

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **OCT 1, 2022** and ending **SEP 30, 2023**

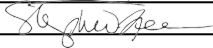
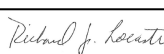
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS, DBA: NASTAD		D Employer identification number 91-1568650	
	Doing business as NASTAD		E Telephone number (202) 434-8090	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 26,523,136.	
	444 NORTH CAPITOL STREET NW	339	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20001-1512		H(b) Are all subordinates included? Yes No		
F Name and address of principal officer: STEPHEN LEE SAME AS C ABOVE		H(c) Group exemption number		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527				
J Website: WWW.NASTAD.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			L Year of formation: 1992	M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.		
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	83
	6 Total number of volunteers (estimate if necessary)	6	25
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 16,625,472.	Current Year 24,812,921.
	9 Program service revenue (Part VIII, line 2g)	1,374,581.	1,657,080.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	642.	1,512.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	76.	51,623.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,000,771.	26,523,136.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,146,696.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,222,679.	8,538,060.
16 a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		173,563.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,642,570.	8,193,649.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,011,945.	25,983,603.	
19 Revenue less expenses. Subtract line 18 from line 12	988,826.	539,533.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 12,367,221.	End of Year 13,162,788.
	21 Total liabilities (Part X, line 26)	8,380,193.	8,636,226.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,987,028.	4,526,562.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date		
	STEPHEN LEE, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name RICHARD J. LOCASTRO, CPA	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>
	Firm's name GELMAN, ROSENBERG & FREEDMAN	Firm's EIN 52-1392008	PTIN P00288314	Phone no. 301-951-9090
Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 15,227,328. including grants of \$ 7,159,737.) (Revenue \$)

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

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

4c (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.

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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 635,346. including grants of \$) (Revenue \$)

4e Total program service expenses 23,517,394.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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 "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Part 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 returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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 Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
	N/A		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
	N/A		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
	N/A		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	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		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
	N/A		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		
	N/A		
	17		

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

Section 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 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 O.		
	1a	22	
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 any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records
VIRGINIE CAREY - (202) 897-0059
444 NORTH CAPITOL STREET NW, 339, WASHINGTON, DC 20001-1512

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 year.

- 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."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHEN LEE EXECUTIVE DIRECTOR	40.00			X			220,275.	0.	44,968.	
(2) NATALIE CRAMER DEPUTY EXECUTIVE DIRECTOR, PROGRAM	40.00				X		171,002.	0.	23,409.	
(3) VIRGINIE CAREY DEPUTY EXECUTIVE DIRECTOR, OPERATION	40.00				X		171,182.	0.	11,387.	
(4) TIM HORN DIRECTOR, MEDICATION ACCESS	40.00					X	130,552.	0.	32,435.	
(5) EMILY SCHREIBER SR DIR, POLICY & LEGISLATIVE AFFAIRS	40.00					X	139,122.	0.	22,315.	
(6) AUNTRE HAMP SR DIR, PUBLIC HEALTH SYSTEMS	40.00					X	144,240.	0.	16,192.	
(7) ISAIAH WEBSTER III SR DIR, ORGANIZATIONAL EXCELLENCE	40.00					X	137,746.	0.	19,029.	
(8) BOATEMAA NTIRI REID SR DIR SYNDEMIC APPROACHES	40.00					X	127,235.	0.	8,790.	
(9) DAVID KERN CHAIR (FROM 6/2023)	1.50	X		X			0.	0.	0.	
(10) CLOVER BARNES CHAIR-ELECT (END 6/2023)	1.50	X		X			0.	0.	0.	
(11) ELIZABETH CRUTSINGER-PERRY IMMEDIATE PAST CHAIR	1.50	X		X			0.	0.	0.	
(12) SARAH BRAUNSTEIN VICE CHAIR (FROM 6/2023)	1.50	X		X			0.	0.	0.	
(13) RICARDO FERNANDEZ VICE CHAIR (END 5/2023)	1.50	X		X			0.	0.	0.	
(14) DEBRA GUILBAULT SECRETARY	1.50	X		X			0.	0.	0.	
(15) JEREMY TURNER TREASURER	1.50	X		X			0.	0.	0.	
(16) VINCE AGUON DIRECTOR (FROM 3/2023)	1.00	X					0.	0.	0.	
(17) MELVERTA BENDER DIRECTOR (END 5/2023)	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATHLEEN BRADY DIRECTOR (FROM 6/2023)	1.00	X						0.	0.	0.
(19) LARISA BRUNER DIRECTOR (FROM 6/2023)	1.00	X						0.	0.	0.
(20) SAMUEL BURGESS DIRECTOR	1.00	X						0.	0.	0.
(21) JACQUELYN CLYMORE DIRECTOR (END 5/2023)	1.00	X						0.	0.	0.
(22) ANDY DILLEHAY DIRECTOR (FROM 6/2023)	1.00	X						0.	0.	0.
(23) TOM DUNN DIRECTOR (FROM 6/2023)	1.00	X						0.	0.	0.
(24) JAMILA EALEY DIRECTOR (END 2/2023)	1.00	X						0.	0.	0.
(25) DAWN FUKUDA DIRECTOR	1.00	X						0.	0.	0.
(26) ANTHONY HANNAH DIRECTOR (FROM 6/2023)	1.00	X						0.	0.	0.
1b Subtotal								1,241,354.	0.	178,525.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,241,354.	0.	178,525.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 14

