCLUDES REGULAR SITE

VISITS, REVIEW OF PROGRESS ON DELIVERABLES, AND DETAILED REVIEW OF

FINANCIAL REPORTING TO ENSURE ACCURACY, REASONABLENESS, AND ALLOWABILITY.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ACADEMY HEALTH

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(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD DATA SHARING CAPACITY IN STATE

HIV AND MEDICAID PROGRAMS TO INCREASE THE NUMBER OF STATES THAT ADOPT HVL

MEASURE

NAME OF ORGANIZATION OR GOVERNMENT: ACCESS POINT OF GEORGIA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT CAPACITY OF INFECTIOUS

DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES PROGRAMS TO SERVE

AS CRITICALLY ESSENTIAL ACCESS POINTS FOR COMPREHENSIVE RESOURCES

NAME OF ORGANIZATION OR GOVERNMENT:

AMISTAD SYRINGE SERVICES PROGRAM & HARM

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS PROGRAM WILL PROVIDE DIRECT

FUNDING FOR SSPS TO EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN

REACH ALL SSPS IN THE U.S.

NAME OF ORGANIZATION OR GOVERNMENT: ASTHO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SERVICES THAT WILL ASSIST

HRSA RECIPIENTS TO COORDINATE RESOURCES, PLANNING, AND PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: BLACKLIDGE COMMUNITY COLLECTIVE, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT CAPACITY OF INFECTIOUS

DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES PROGRAMS TO SERVE

AS CRITICALLY ESSENTIAL ACCESS POINTS FOR COMPREHENSIVE RESOURCES

NAME OF ORGANIZATION OR GOVERNMENT:

BLOOMBERG SCHOOL OF PUBLIC HEALTH'S SPARC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT CAPACITY OF INFECTIOUS

DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES PROGRAMS TO SERVE

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AS CRITICALLY ESSENTIAL ACCESS POINTS FOR COMPREHENSIVE RESOURCES

NAME OF ORGANIZATION OR GOVERNMENT: BLUE MOUNTAIN HEART TO HEART

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT INFECTIOUS DISEASE WORKFORCE

IN PARTNERSHIP W/ SSPS TO SERVE AS ACCESS POINTS FOR COVID19

EDUCATION/TESTING/REFERRAL TO MEDICAL CARE/CONTACT TRACING/VACCINATION

FOR PWID

NAME OF ORGANIZATION OR GOVERNMENT: CAPITOL AREA REENTRY PROGRAM, INC (H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING FOR SSPS IN HIGH BURDEN AREAS AND EXPAND NATIONAL SSP AND VACCINATION SERVICES TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE U.S.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR PREVENTION SERVICES (H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING FOR SSPS TO EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE U.S.

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRAL LOUISIANA AIDS SUPPORT SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING FOR SSPS TO

EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE

U.S.

NAME OF ORGANIZATION OR GOVERNMENT: COCHISE HARM REDUCTION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE CAPACITY OF THE

INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES

PROGRAMS (SSPS) TO SERVE AS CRITICALLY ESSENTIAL ACCESS POINTS FOR

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Part IV Supplemental Information

COMPREHENSIVE RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT:

COLORADO DEPARTMENT OF HEALTH AND ENVIRONMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS PROJECT SEEKS TO BUILD

DATASHARING CAPACITY IN STATE HIV AND MEDICAID PROGRAMS TO INCREASE THE

NUMBER OF STATES THAT ADOPT THE HIV VIRAL SUPPRESSION QUALITY MEASURE

(HVL) AND REPORT IT TO CMS

NAME OF ORGANIZATION OR GOVERNMENT: CONFLUENCE HRH413

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT CAPACITY OF INFECTIOUS

DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES PROGRAMS TO SERVE

AS CRITICALLY ESSENTIAL ACCESS POINTS FOR COMPREHENSIVE RESOURCES

NAME OF ORGANIZATION OR GOVERNMENT: CONFLUENCE HRKC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT CAPACITY OF INFECTIOUS

DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES PROGRAMS TO SERVE

AS CRITICALLY ESSENTIAL ACCESS POINTS FOR COMPREHENSIVE RESOURCES

NAME OF ORGANIZATION OR GOVERNMENT:

CONNECTICUT HARM REDUCTION ALLIANCE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT INFECTIOUS DISEASE WORKFORCE

IN PARTNERSHIP W/ SSPS TO SERVE AS ACCESS POINTS FOR COVID19

EDUCATION/TESTING/REFERRAL TO MEDICAL CARE/CONTACT TRACING/VACCINATION

FOR PWID

NAME OF ORGANIZATION OR GOVERNMENT: CORPORACION EL PUNTO EN LA MONTANA

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(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CAPACITY OF THE

NATIONAL ALLIANCE OF STATE AND Schedule I (Form 990) TERRITORIAL AIDS DIRECTORS, DBA: NASTAD 91-1568650 Page 2 Part IV Supplemental Information INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES PROGRAMS (SSPS) TO SERVE AS CRITICALLY ESSENTIAL ACCESS POINTS FOR COMPREHENSIVE RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: CRISP DC, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD THE CAPACITY OF PARTICIPATING

STATES TO REPORT THE MEDICAID ADULT CORE SET HIV VIRAL SUPPRESSION

MEASURE

NAME OF ORGANIZATION OR GOVERNMENT: CROSSROADS RECOVERY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CAPACITY OF THE

INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES

PROGRAMS (SSPS) TO SERVE AS CRITICALLY ESSENTIAL ACCESS POINTS FOR

COMPREHENSIVE RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT:

FLORIDA HARM REDUCTION COLLECTIVE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING TO SSPS TO

EXPAND NATIONAL SSPS TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE US.