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FACENTE CONSULTING 5601 VAN FLEET AVE, RICHMOND, CA 94804	CONSULTING	275,000.
OMNI BOSTON CORPORATION 2500 CALVERT ST NW, WASHINGTON, DC 20008	HOTELS & MEETINGS	191,446.
IMPACT MARKETING & COMMUNICATIONS, 10219 GREEN HOLLY TERRACE, SILVER SPRING, MD	CONSULTING	114,158.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	24,226,251.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	586,670.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			24,812,921.			
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code					
		900099	1,411,888.	1,411,888.			
	b REGISTRATION FEES	900099	245,192.	245,192.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,657,080.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,512.			1,512.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code					
		900099	51,623.			51,623.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			51,623.				
12 Total revenue. See instructions			26,523,136.	1,657,080.	0.	53,135.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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, 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)				
7 Other salaries and wages	6,195,154.	5,266,888.	816,691.	111,575.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	321,698.	284,455.	31,062.	6,181.
9 Other employee benefits	803,106.	661,348.	128,050.	13,708.
10 Payroll taxes	538,726.	433,958.	95,914.	8,854.
11 Fees for services (nonemployees):				
a Management				
b Legal	26,053.		26,053.	
c Accounting	65,300.		65,300.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	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				
16 Occupancy	509,318.	407,964.	93,031.	8,323.
17 Travel	1,247,019.	1,159,673.	74,972.	12,374.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 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 O.)				
a DUES, SUBS. & PUBS.	45,120.	37,419.	7,421.	280.
b STAFF TRAINING & DEV.	47,026.	1,356.	45,670.	
c MISCELLANEOUS	20,314.	14,357.	5,952.	5.
d CREDIT CARD PROC. FEES	11,862.	9,837.	1,951.	74.
e All other expenses	1,516.	1,072.	444.	
25 Total functional expenses. Add lines 1 through 24e	25,983,603.	23,517,394.	2,292,646.	173,563.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	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 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	255,501.	9	342,723.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 248,258.		
	b Less: accumulated depreciation	10b 131,349.	141,521.	10c 116,909.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,912,931.	15	2,570,259.
16 Total assets. Add lines 1 through 15 (must equal line 33)	12,367,221.	16	13,162,788.	
Liabilities	17 Accounts payable and accrued expenses	5,039,486.	17	5,591,309.
	18 Grants payable		18	
	19 Deferred revenue	77,687.	19	109,568.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,263,020.	25	2,935,349.
	26 Total liabilities. Add lines 17 through 25	8,380,193.	26	8,636,226.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,167,465.	27	4,440,980.
	28 Net assets with donor restrictions	819,563.	28	85,582.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	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.

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Part 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	26,523,136.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,983,603.
3	Revenue less expenses. Subtract line 2 from line 1	3	539,533.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,987,028.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
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, column (B))	10	4,526,561.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

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SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS, DBA: NASTAD** Employer identification number **91-1568650**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An 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: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Section A. Public Support

Calendar 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.	16625472.	24812921.	72537916.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	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.
6 Public support. Subtract line 5 from line 4.						70347087.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	12094524.	7858603.	11146396.	16625472.	24812921.	72537916.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	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 assets (Explain in Part VI.)	12,680.	2,931.	1,502.	76.	51,623.	68,812.
11 Total support. Add lines 7 through 10						72631066.
12 Gross receipts from related activities, etc. (see instructions)					12	7,011,286.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	96.86	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	94.89	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990) 2022

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially 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? <i>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.</i>	Yes	No	
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? <i>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.</i>			
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? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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	
e	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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

NATIONAL ALLIANCE OF STATE AND

TERRITORIAL AIDS DIRECTORS, DBA: NASTAD

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Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	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:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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

Multiple horizontal lines for providing supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS, DBA: NASTAD	Employer identification number 91-1568650
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 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

- 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 \$ _____

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).

Name of organization NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS, DBA: NASTAD	Employer identification number 91-1568650
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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 contributions	(d) Type of contribution
1		\$ 18,243,881.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,710,894.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS, DBA: NASTAD	Employer identification number 91-1568650
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS, DBA: NASTAD	Employer identification number 91-1568650
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS, DBA: NASTAD Employer identification number 91-1568650

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	20,513.		9,687.	10,826.
d Equipment	26,746.		26,746.	0.
e Other	200,999.		94,916.	106,083.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				116,909.

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) Federal income taxes	
(2) DEFERRED COMPENSATION	204,627.
(3) REFUNDABLE ADVANCES	254,900.
(4) LEASE LIABILITY	2,475,822.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (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 I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **NATIONAL ALLIANCE OF STATE AND
TERRITORIAL AIDS DIRECTORS, DBA: NASTAD** Employer identification number
91-1568650

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACADEMY HEALTH 1666 K STREET, NW SUITE 1100 WASHINGTON, DC 20006	52-1260918	501(C)(3)	319,548.	0.			BUILD DATA SHARING CAPACITY IN STATE HIV AND MEDICAID PROGRAMS TO INCREASE THE NUMBER OF
ACCESS POINT OF GEORGIA 1025 DANIELSVILLE ROAD ATHENS, GA 10601	30-1220951	501(C)(3)	50,000.	0.			SUPPORT CAPACITY OF INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES
AIDS UNITED 1101 14TH STREET, NW SUITE 300 WASHINGTON, DC 20005	52-1706646	501(C)(3)	2,669,111.	0.			PROVIDE TECHNICAL ASSISTANCE ON DRUG USER HEALTH AND SYRINGE SERVICES PROGRAMS
AMISTAD SYRINGE SERVICES PROGRAM & HARM - 103 INDIA STREET - PORTLAND, ME 04101	01-0500860	501(C)(3)	37,500.	0.			THIS PROGRAM WILL PROVIDE DIRECT FUNDING FOR SSPS TO EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN
ASTHO 2231 CRYSTAL DRIVE, SUITE 450 ARLINGTON, VA 22202	35-1044487	501(C)(3)	82,510.	0.			TO PROVIDE SERVICES THAT WILL ASSIST HRSA RECIPIENTS TO COORDINATE RESOURCES, PLANNING, AND
BLACKLIDGE COMMUNITY COLLECTIVE, LLC - 101 E. VENTURA ST - TUSCON, AZ 85705	84-3282314	501(C)(3)	50,000.	0.			SUPPORT CAPACITY OF INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **83.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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SEE PART IV FOR COLUMN (H) DESCRIPTIONS

NATIONAL ALLIANCE OF STATE AND
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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