NAME OF ORGANIZATION OR GOVERNMENT: FYREBIRD RECOVERY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING TO SSPS TO

EXPAND NATIONAL SSPS TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE

US.

NAME OF ORGANIZATION OR GOVERNMENT: GENDER HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING TO SSPS TO

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EXPAND NATIONAL SSPS TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE

US.

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NAME OF ORGANIZATION OR GOVERNMENT: GEORGETOWN UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD DATASHARING CAPACITY IN

STATE HIV AND MEDICAID PROGRAMS TO INCREASE THE NUMBER OF STATES THAT

ADOPT THE HVL AND REPORT IT TO CMS

NAME OF ORGANIZATION OR GOVERNMENT:

HANCOCK COUNTY COMBINED GENERAL HEALTH DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING TO SSPS TO

EXPAND NATIONAL SSPS TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE

US.

NAME OF ORGANIZATION OR GOVERNMENT: HARM REDUCTION COALITION (H) PURPOSE OF GRANT OR ASSISTANCE: THIS PROGRAM WILL PROVIDE DIRECT FUNDING FOR SSPS TO EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE U.S.

NAME OF ORGANIZATION OR GOVERNMENT: HARM REDUCTION MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT INFECTIOUS DISEASE WORKFORCE

IN PARTNERSHIP W/ SSPS TO SERVE AS ACCESS POINTS FOR COVID19

EDUCATION/TESTING/REFERRAL TO MEDICAL CARE/CONTACT TRACING/VACCINATION

FOR PWID

NAME OF ORGANIZATION OR GOVERNMENT: HARM REDUCTION SISTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CAPACITY OF THE

INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES

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PROGRAMS (SSPS) TO SERVE AS CRITICALLY ESSENTIAL ACCESS POINTS FOR

COMPREHENSIVE RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: HEPATITIS EDUCATION PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: HEPNET WILL ALIGN/MOBILIZE NASTAD,

NACCHO, AND NVHRS EXISTING HEPATITIS COALITIONS ACROSS STATE AND LOCAL

HEALTH DEPARTMENTS, CBOS, OTHER KEY PARTNERS TO ESTABLISH A CONSORTIUM OF

OVER 100 MEMBER ORGANIZATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: HEPPAC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CAPACITY OF THE INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES PROGRAMS (SSPS) TO SERVE AS CRITICALLY ESSENTIAL ACCESS POINTS FOR COMPREHENSIVE RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: HILL COUNTY COMMUNITY CLINIC (H) PURPOSE OF GRANT OR ASSISTANCE: THIS PROGRAM WILL PROVIDE DIRECT FUNDING FOR SSPS TO EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE U.S.

NAME OF ORGANIZATION OR GOVERNMENT: HIPS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT INFECTIOUS DISEASE WORKFORCE

IN PARTNERSHIP W/ SSPS TO SERVE AS ACCESS POINTS FOR COVID19

EDUCATION/TESTING/REFERRAL TO MEDICAL CARE/CONTACT TRACING/VACCINATION

FOR PWID

NAME OF ORGANIZATION OR GOVERNMENT: HOLLER HARM REDUCTION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CAPACITY OF THE

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INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES

PROGRAMS (SSPS) TO SERVE AS CRITICALLY ESSENTIAL ACCESS POINTS FOR

COMPREHENSIVE RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT:

HUMBOLDT AREA CENTER FOR HARM REDUCTION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING FOR SSPS TO

EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE

<u>U.S.</u>

NAME OF ORGANIZATION OR GOVERNMENT: IDAHO HARM REDUCTION PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING FOR SSPS TO

EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE

<u>U.S.</u>

NAME OF ORGANIZATION OR GOVERNMENT:

INCIATIVE COMUNITARIA DE INVESTIGACION L

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CAPACITY OF THE

INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES

PROGRAMS (SSPS) TO SERVE AS CRITICALLY ESSENTIAL ACCESS POINTS FOR

COMPREHENSIVE RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: INDIANA RECOVERY ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING FOR SSPS TO

EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE

<u>u.s.</u>

NAME OF ORGANIZATION OR GOVERNMENT: IOWA DEPARTMENT OF PUBLIC HEALTH

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 Part IV Supplemental Information

 (H) PURPOSE OF GRANT OR ASSISTANCE: SEEKS TO BUILD DATASHARING CAPACITY

 IN STATE HIV AND MEDICAID PROGRAMS TO INCREASE THE NUMBER OF STATES THAT

 ADOPT THE HIV VIRAL SUPRESSION QUALITY MEASURE (HVL) AND REPORT IT TO

 CMS.

NAME OF ORGANIZATION OR GOVERNMENT: IOWA HARM REDUCTION COALITION (H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOP A PROGRAM TO LINK SSP CLIENTS TO MEDICATION ASSISTED THERAPIES, CARE FOR INFECTIOUS DISEASE, TRACK NAVIGATION SUPPORT AND DEVELOP GUIDANCE ON BEST PRACTICE

NAME OF ORGANIZATION OR GOVERNMENT: JOSHUA OLT'S LETS TALK FOUNDATION (H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING FOR SSPS TO EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE U.S.

NAME OF ORGANIZATION OR GOVERNMENT: KANSAS CITY CARE CLINIC (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CAPACITY OF THE INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES PROGRAMS (SSPS) TO SERVE AS CRITICALLY ESSENTIAL ACCESS POINTS FOR COMPREHENSIVE RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: MAINE ACCESS POINTS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING FOR SSPS TO

EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE

U.S.

NAME OF ORGANIZATION OR GOVERNMENT: MARQUETTE COUNTY HEALTH DEPARTMENT

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(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CAPACITY OF THE

10580523 745960 23969

NATIONAL ALLIANCE OF STATE AND Schedule I (Form 990) TERRITORIAL AIDS DIRECTORS, DBA: NASTAD 91-1568650 Page 2 Part IV Supplemental Information INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES PROGRAMS (SSPS) TO SERVE AS CRITICALLY ESSENTIAL ACCESS POINTS FOR COMPREHENSIVE RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: MEHARRY MEDICAL COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CAPACITY OF THE

INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES

PROGRAMS (SSPS) TO SERVE AS CRITICALLY ESSENTIAL ACCESS POINTS FOR

COMPREHENSIVE RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT:

MEN & WOMEN IN PRISON MINISTRIES/DBA TRAN

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT INFECTIOUS DISEASE WORKFORCE

IN PARTNERSHIP W/ SSPS TO SERVE AS ACCESS POINTS FOR COVID19

EDUCATION/TESTING/REFERRAL TO MEDICAL CARE/CONTACT TRACING/VACCINATION

FOR PWID

NAME OF ORGANIZATION OR GOVERNMENT:

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS PROJECT SEEKS TO BUILD

DATASHARING CAPACITY IN STATE HIV AND MEDICAID PROGRAMS TO INCREASE THE

NUMBER OF STATES THAT ADOPT THE HIV VIRAL SUPPRESSION QUALITY MEASURE

(HVL) AND REPORT IT TO CMS

NAME OF ORGANIZATION OR GOVERNMENT: MILAN PUSKAR HEALTH RIGHT, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE CAPACITY OF THE

INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES

PROGRAMS (SSPS) TO SERVE AS CRITICALLY ESSENTIAL ACCESS POINTS FOR

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Part IV Supplemental Information

COMPREHENSIVE RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT:

MISSOULA AID FUND, INC/DBA OPEN AID ALLI

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT INFECTIOUS DISEASE WORKFORCE

IN PARTNERSHIP W/ SSPS TO SERVE AS ACCESS POINTS FOR COVID19

EDUCATION/TESTING/REFERRAL TO MEDICAL CARE/CONTACT TRACING/VACCINATION

FOR PWID

NAME OF ORGANIZATION OR GOVERNMENT: MONETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING FOR SSPS TO EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE U.S.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL ASSOCIATION OF COUNTY & CITY HEALTH OFFICIALS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SERVICES THAT WILL ASSIST

HRSA RECIPIENTS TO COORDINATE RESOURCES, PLANNING AND PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL COALITION OF STD DIRECTORS

(H) PURPOSE OF GRANT OR ASSISTANCE: TECHNICAL EXPERTISE FOR HEALTH

DEPARTMENTS (STD/HIV INTEGRATION, DISEASE INTERVENTION SPECIALISTS,

PARTNER SERVICES, RELEVANT STD/HIV POLICY APPROACHES)

NAME OF ORGANIZATION OR GOVERNMENT: NORTH CAROLINA SURVIVORS UNION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING FOR SSPS TO

EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE

U.S.

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NAME OF ORGANIZATION OR GOVERNMENT:

OKLAHOMA HARM REDUCTION ALLIANCE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING FOR SSPS TO

EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE

<u>U.S.</u>

NAME OF ORGANIZATION OR GOVERNMENT: PARTNERSHIP TO END AIDS STATUS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING TO SSPS TO

EXPAND NATIONAL SSPS TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE

US.

NAME OF ORGANIZATION OR GOVERNMENT: POSITIVELY LIVING

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING TO SSPS TO

EXPAND NATIONAL SSPS TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE

US.

NAME OF ORGANIZATION OR GOVERNMENT: POWER4STL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING TO SSPS TO

EXPAND NATIONAL SSPS TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE

US.

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT WEBER RENEW

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING TO SSPS TO

EXPAND NATIONAL SSPS TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE

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US.

NAME OF ORGANIZATION OR GOVERNMENT: PUNKS WITH LUNCH LANSING

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 (H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING TO SSPS TO

 EXPAND NATIONAL SSPS TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE

 US.

NAME OF ORGANIZATION OR GOVERNMENT: REBEL RECOVERY FLORIDA, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CAPACITY OF THE

INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES

PROGRAMS (SSPS) TO SERVE AS CRITICALLY ESSENTIAL ACCESS POINTS FOR

COMPREHENSIVE RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: RURAL AIDS ACTION NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CAPACITY OF THE

INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES

PROGRAMS (SSPS) TO SERVE AS CRITICALLY ESSENTIAL ACCESS POINTS FOR

COMPREHENSIVE RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: SAN JUAN BASIN PUBLIC HEALTH (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CAPACITY OF THE INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES PROGRAMS (SSPS) TO SERVE AS CRITICALLY ESSENTIAL ACCESS POINTS FOR COMPREHENSIVE RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN AIDS COALITION (H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TECHNICAL EXPERTISE INCLUDING HIV PREVENTION AND CARE INTEGRATION AND REDUCING NEW HIV INFECTIONS.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN WEST VIRGINIA HARM REDUCTION Schedule I (Form 990) 52 NATIONAL ALLIANCE OF STATE AND Schedule I (Form 990) TERRITORIAL AIDS DIRECTORS, DBA: NASTAD 91-1568650 Page 2 Part IV Supplemental Information (H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING FOR SSPS TO EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE U.S.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHSIDE HARM REDUCTION SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CAPACITY OF THE

INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES

PROGRAMS (SSPS) TO SERVE AS CRITICALLY ESSENTIAL ACCESS POINTS FOR

COMPREHENSIVE RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: STABBIN WAGON

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING FOR SSPS TO

EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE

<u>U.S.</u>

NAME OF ORGANIZATION OR GOVERNMENT: STOP HARM ON TULSA STREETS (H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING FOR SSPS TO EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE U.S.

NAME OF ORGANIZATION OR GOVERNMENT: TENNESSEE DEPARTMENT OF HEALTH (H) PURPOSE OF GRANT OR ASSISTANCE: THIS PROJECT SEEKS TO BUILD DATASHARING CAPACITY IN STATE HIV AND MEDICAID PROGRAMS TO INCREASE THE NUMBER OF STATES THAT ADOPT THE HIV VIRAL SUPPRESSION QUALITY MEASURE (HVL) AND REPORT IT TO CMS

NAME OF ORGANIZATION OR GOVERNMENT: TENNESSEE RECOVERY ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING FOR SSPS TO

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EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE

<u>u.s.</u>

Schedule I (Form 990)

NAME OF ORGANIZATION OR GOVERNMENT: THE NEXT HARM REDUCTION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CAPACITY OF THE

INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES

PROGRAMS (SSPS) TO SERVE AS CRITICALLY ESSENTIAL ACCESS POINTS FOR

COMPREHENSIVE RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: THE PEOPLE'S HARM REDUCTION ALLIANCE (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CAPACITY OF THE INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES PROGRAMS (SSPS) TO SERVE AS CRITICALLY ESSENTIAL ACCESS POINTS FOR COMPREHENSIVE RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: THE PUERTO RICO PROJECT (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CAPACITY OF THE INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES PROGRAMS (SSPS) TO SERVE AS CRITICALLY ESSENTIAL ACCESS POINTS FOR COMPREHENSIVE RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT:

THE REGENTS OF UNIVERSITY OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD DATASHARING CAPACITY IN

STATE HIV AND MEDICAID PROGRAMS TO INCREASE THE NUMBER OF STATES THAT

ADOPT THE HVL AND REPORT IT TO CMS.

NAME OF ORGANIZATION OR GOVERNMENT: TRYSTEREO HARM REDUCTION COLLECTIVE

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 NATIONAL ALLIANCE OF STATE AND

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 TERRITORIAL AIDS DIRECTORS, DBA: NASTAD 91-1568650 Page 2

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 Supplemental Information

 (H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING FOR SSPS TO

 EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE

 U.S.

NAME OF ORGANIZATION OR GOVERNMENT: UNDERGROUND RECOVERY JAX

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING FOR SSPS TO

EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE

<u>U.S.</u>

NAME OF ORGANIZATION OR GOVERNMENT:

UNITED TERRITORIES OF PACIFIC ISLANDERS A

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING FOR SSPS TO

EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE

U.S.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY MARYLAND BALTIMORE COUNTY (H) PURPOSE OF GRANT OR ASSISTANCE: BUILD DATASHARING CAPACITY IN STATE HIV AND MEDICAID PROGRAMS TO INCREASE THE NUMBER OF STATES THAT ADOPT RHW HIC VIRAL SUPPRESSION QUALITY MEASURE AND REPORT TO CMS.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MIAMI

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT INFECTIOUS DISEASE WORKFORCE

IN PARTNERSHIP W/ SSPS TO SERVE AS ACCESS POINTS FOR COVID19

EDUCATION/TESTING/REFERRAL TO MEDICAL CARE/CONTACT TRACING/VACCINATION

FOR PWID

NAME OF ORGANIZATION OR GOVERNMENT:

VERMONT COMMITTEE FOR AID RESOURCES, EDU

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 TERRITORIAL AIDS DIRECTORS, DBA: NASTAD
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 Supplemental Information

 (H)
 PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING FOR SSPS TO

 EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE

 U.S.

NAME OF ORGANIZATION OR GOVERNMENT:

VIRGINIA HARM REDUCTION COALITION (VHRC)

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOP A PROGRAM TO LINK SSP

CLIENTS TO MEDICATION ASSISTED THERAPIES, CARE FOR INFECTIOUS DISEASE,

TRACK NAVIGATION SUPPORT AND DEVELOP GUIDANCE ON BEST PRACTICE

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON STATE DEPARTMENT OF HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD DATASHARING CAPACITY IN STATE

HIV AND MEDICAID PROGRAMS TO INCREASE THE NUMBER OF STATES THAT ADOPT RHW

HIC VIRAL SUPPRESSION QUALITY MEASURE AND REPORT TO CMS.

NAME OF ORGANIZATION OR GOVERNMENT: WECARETN

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING FOR SSPS TO EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE U.S.

NAME OF ORGANIZATION OR GOVERNMENT: WELLNESS SERVICES, INC (H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT FUNDING FOR SSPS TO EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS IN THE U.S.

NAME OF ORGANIZATION OR GOVERNMENT: WNCAP

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOP A PROGRAM TO LINK SSP

CLIENTS TO MEDICATION ASSISTED THERAPIES, CARE FOR INFECTIOUS DISEASE,

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NATIONAL ALI	LIANCE	I OF STATE	AND	
TERRITORIAL	AIDS	DIRECTORS	,DBA:	NASTAD

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Part IV Supplemental Information

TRACK NAVIGATION SUPPORT AND DEVELOP GUIDANCE ON BEST PRACTICE

Schedule I (Form 990)

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	
•		Compensated Employees		20	LL	-
Dene	terrant of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organization	NATIONAL ALLIANCE OF STATE AND	Employer	identificatio	on nui	mber
		TERRITORIAL AIDS DIRECTORS, DBA: NASTAD	91-3	156865	0	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
		ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensatior					
		compensation consultant X Compensation survey or study				
	X Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee			
_						
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	-				v
a		e payment or change-of-control payment?				X X
b	-	eive payment from a supplemental nonqualified retirement plan?		4		X
С		eive payment from an equity-based compensation arrangement?		<u>4c</u>		
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only contion E01/2	(2) 501(c)(4) and 501(c)(20) organizations must complete lines 5.0				
5		;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n			
5	contingent on the r		"1			
2	-			5a		x
h	Any related organiz	ation?		<u>5</u> 6		x
5		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
Ŭ	contingent on the r					
а	•			6a		x
		ation?				x
-		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	j.			
-		nes 5 and 6? If "Yes," describe in Part III		7	х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
-				8		x
9		id the organization also follow the rebuttable presumption procedure described in				
-		1 53.4958-6(c)?				
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990) 2022

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Schedule J (Form 990) 2022

TERRITORIAL AIDS DIRECTORS, DBA: NASTAD 91-1568650

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) STEPHEN LEE	(i)	220,275.	0.	0.	30,758.	14,210.	265,243.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NATALIE CRAMER	(i)	170,002.	1,000.	0.	10,104.	13,305.	194,411.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) VIRGINIE CAREY	(i)	170,182.	1,000.	0.	10,104.	1,283.	182,569.	0.
DEPUTY EXECUTIVE DIRECTOR, OPERATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TIM HORN	(i)	130,552.	0.	0.	7,764.	24,671.	162,987.	0.
DIRECTOR, MEDICATION ACCESS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) EMILY SCHREIBER	(i)	138,622.	500.	0.	8,250.	14,065.	161,437.	0.
SR DIR, POLICY & LEGISLATIVE AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) AUNTRE HAMP	(i)	144,240.	0.	0.	6,854.	9,338.	160,432.	0.
SR DIR, PUBLIC HEALTH SYSTEMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ISAIAH WEBSTER III	(i)	136,996.	750.	0.	8,162.	10,867.	156,775.	0.
SR DIR, ORGANIZATIONAL EXCELLENCE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

TERRITORIAL AIDS DIRECTORS, DBA: NASTAD

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Part III Supplemental Information

Schedule J (Form 990) 2022

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

THE FOLLOWING RECEIVED BONUSES FOR THE 2022 CALENDAR YEAR:

VIRGINIE CAREY \$1,000

NATALIE CRAMER \$1,000

EMILY SCHREIBER \$500

ISAIAH WEBSTER III \$750

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. NATIONAL ALLIANCE OF STATE AND



91-1568650

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HIV SELF-TESTING PROJECT CALLED TOGETHER TAKE ME HOME.

VIRAL HEPATITIS: THROUGH A COOPERATIVE AGREEMENT WITH FUNDING FROM THE

TERRITORIAL AIDS DIRECTORS, DBA: NASTAD

CDC'S DIVISION OF VIRAL HEPATITIS (THROUGH THE CSTLTS FUNDING

MECHANISM) NASTAD HAS A (VIRTUAL) TECHNICAL ASSISTANCE (TA) CENTER

(HEPTAC) TO SUPPORT HEALTH DEPARTMENT HEPATITIS PROGRAMS WITH THE

PREVENTION, SURVEILLANCE, AND LABORATORY ACTIVITIES. THE PROGRAM

INCLUDES SUPPORTING HEALTH DEPARTMENT HEPATITIS PREVENTION AND

SURVEILLANCE PROGRAMS WITH TAILORED TECHNICAL ASSISTANCE AND OTHER

MODALITIES INCLUDING VIRTUAL LEARNING COMMUNITIES. ADDITIONALLY, NASTAD

IS FUNDED FOR ANOTHER COOPERATIVE AGREEMENT WITH CDC'S DIVISION OF

VIRAL HEPATITIS: NATIONAL VIRAL HEPATITIS EDUCATION, AWARENESS, AND

CAPACITY BUILDING FOR COMMUNITIES AND PROVIDERS (HEPNET). FINALLY,

NASTAD'S HEPATITIS PROGRAM ALSO INCLUDES PARTICIPATION AND LEADERSHIP

IN THE NATIONAL VIRAL HEPATITIS ROUNDTABLE AND PROMOTION OF FEDERAL

PROGRAMS THAT ADDRESS HEPATITIS A (HAV) AND HEPATITIS B (HBV) VACCINE

FOR HIGH-RISK ADULTS, PREVENTION OF HCV, CHRONIC HBV AND HCV AND HIV

HCV CO INFECTION. THIS PROGRAM IS SUPPORTED BY BOTH THE MEMBERSHIP AND

CORPORATE DONORS.

DRUG USER HEALTH: SINCE SEPTEMBER 30, 2022, NASTAD HAS BEEN IMPLEMENTING A COOPERATIVE WITH CDC'S DVH FOR STRENGTHENING SYRINGE SERVICES PROGRAMS (SSPS) THROUGH WHICH NASTAD PROVIDES DIRECT FUNDING TO SSPS THROUGHOUT THE U.S. NASTAD HAD A COOPERATIVE WITH CDC DIVISION OF VIRAL HEPATITIS (DVH) FOR THE NATIONAL HARM REDUCTION TECHNICAL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 202211 10-28-22

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Schedule O (Form 990) 2022	Page 2
Name of the organization NATIONAL ALLIANCE OF STATE AND	Employer identification number
TERRITORIAL AIDS DIRECTORS, DBA: NASTAD	91-1568650
ASSISTANCE CENTER THAT ENDED JULY 31, 2023. IN ADDITION,	SUPPORTING
THE PROVISION OF TA TO SYRINGE SERVICES PROGRAMS (SSPS) AN	D OTHER HARM
REDUCTION PROVIDERS, IT INCLUDED A DEMONSTRATION PROJECT T	HROUGH WHICH
NASTAD AWARDED FUNDS TO SUPPORT SSPS WITH PROVIDING ACCESS	ТО
MEDICATION ASSESSMENT TREATMENT AND OTHER SERVICES. NASTAD	ALSO HELD
COOPERATIVE AGREEMENTS WITH CDC THROUGH CSTLTS FOCUSED ON	EXPANDING SSP
CAPACITY TO RESPOND TO COVID 19 AND FOR AN EXPANSION OF TH	E OF NATIONAL
HARM REDUCTION TECHNICAL ASSISTANCE CENTER TO INCLUDE COOR	DINATION OF
SAMHSA-FUNDED TA PROVIDERS WHICH ENDED NOVEMBER 15, 2023.	

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: STATUS OF STATE ADAPS AUTHORIZED UNDER PART B OF THE RYAN WHITE PROGRAM. IN ADDITION TO PRODUCING THE NATIONAL ADAP MONITORING PROJECT ANNUAL REPORT, THE PROGRAM PROVIDES TA TO STATE ADAPS REGARDING VARIOUS PROGRAMMATIC AND FISCAL ISSUES. NASTAD ALSO CONVENES AND SUPPORTS THE WORK OF AN ADAP CRISIS TASK FORCE, MADE UP OF STATE AIDS DIRECTORS AND ADAP COORDINATORS WORKING ON BEHALF OF ALL STATE HIV/AIDS PROGRAMS TO IMPROVE THE FISCAL STATUS OF STATE ADAP PROGRAMS. THIS PROGRAM IS SUPPORTED BY NASTAD'S MEMBERSHIP.

HEALTH SYSTEMS INTEGRATION: NASTAD HAS TWO COOPERATIVE AGREEMENTS WITH HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). ONE IS SERVICE AS THE SYSTEMS COORDINATION PROVIDER (SCP) FOR HRSA'S ENDING THE HIV EPIDEMIC (EHE) INITIATIVE. THE SECOND COOPERATIVE AGREEMENT FOR A SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE (SPNS) INITIATIVE: BUILDING CAPACITY TO IMPROVE COLLECTING AND REPORTING VIRAL SUPPRESSION DATA TO THE MEDICAID ADULT CORE SET.

232212 10-28-22

Schedule O (Form 990) 2022 Pa<u>ge</u> **2** Name of the organization NATIONAL ALLIANCE OF STATE AND Employer identification number 91-1568650 TERRITORIAL AIDS DIRECTORS, DBA: NASTAD FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: ANNUAL MEETING: NASTAD CONVENES AN ANNUAL MEETING OF THE GENERAL MEMBERSHIP EACH SPRING, SUPPORTED BY THE MEMBERSHIP AND CORPORATE DONORS. THIS PROGRAM INCLUDES ALL ACTIVITIES IN SUPPORT OF THE ANNUAL MEETING THAT ARE NOT DIRECTLY SUPPORTED BY OTHER PROGRAMS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: HEALTH EQUITY: NASTAD RECEIVES FUNDING FOR NON-FEDERAL SOURCES TO SUPPORT ITS MINORITY LEADERSHIP PROGRAM (MLP) AS WELL AS TO DEVELOP RESOURCES SUCH AS A HEALTH EQUITY TOOLKIT AND HEALTH EQUITY ASSESSMENT FOR HEALTH DEPARTMENTS. EXPENSES \$ 318,202. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. POLICY AND LEGISLATIVE AFFAIRS: NASTAD'S POLICY AND LEGISLATIVE AFFAIRS

PROGRAM TRANSLATES STATE CONCERNS REGARDING HIV/AIDS AND HEPATITIS

CARE, TREATMENT, AND PREVENTION PROGRAMS INTO SOUND FEDERAL POLICY.

STAFF MEMBERS DEVELOP STRATEGIES TO INCREASE AND AFFECT THE DIRECTION

OF FUNDING FOR STATE PUBLIC HEALTH PROGRAMS RELATED TO ACCESS TO

PREVENTION AND CARE PROGRAMS FOR PERSONS AT RISK FOR AND INFECTED WITH

HIV AND HEPATITIS. NASTAD ALSO PLAYS A KEY ROLE IN SHAPING HIV AND

HEPATITIS POLICY THROUGH ITS LEADERSHIP IN NUMEROUS FEDERAL COALITIONS,

INCLUDING THE FEDERAL AIDS POLICY PARTNERSHIP INCLUDING ITS SUBGROUPS

OF THE HEALTHCARE ACCESS WORK GROUP, RYAN WHITE WORK GROUP, PREVENTION

ACTION COMMITTEE AND THE AIDS BUDGET AND APPROPRIATIONS COMMITTEE;

HEPATITIS APPROPRIATIONS PARTNERSHIP; AND THE NATIONAL VIRAL HEPATITIS

ROUNDTABLE. THIS PROGRAM IS SUPPORTED BY BOTH THE MEMBERSHIP AND

 CORPORATE DONORS. THIS POLICY WORK INCLUDES A SPECIFIC FOCUS ON

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 Schedule O (Form 990) 2022

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Name of the organization NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS, DBA: NASTAD	Employer identification number 91-1568650
TERRITORIAL AIDS DIRECTORS, DBA: NASIAD	91-1300030
AFFORDABLE CARE ACT (ACA) IMPLEMENTATION POLICIES WORKING	PRIMARILY
THROUGH COALITIONS LISTED ABOVE AS WELL AS RESEARCH ACTIVI	TIES RELATED
TO THE ACA.	
EXPENSES \$ 317,144. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
FORM 990, PART VI, SECTION A, LINE 6:	
ACTIVE MEMBERSHIP IS LIMITED TO TWO INDIVIDUALS FROM EACH	U.S. STATE,
TERRITORY, AND 7 LOCAL JURISDICTIONS DESIGNATED BY THE GOV	ERNMENT OF EACH
JURISDICTION, AND ACTIVELY ENGAGED IN COORDINATING HIV (PR	EVENTION, CARE,
TREATMENT, ADAP, PART B, ETC.), VIRAL HEPATITIS, AND DRUG	USER HEALTH

PROGRAM EFFORTS FOR THAT GOVERNMENT OR UNDER WHOSE ADMINISTRATION OF PUBLIC

HEALTH PROGRAMS SUCH EFFORTS FALL. EACH GOVERNMENTAL JURISDICTION

REPRESENTED IS ENTITLED TO ONE VOTE PER MEMBER IN OFFICIAL DECISIONS OR

BUSINESS OF NASTAD.

FORM 990, PART VI, SECTION A, LINE 7A:

ALL VOTING MEMBERS HAVE EQUAL VOTING PRIVILEGES TO ELECT OFFICERS AND BOARD MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE FULL MEMBERSHIP APPROVES MOTIONS FOR CHANGES TO THE BY-LAWS.

FORM 990, PART VI, SECTION B, LINE 11B:

IN PREPARING THE FORM 990, MANAGEMENT COLLECTS THE DATA AND INFORMATION,

AND THE EXECUTIVE DIRECTOR REVIEWS AND SIGNS THE FORM. PRIOR TO FINAL

SUBMISSION, THE FULL BOARD OF DIRECTORS IS ALSO PROVIDED A COPY OF THE FORM

990 AND ACCOMPANYING SCHEDULES BY EMAIL. REVIEW COMMENTS BY THE BOARD OF

DIRECTORS ARE NOT SPECIFICALLY SOLICITED, BUT ARE WELCOME SHOULD THERE BE Schedule O (Form 990) 2022 232212 10-28-22 64

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Schedule O (Form 990) 2022	Page 2
Name of the organization NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS, DBA: NASTAD	Employer identification number 91-1568650
ANY CONCERNS. THE FINAL VERSION OF THE FORM 990, FOLLOWING	SUBMISSION, IS
AVAILABLE FOR THE FULL MEMBERSHIP UPON REQUEST, AND THE PU	BLIC INSPECTION
COPY IS ALSO AVAILABLE ON NASTAD'S WEBSITE.	

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS THE ORGANIZATION CIRCULATES ITS CONFLICT OF INTEREST POLICY AND PROCEDURES TO ALL BOARD MEMBERS AND STAFF. IN ADDITION, INFORMATION ABOUT ANY POTENTIAL CONFLICT OF INTEREST IS REQUIRED TO BE DISCLOSED ON AN ANNUAL BASIS BY BOARD MEMBERS AND STAFF. THIS INFORMATION IS COLLECTED AND REVIEWED BY EXECUTIVE STAFF.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED BY SEVERAL FACTORS OUTLINED BELOW. THE DEPUTY EXECUTIVE DIRECTOR, OPERATIONS (DED) REVIEWS EXTERNAL SALARY BENCHMARKS FOR EXECUTIVE LEVEL POSITIONS WITHIN THE NON-PROFIT ARENA. THE DED THEN PROVIDES THE BENCHMAKING DATA TO THE BOARD OF DIRECTORS, ALONG WITH A RECOMMENDATION. THE BOARD OF DIRECTORS REVIEWS THE DATA AND MAKES A FINAL DECISION ON THE EXECUTIVE DIRECTOR'S COMPENSATION. THE SALARIES OF KEY STAFF ARE REVIEWED ON AN ANNUAL BASIS, AGAINST EXTERNAL SALARY BENCHMARKS AND BY THE EXECUTIVE DIRECTOR WHO DETERMINES WHETHER KEY STAFF'S COMPENSATION IS IN LINE WITH THEIR PEERS. THE EXECUTIVE DIRECTOR MAKES THE FINAL DECISION REGARDING COMPENSATION INCREASE FOR KEY STAFF ON BENCHMARKING DATA AS WELL AS AN ANNUAL EVALUATION PROCESS. A BUDGET POOL IS REVIEWED BY THE BOARD DURING THE ANNUAL BUDGET PROCESS. THE LAST COMPENSATION REVIEW TOOK PLACE IN JANUARY 2023.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT, VA 232212 10-28-22 Schedule O (Form 990) 2022 65

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Schedule O (Form 990) 2022 Name of the organization NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS, DBA: NASTAD	Pag Employer identification numbe 91-1568650
NV,WI,GA	•
FORM 990, PART VI, SECTION C, LINE 19:	
NASTAD MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTERES	F POLICY, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST	AND AS
REASONABLE. COPIES ARE PROVIDED THROUGH THE MEDIA REQUEST	ED, WHETHER BY
EMAIL, FAX, OR HARD COPY.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	4,328,391.
MANAGEMENT AND GENERAL EXPENSES	193,555.
FUNDRAISING EXPENSES	8,883.
TOTAL EXPENSES	4,530,829.
COMMUNICATIONS SERVICES:	
PROGRAM SERVICE EXPENSES	1,967.
MANAGEMENT AND GENERAL EXPENSES	25,787.
FUNDRAISING EXPENSES	60.
TOTAL EXPENSES	27,814.
PAYROLL SERVICES:	
PROGRAM SERVICE EXPENSES	1,998.
MANAGEMENT AND GENERAL EXPENSES	26,196.
FUNDRAISING EXPENSES	61.
TOTAL EXPENSES	28,255.

RECRUITING:

232212 10-28-22

ame of the organization NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS, DBA: NASTAD	Employer identification number 91-1568650
ROGRAM SERVICE EXPENSES	2,546.
IANAGEMENT AND GENERAL EXPENSES	33,383.
UNDRAISING EXPENSES	78.
OTAL EXPENSES	36,007.
OTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,622,905.