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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
CONNECTICUT HARM REDUCTION ALLIANCE, INC - 28 GRAND STREET - HARTFORD, CT 06106	47-4312705	501(C)(3)	164,856.	0.			SUPPORT INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP W/ SSPS TO SERVE AS ACCESS POINTS
CORPORACION EL PUNTO EN LA MONTANA URBANIZACION VILLAS DEL REY 2-D 33 CAGUAS, PR 00725	66-0714669	501(C)(3)	50,000.	0.			TO SUPPORT THE CAPACITY OF THE INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES
COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS - 2635 CENTURY CENTER PARKWAY NE, SUITE 700 - ATLANTA, GA 30345	23-7410799	501(C)(3)	115,249.	0.			TO ENHANCE HEALTH DEPARTMENTS' CAPACITY TO SUPPORT INTEGRATED HIV PROGRAMS
CRISP DC, INC 1140 3RD ST NE #2141 WASHINGTON, DC 20002	88-1511502	501(C)(3)	78,448.	0.			BUILD THE CAPACITY OF PARTICIPATING STATES TO REPORT THE MEDICAID ADULT CORE SET HIV VIRAL
CROSSROADS RECOVERY CENTER 395 PAME LANE BISHOP, CA 93514	92-0767653	501(C)(3)	25,000.	0.			TO SUPPORT THE CAPACITY OF THE INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES
FLORIDA HARM REDUCTION COLLECTIVE INC - 1525 16TH ST S SUITE 3 - SAINT PETERSBURG, FL 33705	86-3321717	501(C)(3)	75,000.	0.			PROVIDE DIRECT FUNDING TO SSPS TO EXPAND NATIONAL SSPS TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS
FYREBIRD RECOVERY 606 BROADWAY ST MYRTLE BEACH, SC 29577	88-2070517	501(C)(3)	50,000.	0.			PROVIDE DIRECT FUNDING TO SSPS TO EXPAND NATIONAL SSPS TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS
GENDER HEALTH CENTER 3823 V STREET SACRAMENTO, CA 95817	26-3839452	501(C)(3)	37,500.	0.			PROVIDE DIRECT FUNDING TO SSPS TO EXPAND NATIONAL SSPS TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS
GEORGETOWN UNIVERSITY 4000 RESERVOIR RD., NW, BLDG. D, RO WASHINGTON, DC 20057	53-0196603	501(C)(3)	206,504.	0.			TO BUILD DATASHARING CAPACITY IN STATE HIV AND MEDICAID PROGRAMS TO INCREASE THE NUMBER OF

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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
HANCOCK COUNTY COMBINED GENERAL HEALTH DISTRICT - COURTHOUSE-300 S MAIN ST REMIT ADDRESS: 2225 KEITH PKWY - FINDLAY, OH 45840	34-6400608	GOVERNMENT	37,500.	0.			PROVIDE DIRECT FUNDING TO SSPS TO EXPAND NATIONAL SSPS TA FOR HDS AND CBOS THAT CAN REACH ALL SSPS
HARM REDUCTION COALITION 243 5TH AVE #529 NEW YORK, NY 10016	94-3204958	501(C)(3)	50,000.	0.			THIS PROGRAM WILL PROVIDE DIRECT FUNDING FOR SSPS TO EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN
HARM REDUCTION MICHIGAN 733 EAST 8TH STREET, SUITE 110 TRAVERSE CITY, MI 49686	81-2744973	501(C)(3)	181,567.	0.			SUPPORT INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP W/ SSPS TO SERVE AS ACCESS POINTS
HARM REDUCTION SISTERS 1220 1/2 EAST 1ST STREET #A DULUTH, MN 55805	45-2597370	501(C)(3)	37,500.	0.			TO SUPPORT THE CAPACITY OF THE INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES
HEPATITIS EDUCATION PROJECT 1621 SOUTH JACKSONSTREET STE 201 SEATTLE, WA 98144	91-1658691	501(C)(3)	108,303.	0.			HEPNET WILL ALIGN/MOBILIZE NASTAD, NACCHO, AND NVHRS EXISTING HEPATITIS
HEPPAC 5323 FOOTHILL BLVD OAKLAND, CA 94601	94-3205535	501(C)(3)	37,500.	0.			TO SUPPORT THE CAPACITY OF THE INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES
HILL COUNTY COMMUNITY CLINIC 29632 HWY 299 EAST ROUND MOUNTAIN, CA 96084	94-2831597	501(C)(3)	37,500.	0.			THIS PROGRAM WILL PROVIDE DIRECT FUNDING FOR SSPS TO EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN
HIPS 906 H STREET, NE WASHINGTON, DC 20002	52-1847137	501(C)(3)	107,962.	0.			SUPPORT INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP W/ SSPS TO SERVE AS ACCESS POINTS
HOLLER HARM REDUCTION 1685 NC-213, UNIT 4 MARSHALL, NC 28753	85-2949706	501(C)(3)	37,500.	0.			TO SUPPORT THE CAPACITY OF THE INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES

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

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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
MARQUETTE COUNTY HEALTH DEPARTMENT 184 US 41 EAST NEGAUNEE, MI 49866	38-6004869	STATE GOVERNMENT	25,000.	0.			TO SUPPORT THE CAPACITY OF THE INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES
MEHARRY MEDICAL COLLEGE 1005 DOCTOR DB TODD JUNIOR BOULEVAR NASHVILLE, TN 37208	62-0488046	501(C)(3)	50,000.	0.			TO SUPPORT THE CAPACITY OF THE INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES
MEN & WOMEN IN PRISON MINISTRIES/DBA TRAN - 10 W. 35TH STREET - CHICAGO, IL 60616	36-3850240	501(C)(3)	118,617.	0.			SUPPORT INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP W/ SSPS TO SERVE AS ACCESS POINTS
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES - 235 S. GRAND AVE, SUITE 800, FEDERAL REPORTING - LANSING, MI 48933	38-6000134	501(C)(3)	121,939.	0.			THIS PROJECT SEEKS TO BUILD DATASHARING CAPACITY IN STATE HIV AND MEDICAID PROGRAMS TO
MILAN PUSKAR HEALTH RIGHT, INC 341 SOURCE ST MORGANTOWN, WV 26505	31-1118673	501(C)(3)	50,000.	0.			SUPPORT THE CAPACITY OF THE INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES
MISSOULA AID FUND, INC/DBA OPEN AID ALLI - 715 RONAN STREET - MISSOULA, WA 59802	36-3652244	501(C)(3)	211,669.	0.			SUPPORT INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP W/ SSPS TO SERVE AS ACCESS POINTS
MONETWORK 4022 SOUTH BROADWAY ST LOUIS, MO 63118	47-4063073	501(C)(3)	37,500.	0.			PROVIDE DIRECT FUNDING FOR SSPS TO EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH
NATIONAL ASSOCIATION OF COUNTY & CITY HEALTH OFFICIALS - 1201 L STREET, NW, SUITE 400 - WASHINGTON, DC 20005	52-1426663	501(C)(3)	104,170.	0.			TO PROVIDE SERVICES THAT WILL ASSIST HRSA RECIPIENTS TO COORDINATE RESOURCES, PLANNING AND
NATIONAL COALITION OF STD DIRECTORS - 1029 VERMONT AVE NW STE 500 - WASHINGTON, DC 20005	52-2065422	501(C)(3)	39,730.	0.			TECHNICAL EXPERTISE FOR HEALTH DEPARTMENTS (STD/HIV INTEGRATION, DISEASE INTERVENTION

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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
NORTH CAROLINA SURVIVORS UNION 116 GROVE ST GREENSBORO, NC 27403	83-2129340	501(C)(3)	50,000.	0.			PROVIDE DIRECT FUNDING FOR SSPTS TO EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH
OKLAHOMA HARM REDUCTION ALLIANCE, INC. - 2623 E 2ND STREET - TULSA, OK 74104	86-2303636	501(C)(3)	37,500.	0.			PROVIDE DIRECT FUNDING FOR SSPTS TO EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH
PARTNERSHIP TO END AIDS STATUS INC. - 6707 ABERFOYLE COVE - MEMPHIS, TN 38119	27-1054837	501(C)(3)	50,000.	0.			PROVIDE DIRECT FUNDING TO SSPTS TO EXPAND NATIONAL SSPTS TA FOR HDS AND CBOS THAT CAN REACH ALL SSPTS
POSITIVELY LIVING 317 N. GAY ST KNOXVILLE, TN 37917	62-1698383	501(C)(3)	37,500.	0.			PROVIDE DIRECT FUNDING TO SSPTS TO EXPAND NATIONAL SSPTS TA FOR HDS AND CBOS THAT CAN REACH ALL SSPTS
POWER4STL 5501 DELMAR BLVD SUITE A430 ST. LOUIS, MO 63112	83-2705388	501(C)(3)	75,000.	0.			PROVIDE DIRECT FUNDING TO SSPTS TO EXPAND NATIONAL SSPTS TA FOR HDS AND CBOS THAT CAN REACH ALL SSPTS
PROJECT WEBER RENEW 640 BROAD STREET PROVIDENCE, RI 02907	46-0964136	501(C)(3)	37,500.	0.			PROVIDE DIRECT FUNDING TO SSPTS TO EXPAND NATIONAL SSPTS TA FOR HDS AND CBOS THAT CAN REACH ALL SSPTS
PUNKS WITH LUNCH LANSING 201 N FOSTER ST LANSING, MI 48912	84-2357012	501(C)(3)	25,000.	0.			PROVIDE DIRECT FUNDING TO SSPTS TO EXPAND NATIONAL SSPTS TA FOR HDS AND CBOS THAT CAN REACH ALL SSPTS
REBEL RECOVERY FLORIDA, INC 400 N CONGRESS AVE SUITE 130 WEST PALM BEACH, FL 33401	81-5190566	501(C)(3)	50,000.	0.			TO SUPPORT THE CAPACITY OF THE INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES
RURAL AIDS ACTION NETWORK 300 E ST GERMAIN STREET ST 220 SAINT CLOUD, MN 56304	41-1784355	501(C)(3)	50,000.	0.			TO SUPPORT THE CAPACITY OF THE INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES

Schedule I (Form 990)

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

Schedule I (Form 990)

91-1568650

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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

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THE PEOPLE'S HARM REDUCTION ALLIANCE - P.O. BOX 85038 - SEATTLE, WA 98145	35-2307112	501(C)(3)	37,500.	0.			TO SUPPORT THE CAPACITY OF THE INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES
THE PUERTO RICO PROJECT 2840 N. MULLGAN AVE CHICAGO, IL 60007	87-1119473	501(C)(3)	50,000.	0.			TO SUPPORT THE CAPACITY OF THE INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP WITH SYRINGE SERVICES
THE REGENTS OF UNIVERSITY OF CALIFORNIA - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	435,445.	0.			TO BUILD DATASHARING CAPACITY IN STATE HIV AND MEDICAID PROGRAMS TO INCREASE THE NUMBER OF
TRYSTEREO HARM REDUCTION COLLECTIVE - 7229 EAST D STREET - TACOMA, WA 98404	80-0285340	501(C)(3)	37,500.	0.			PROVIDE DIRECT FUNDING FOR SSPS TO EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH
UNDERGROUND RECOVERY JAX 5120 BIG FOREST LN JACKSONVILLE, FL 32210	88-1640999	501(C)(3)	37,500.	0.			PROVIDE DIRECT FUNDING FOR SSPS TO EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH
UNITED TERRITORIES OF PACIFIC ISLANDERS A - 841 CENTRAL AVE N SUITE C-106 - KENT, WA 98032	61-1668192	501(C)(3)	50,000.	0.			PROVIDE DIRECT FUNDING FOR SSPS TO EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH
UNIVERSITY MARYLAND BALTIMORE COUNTY - 1000 HILLTOP CIRCLE - BALTIMORE, MD 21250	52-6002033	501(C)(3)	146,375.	0.			BUILD DATASHARING CAPACITY IN STATE HIV AND MEDICAID PROGRAMS TO INCREASE THE NUMBER OF
UNIVERSITY OF MIAMI 1320 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146	59-0624458	501(C)(3)	366,471.	0.			SUPPORT INFECTIOUS DISEASE WORKFORCE IN PARTNERSHIP W/ SSPS TO SERVE AS ACCESS POINTS
VERMONT COMMITTEE FOR AID RESOURCES, EDU - PO BOX 5248 - BURLINGTON, VT 05402	03-0307864	501(C)(3)	50,000.	0.			PROVIDE DIRECT FUNDING FOR SSPS TO EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH

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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
VIRGINIA HARM REDUCTION COALITION (VHRC) - 1917 FRANKLIN RD SW - ROANOKE, VA 24014	83-2479145	501(C)(3)	62,500.	0.			DEVELOP A PROGRAM TO LINK SSP CLIENTS TO MEDICATION ASSISTED THERAPIES, CARE FOR INFECTIOUS DISEASE,
WASHINGTON STATE DEPARTMENT OF HEALTH - 101 ISRAEL ROAD SOUTHEAST - TURNWATER, WA 98501	91-1444603	STATE GOVERNMENT	172,934.	0.			BUILD DATASHARING CAPACITY IN STATE HIV AND MEDICAID PROGRAMS TO INCREASE THE NUMBER OF
WECARETN 4005 PATTE ANN DRIVE MEMPHIS, TN 38166	83-2965696	501(C)(3)	75,000.	0.			PROVIDE DIRECT FUNDING FOR SSPTS TO EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH
WELLNESS SERVICES, INC 311 E. COURT ST. FLINT, MI 48502	38-2674052	501(C)(3)	37,500.	0.			PROVIDE DIRECT FUNDING FOR SSPTS TO EXPAND NATIONAL SSP TA FOR HDS AND CBOS THAT CAN REACH
WNCAP 554 FAIRVIEW RD ASHEVILLE, NC 28803	58-1772685	501(C)(3)	154,804.	0.			DEVELOP A PROGRAM TO LINK SSP CLIENTS TO MEDICATION ASSISTED THERAPIES, CARE FOR INFECTIOUS DISEASE,

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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

Part IV Supplemental Information

(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

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

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

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

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

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

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

Part IV Supplemental Information

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

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:

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.S.

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.S.

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.S.

NAME OF ORGANIZATION OR GOVERNMENT: IOWA DEPARTMENT OF PUBLIC HEALTH

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

(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: 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

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.

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.S.

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 US.

NAME OF ORGANIZATION OR GOVERNMENT: PUNKS WITH LUNCH LANSING

Part IV Supplemental Information

(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

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.S.

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

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

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

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: 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.S.

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

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:

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,

Part IV Supplemental Information

TRACK NAVIGATION SUPPORT AND DEVELOP GUIDANCE ON BEST PRACTICE

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS, DBA: NASTAD** Employer identification number **91-1568650**

Part I Questions Regarding Compensation

1a Check the appropriate 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

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

Schedule J (Form 990) 2022

Page 2

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.

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

Part III Supplemental Information

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

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.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization	NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS, DBA: NASTAD	Employer identification number	91-1568650
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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

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

232211 10-28-22

Name of the organization NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS, DBA: NASTAD	Employer identification number 91-1568650
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ASSISTANCE CENTER THAT ENDED JULY 31, 2023. IN ADDITION, SUPPORTING THE PROVISION OF TA TO SYRINGE SERVICES PROGRAMS (SSPS) AND OTHER HARM REDUCTION PROVIDERS, IT INCLUDED A DEMONSTRATION PROJECT THROUGH WHICH NASTAD AWARDED FUNDS TO SUPPORT SSPS WITH PROVIDING ACCESS TO 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 THE OF NATIONAL HARM REDUCTION TECHNICAL ASSISTANCE CENTER TO INCLUDE COORDINATION 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.

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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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AFFORDABLE CARE ACT (ACA) IMPLEMENTATION POLICIES WORKING PRIMARILY THROUGH COALITIONS LISTED ABOVE AS WELL AS RESEARCH ACTIVITIES 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 GOVERNMENT OF EACH JURISDICTION, AND ACTIVELY ENGAGED IN COORDINATING HIV (PREVENTION, 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

Name of the organization	NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS, DBA: NASTAD	Employer identification number	91-1568650
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ANY CONCERNS. THE FINAL VERSION OF THE FORM 990, FOLLOWING SUBMISSION, IS AVAILABLE FOR THE FULL MEMBERSHIP UPON REQUEST, AND THE PUBLIC 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 BENCHMARKING 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

Name of the organization	NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS, DBA: NASTAD	Employer identification number	91-1568650
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WV, WI, GA

FORM 990, PART VI, SECTION C, LINE 19:

NASTAD MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND AS REASONABLE. COPIES ARE PROVIDED THROUGH THE MEDIA REQUESTED, 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:

