

Return of Organization Exempt from Income Tax

2003

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning, 2003, and ending

B Check if applicable:

- Address change
Name change
Initial return
Final return
Amended return
Application pending

C Name of organization: National Minority AIDS Council
Number and street: 1931 13th Street, NW
City, town or country: Washington
State: DC ZIP code + 4: 20009

D Employer Identification Number: 52-1578289
E Telephone number: (202) 483-6622
F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations
H (a) Is this a group return for affiliates? No
H (b) If 'Yes,' enter number of affiliates
H (c) Are all affiliates included? No
H (d) Is this a separate return filed by an organization covered by a group ruling? No
I Group Exemption Number
M Check if the organization is not required to attach Schedule B

G Web site: www.nmac.org

J Organization type (check only one): 501(c) 3

K Check here if the organization's gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 5,826,049.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes revenue from contributions, program services, and expenses.

RECEIVED NOV 19 2003 GOLDEN JET

SCANNED NOV 22 2004

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ <u>90,840.</u> non-cash \$ _____)	22	90,840.	90,840.		
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	145,287.	138,023.	7,264.	0.
26 Other salaries and wages	26	2,634,727.	1,704,739.	722,041.	207,947.
27 Pension plan contributions	27	81,693.	53,918.	21,240.	6,535.
28 Other employee benefits	28	194,498.	128,368.	50,570.	15,560.
29 Payroll taxes	29	199,362.	131,579.	51,834.	15,949.
30 Professional fundraising fees	30				
31 Accounting fees	31	16,875.	11,186.	4,427.	1,262.
32 Legal fees	32				
33 Supplies	33	223,554.	199,495.	40,454.	-16,395.
34 Telephone	34	85,983.	45,752.	40,207.	24.
35 Postage and shipping	35	99,275.	68,492.	27,977.	2,806.
36 Occupancy	36	219,860.	145,108.	57,164.	17,588.
37 Equipment rental and maintenance	37	5,478.	3,615.	1,424.	439.
38 Printing and publications	38	375,050.	373,406.	1,117.	527.
39 Travel	39	873,528.	803,861.	26,510.	43,157.
40 Conferences, conventions, and meetings	40	726,684.	670,509.	16,498.	39,677.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	103,787.	68,499.	26,985.	8,303.
43 Other expenses not covered above (itemize):					
a Staff training & dev.	43a	104,704.	35,248.	37,206.	32,250.
b Marketing & promotion	43b	60,312.	31,993.	500.	27,819.
c Audiovisual	43c	197,809.	197,809.	0.	0.
d Consultants	43d	4,115,123.	3,808,565.	255,159.	51,399.
e See Other Expenses Stmt	43e	339,545.	208,338.	102,400.	28,807.
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	10,893,974.	8,919,343.	1,490,977.	483,654.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <u>See attached schedule</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>Technical Assistance and Treatment Training in areas such as fiscal management, resource development and other organizational and management issues. On-site training to Community Based Organizations.</u> (Grants and allocations \$ _____)	5,604,554.
b <u>Communication used to educate and develop consensus among individuals and minority community based organizations about HIV/AIDS.</u> (Grants and allocations \$ _____)	1,030,645.
c <u>Conferences & Trainings are held to enhance the effectiveness of Community Based Organizations to respond to the need of HIV infected individuals and people.</u> (Grants and allocations \$ _____)	1,685,809.
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	598,335.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	8,919,343.

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	500.	45	506.
	46 Savings and temporary cash investments	1,808,422.	46	972,136.
	47a Accounts receivable	55,127.		
	b Less: allowance for doubtful accounts		47c	55,127.
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable	6,046,559.	49	1,449,795.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	132,692.	53	134,892.
	54 Investments – securities (attach schedule)	934,028.	54	1,076,646.
	55a Investments – land, buildings, & equipment: basis			
b Less: accumulated depreciation (attach schedule)		55c		
56 Investments – other (attach schedule)		56		
57a Land, buildings, and equipment: basis	1,864,462.			
b Less: accumulated depreciation (attach schedule)	734,712.			
58 Other assets (describe _____)	999,147.	57c	1,129,750.	
58 Other assets (describe _____)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	9,921,348.	59	4,818,852.	
LIABILITIES	60 Accounts payable and accrued expenses	887,569.	60	841,645.
	61 Grants payable		61	
	62 Deferred revenue	1,630.	62	0.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	744,812.	64b	725,163.
	65 Other liabilities (describe _____)		65	
66 Total liabilities (add lines 60 through 65)	1,634,011.	66	1,566,808.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	2,375,577.	67	1,747,127.
	68 Temporarily restricted	5,911,760.	68	1,504,917.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	8,287,337.	73	3,252,044.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	9,921,348.	74	4,818,852.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part VI Other Information (See instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization? b If 'Yes,' enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		X
81a	Enter direct and indirect political expenditures. See line 81 instructions 81a		
81b	b Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	c Dues, assessments, and similar amounts from members 85c		
85d	d Section 162(e) lobbying and political expenditures 85d		
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e		
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f		
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g		
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h		
86a	86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a		
86b	b Gross receipts, included on line 12, for public use of club facilities 86b		
87a	87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a		
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX 88		X
89a	89a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
89b	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction 89b		X
	c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ _____		
90a	List the states with which a copy of this return is filed ▶ <u>Washington, DC</u> 90a		
	b Number of employees employed in the pay period that includes March 12, 2003 (See instructions) 90b		
91	The books are in care of ▶ <u>the organization</u> Telephone number ▶ <u>(202) 483-6622</u> Located at ▶ <u>page 1 address DC</u> ZIP + 4 ▶ <u>20009</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Conference registrations					1,182,183.
b Booth rentals					175,420.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					70,199.
95 Interest on savings & temporary cash invmnts			14	16,485.	
96 Dividends & interest from securities			14	43,361.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b Advertising revenue					4,331.
c Other revenue					-6,278.
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				59,846.	1,425,855.
105 Total (add line 104, columns (B), (D), and (E))					1,485,701.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	Meetings & registrations promoting membership and education of AIDS issues.
93b	Booth rentals for conferences to promote education of AIDS issues to the public.
94	Membership income provides revenue for the organization to carry on
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including attachments, if any, and I declare that it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which he or she has any knowledge.

Signature of officer: Paul Kawata

Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: Matthew EJA

Firm's name (or yours if self-employed) address, and ZIP + 4: Kronzek, Fisher & Lopez, PL
818 Connecticut Ave. NW # 3
Washington

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**

Supplementary Information — (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No 1545-0047

2003

Name of the organization

National Minority AIDS Council

Employer identification number

52-1578289

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Darren Johnson ----- Brentwood, TN	Deputy Dir 40	126,977.	2,080.	0.
Barbara A. Turman ----- Burtonsville, MD	HR Asooc. Dir. 40	76,609.	3,830.	0.
Terrence Calhoun ----- Washington, DC	Dir. Conf. 40	88,796.	4,477.	0.
Sandra M. Coles-Bell ----- Takoma Park, MD	Assit Dir Tech. Assit. 40	79,038.	3,462.	0.
Carlos Velez ----- Washington, DC	Dir. Tech. Assit. 40	121,822.	6,099.	0.
Total number of other employees paid over \$50,000	9			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms) If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Hugh Marketing Solutions ----- Washington, DC	Consulting	283,838.
Kevin Martin & Associates ----- Braintree, Massachusetts	Consulting	871,199.
BDO Seidman, LLP ----- Bethesda, MD	Consulting	250,936.
NAFEO ----- Silver Spring, MD	Consulting	149,334.
The Matthewson Group, LLC ----- Clarksville, MD	Consulting	461,748.
Total number of others receiving over \$50,000 for professional services	2	

Part III Statements About Activities (See instructions.)

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4 regarding lobbying activities, property sales, and grants.

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a X An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)
11b A community trust Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 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 charitable, etc, 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). (Also complete the Support Schedule in Part IV-A.)
13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions)

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A
 Yes No

<p>29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?</p>	<p>29</p>		
<p>30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?</p>	<p>30</p>		
<p>31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)</p> <p>----- ----- -----</p>	<p>31</p>		
<p>32 Does the organization maintain the following:</p>			
<p>a Records indicating the racial composition of the student body, faculty, and administrative staff?</p>	<p>32 a</p>		
<p>b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?</p>	<p>32 b</p>		
<p>c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?</p>	<p>32 c</p>		
<p>d Copies of all material used by the organization or on its behalf to solicit contributions?</p>	<p>32 d</p>		
<p>If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)</p> <p>----- ----- -----</p>			
<p>33 Does the organization discriminate by race in any way with respect to:</p>			
<p>a Students' rights or privileges?</p>	<p>33 a</p>		
<p>b Admissions policies?</p>	<p>33 b</p>		
<p>c Employment of faculty or administrative staff?</p>	<p>33 c</p>		
<p>d Scholarships or other financial assistance?</p>	<p>33 d</p>		
<p>e Educational policies?</p>	<p>33 e</p>		
<p>f Use of facilities?</p>	<p>33 f</p>		
<p>g Athletic programs?</p>	<p>33 g</p>		
<p>h Other extracurricular activities?</p>	<p>33 h</p>		
<p>If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)</p> <p>----- ----- -----</p>			
<p>34 a Does the organization receive any financial aid or assistance from a governmental agency?</p>	<p>34 a</p>		
<p>b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.</p>	<p>34 b</p>		
<p>35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.</p>	<p>35</p>		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table –		
	If the amount on line 40 is – The lobbying nontaxable amount is –		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41	
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.		Yes	No	Amount
a Volunteers			X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X		
c Media advertisements			X	
d Mailings to members, legislators, or the public		X		
e Publications, or published or broadcast statements			X	
f Grants to other organizations for lobbying purposes			X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X		14,639.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			X	
i Total lobbying expenditures (add lines c through h.)				14,639.

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize):				
Scholarship awards including tr	196,591.	153,030.	18,695.	24,866.
Program materials	23,043.	23,043.	0.	0.
Other expense	119,911.	32,265.	83,705.	3,941.
Total	339,545.	208,338.	102,400.	28,807.

Form 990, Page 6, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103a	conferences and other educational purposes of the organization, Advertising revenue received for promotions relating to the conference.
103b	Other revenue received relating to the organization's exempt purpose.

Schedule A, Part IV-A, Line 22

Other Income

Description	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
Advertising income	8,911.	6,851.	5,556.	0.	21,318.
Other income	2,775.	56,789.	238,741.	41,611.	339,916.
Total	11,686.	63,640.	244,297.	41,611.	361,234.

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
Net unrealized gain on investments	32,632.
Total	<u>32,632.</u>

Supporting Statement of:

Sch. A, 990 p 3/Line 22-b

Description	Amount
Advertising income	6,851.
Other revenue	56,789.
Total	<u>63,640.</u>

Supporting Statement of:

Sch. A, 990 p 3/Line 22-c

Description	Amount
Advertising income	5,556.
Other revenue	238,741.
Total	<u>244,297.</u>

Supporting Statement of:

Sch. A, 990 p 3/Line 22-d

Description	Amount
Other income	41,611.
Total	<u>41,611.</u>

Vendor Name	Vendor Address	City	State	Zip	\$Amount
210201	2-1-1 B'G BEND INC	TALLAHASSEE	FL	32302	\$ 900.00
A LITTLE	A LITTLE LIFT	BALTIMORE	MD	21214	\$ 900.00
ABUNDANT LIFE	ABUNDANT LIFE COMM OUTREACH	LACDU FLAMBEAU	WI	54538	\$ 900.00
ACCEPT	ACCEPT AIDS COMMUNITY CULTURAL	JACKSONVILLE	NC	28540	\$ 900.00
ACCESS NET	THE ACCESS NETWORK	RENO	NV	85612	\$ 900.00
AFRICAN AVER HC	THE AFRICAN & AVER CAM HC	RIDGELAND	SC	29956	\$ 900.00
AFRICAN SERVICE	AFRICAN SERVICES COMMITTEE	NASHVILLE	TN	37203	\$ 1,800.00
AIDS ALLIANCE	AIDS ALLIANCE OF N.W. GEORGIA	NEW YORK	NY	10027	\$ 300.00
AIDS CELL	AIDS CELL	CARTERSVILLE	GA	30120	\$ 900.00
AIDS EDU AIDS HELP	AIDS EDUCATION GLOBAL AIDS HELP, INC	STERLING HEIGHTS	MI	45313	\$ 900.00
AIDS M.N	AIDS MINISTR-ESAIDS ASSIST	SAN JUAN, CAPSTRAYO KEYWEST	CA FL	92675 33041	\$ -
AIDS PROJ IA	AIDS PROJECT OF CENTRAL IOWA	SOUTH BEND	IN	46834	\$ 900.00
AIDS PROJ OF RH	AIDS PROJECT OF RHODE ISLAND	DES MOINES	IA	50308	\$ 900.00
ANOTHER CHOICE	ANOTHER CHOICE ANOTHER CHANCE	PROVIDENCE	RI	2903	\$ 900.00
APHEC	APHEC INTERNATIONAL	RANCHO CORDOVA	CA	95670	\$ 900.00
APICHA	APICHA	NORTH MIAMI	FL	33161	\$ 900.00
ATTUCKS COMM	ATTUCKS COMM SERVICES INC	NEW YORK	NY	10013	\$ 3,000.00
BALM IN GILEAD	THE BALM IN G LEAD	CARBONDALE	FL	62601	\$ 900.00
BATON ROUGE AID	BATON ROUGE AIDS SOCIETY	NEW YORK	NY	10036	\$ -
BAY SHORE	BAY SHORE SERVICES INC	BATON ROUGE	LA	70805	\$ 900.00
BEAT AIDS	BEAT AIDS INC	SALISBURY	MD	21801	\$ 900.00
BETHANY PLACE	BETHANY PLACE	SAN ANTONIO	TX	78212	\$ 900.00
BILL'S KITCHEN BORINGUEN	BILL'S KITCHEN, INC BORINGUEN HEALTH CARE CTR INC	BELEVILLE	IL	62220	\$ 900.00
BOSTON LIVING	BOSTON LIVING CENTER	SAN JUAN MIAMI	PR FL	00813-5678 33137	\$ 900.00
BROOKLYN AIDS	BROOKLYN AIDS TASK FORCE	BOSTON	MA	2116	\$ 900.00
		BROOKLYN	NY	11217	\$ 900.00

BROTHER TO	BROTHER TO BROTHER	PORTLAND	OR	97208 \$	900 00
CARARISIE	CANARSIE AWARE INCE	BROOKLYN	NY	11235 \$	900 00
CATHOLIC FAM	CATHOLIC FAMILY SERVICES INC	LUEBOCK	TX	79401 \$	900 00
CHURCH AVE	CHURCH AVENUE MERCHANTS	BROOKLYN	NY	11228 \$	900 00
CIRCLE FAMILY	CIRCLE FAMILY CARE	CHICAGO	IL	60644 \$	900 00
COALITION CN	COALITION ON AT RISK M.HORITY	HUNTSVILLE	AL	35511 \$	900 00
COLORADO TASK	THE COLORADO TASK FORCE	DENVER	CO	80206 \$	900 00
COLUMBIA CARES	COLUMBIA CARES INC	COLUMBIA	TN	38401 \$	900 00
COM SERV	COMMUNITY SERVICE CENTER	NEW ORLEANS	LA	70115 \$	900 00
COMPREHENSIVE	COMPREHENSIVE HEALTH EDUCATION	MILWAUKEE	WI	53233 \$	900 00
CREATIVE VISION	CREATIVE VISIONS	DES MONES	IA	50314 \$	900 00
CRITICAL LEARN	CRITICAL LEARNING SYSTEMS INC	ALTA LOIMA	CA	91737 \$	900 00
CURE AIDS	CURE AIDS OF WILM NGTON	WILM NGTON	NC	28401 \$	900 00
EAST OAKLAND	EAST OAKLAND COMMUNITY PROJECT	OAKLAND	CA	94621 \$	900 00
EMG	EMG HEALTH COMMUNICATIONS	ELMONT	NY	11023 \$	900 00
ETERNAL GUID	THE ETERNAL GUIDING LIGHT	POMPANO BEACH	FL	33059 \$	900 00
FOOTHILLS	FOOTHILLS AIDS PROJECT	CLAREMONT	CA	91711 \$	900 00
FRIENDS	FRIENDS ALLIANCE	WARREN	MI	48091 \$	900 00
FRIENDS HELP	FRIENDS HELPING FRIENDS	ROCKY MOUNT	NC	27802 \$	900 00
FRONTLINE	FRONTLINE OF NORTHERN NEVADA	RENO	NV	89570-0231 \$	900 00
GALATA	GALATA HEALTH CARE, INC	FLORIDA CITY	FL	33034 \$	900 00
GOLDEN RULE	GOLDEN RULE SERVICES	SACRAMENTO	CA	95825-3511 \$	900 00
GRATEFUL	GRATEFUL INC	BALTIMORE	MD	21217 \$	900 00

GREATER MT	GREATER MT CALVARY HOLY CHURCH	WASHINGTON	DC	23002 \$
GREYSTON FOUNDA	GREYSTON FOUNDATION	YONKERS	NY	10703 \$ 900 00
GRIOT CIRC	GRIOT CIRCLE INC	BROOKLYN	NY	11217 \$ 900 00
GROUP MIN	GROUP MINISTRIES INC	BUFFALO	NY	14208 \$ 900 00
HARLEM	HARLEM UNITED	NEW YORK	NY	10027 \$
HARLEM LEGAL	HARLEM LEGAL SERVICES	NEW YORK	NY	10027 \$
HEARTLAND CARES	HEARTLAND CARES INC	PADUCAH	KY	42001 \$ 900 00
HERO	HERO	BALTIMORE	MD	21201 \$ 1,250 00
HOPE	HOPE	BOSTON	MA	2130 \$ 900 00
HOUSE OF INFI	THE HOUSE OF INF.NITI	MILWAUKEE	WI	53202 \$ 900 00
KENT	KENT COUNTY COUNSELING	DOVER	DE	19904 \$ 900 00
KI SERVICES	KI SERVICES INC	ALEXANDRIA	VA	22314 \$ 900 00
KING DAVID	KING DAVID FOUNDATION	AVENTURA	FL	33160 \$ 900 00
LA CASA	LA CASA DE ESPERANZA INC	WAUKESHA	WI	53186 \$ 900 00
LIFELINES FOUN	LIFELINES FOUNDATION INC	BALTIMORE	MD	21201 \$ 900 00
LINDA VISTA	LINDA VISTA HEALTH CARE CTR	SAN DIEGO	CA	92111 \$ 900 00
LUSTER AU	LUSTER ALL PASTORAL CARE	BARTOW	FL	33630 \$ 900 00
LUTHERAN SOCIA	LUTHERAN SOCIAL SERVICES	JACKSONVILLE	FL	32207 \$ 900 00
MAHOGANY	MAHOGANY REVUE RESEARCH & DEVL	OCALA	FL	34478 \$ 900 00
MCGREGOR CLINIC	MCGREGOR CLINIC INC	FORT MYERS	FL	33901 \$ 900 00
METROLINA AIDS	METROLINA AIDS PROJECT	CHARLOTTE	NC	28232 \$ 900 00
MILLENIUM HH	MILLENIUM HEALTH & HUMAN	BALTIMORE	MD	21201 \$
MINORITY HC	MINORITY HEALTH COALITION	ELKHART	IN	46515 \$
NAPS	NATIONAL ASSOCIATION	ST. LOUIS	MO	63130 \$ 900 00
NEW HOPE	NEW HOPE COUNSELING CTR	HOUSTON	TX	77081 \$ 900 00
OSACS	OSACS WOMEN'S CENTER	DES MOINES	IA	50311 \$ 900 00
PEOPLES HC	PEOPLES HEALTH CENTERS	ST LOUIS	MO	63112 \$ 900 00
POSITIVE IMAGE	POSITIVE IMAGES OF BROWARD CTY	FT LAUDERDALE	FL	33311 \$ 900 00
POSITIVE LIV	POSITIVELY LIVING	KNOXVILLE	TN	37617 \$ 900 00

HIV/AIDS MINISTRY -
AUDRA HICKS -
600 RHODE ISLAND AVE NE
JOE TRIBBLE -
21 PARK AVE
GLEN FRANCES I
30 TH RD AVE # 202
ARTHUR BOYD -
1333 JEFFERSON AVE
PATRICIA MCGOVERY -
306 LENOX AVE - 3RD FLOOR
SHIRLEY TRAYLOR -
55 WEST 125TH ST - 10TH FLOOR
KRISTA WOOD -
3225 CLAY ST
1734 MARYLAND AVE
165 BROOKSIDE AVE
LANCER BOHANNON -
600 N WATER STREET # 340
IRENE WILLIAMSON -
1241 COLLEGE PARK DR
YVONNE WILLIAMS -
817 A K V G ST # 200
MARIA RODRIGUEZ -
17971 BISCAYNE BLVD # 117
ANSELMO VILLAN YEALD
410 ARCADIAN AVE
CRYSTAL GODWIN
106 WEST CLAY ST
ERANCO MATICH
6973 LINDA VISTA RD
& CULTURAL CENTER -
HARVEY LESTER -
1028 ERICE BLVD
DENISE JOHNSON -
4515 PHILIPS HWY
CANDACE LEWIS-KHUFIA
P O BOX 6779
SHARON MURPHY -
2526 SECOND ST # 105
J ALAN WILLIAMS -
PO BOX 32662
SERVICES DEVELOPMENT CORP -
GLORIA HUNTER -
642 MADISON AVE
ELKHART COUNTY -
TARA MORRIS -
P O BOX 278
MICHELE MERIWETHER -
P O BOX 2691
SAMUEL OSUEKE
6420 HILLCROFT # 314
MONICA CAMERON -
1300 21ST ST
MARK SANFORD -
5701 DELMAR BLVD
GEORGIA FOSTER -
2700 W OAKLAND PARK BLVD # 22
DEE CRUM -
1501 EAST FIFTH AVE

Organization Name	Address	City	State	Zip	Amount
PREMIER CARE & LEARNING CTR PROJECT AZUKA	2110 HOLLYWOOD AVE 2111 PRCE STREET JOHY CAYALLARO -	SARASOTA	FL	34201	\$ 3,630.00
PROJECT SAM	PROJECT SAMANTAN AIDS SERVICE SERAS INC	SARASOTA	FL	34201	\$ 900.00
SICKLE CELL DISEASE SIOUXLAND	SICKLE CELL DISEASE SIOUXLAND AIDS COALITION PO BOX 3619 TASK FORDE J	SIOUX CITY	IA	51102	\$ 900.00
SOUTH MISSI	SOUTH MISSISSIPPIALPS LAWSON CA EARNEST -	BILOXI	MS	39531	\$ 900.00
SOUTH TEXAS	SOUTH TEXAS INTERFAITH COJNCIL SANDI SANTANO -	CORPUS CHRISTI	TX	78404	\$ 900.00
ST LUKE	ST LUKE HOSPITAL & HEALTH NETWORK J	BETHLEHEM	PA	18015	\$ 900.00
STEWART MEM	STEWART MEMORIAL ANE CHURCH JEFFREY JAHRE 801 OSTIUM ST WILLIAM GLENN -	PERRY	FL	32348	\$ 1,260.00
TEEN FEALTH	TEEN HEALTH CLINIC/BAYLOR PEGGY SWITH -	HOUSTON	TX	77030	\$ 900.00
THE LIVING ROOM	THE LIVING ROOM JULIO MASTRO -	FRESNO	CA	93701	\$ 900.00
TRANQUILLUM	TRANQUILLUM CENTER TERRY HERKIMER - P.O. BOX 456 ADULT DAYCARE CENTER INC -	RICHMOND	CA	94580	\$ 900.00
TRINITY MINIS TYLER AIDS	TRINITY MINISTRIES TYLER AIDS SERVICES INC LINDA LYNCH -	SUNRISE TYLER	FL TX	33313 75709	\$ 900.00 \$ 900.00
UNITED BRONX	UNITED BRONX PARENTS INC BRIAN MURPHY -	BRONX	NY	10455	\$ 900.00
URBAN RESOURCE US HELP	URBAN RESOURCE INSTITUTE US HELPING US BENEFIT OFFICE - 156 FIFTH AVE # 222 811 L STREET S E	NEW YORK WASHINGTON	NY DC	10010 20003	\$ 1,000.00 \$ 1,000.00
VOLUNTEERS OF WEST CARE	VOLUNTEERS OF AMERICA WEST CARE CALIFORNIA INC SHAWN JENKINS -	SISSETON	SD	57252	\$ 900.00
WORKING WON'DERS	WORKING WON'DERS EVELYN VALENTIN - P.O. BOX 1209	FRESNO	CA	93776	\$ 900.00
WORLD	WORLD C/O MAURA RIORDAN - 414 13TH STREET - 2ND FLOOR	CATHEDRAL CITY	CA	92235	\$ 900.00
YORK COUNTY	YORK COUNTY COUNCIL RITA HEWITT - P.O. BOX 595	OAKLAND	CA	94612	\$ 900.00
YOUTH CARE	YOUTH CARE DEBRA BOYER - 2500 NE 54TH ST	YORK SEATTLE	PA WA	17405 98105	\$ - \$ 900.00
					\$ 92,640.00

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only.

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	National Minority AIDS Council	52-1578289
	Number, street, and room or suite number. If a P.O. box, see instructions	
	1931 13th Street, NW	
	City, town or post office. For a foreign address, see instructions	state ZIP code
	Washington	DC 20009

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until Aug 16, 20 04, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 03 or

▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____


b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

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, and that I am authorized to prepare this form.

Signature ▶ 

Title ▶ 

Date ▶ 4/15/04

Form 8868 (12-2000) National Minority AIDS Council 52-1578289 Page 2

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box [X]

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Name of Exempt Organization: National Minority AIDS Council
Employer Identification number: 52-1578289
Address: 1931 13th Street, NW, Washington DC 20009

Check type of return to be filed (file a separate application for each return):
[X] Form 990 [] Form 990-EZ [] Form 990-T (Section 401(a) or 408(a) trust) [] Form 1041-A [] Form 5227 [] Form 8870
[] Form 990-BL [] Form 990-PF [] Form 990-T (trust other than above) [] Form 4720 [] Form 6069

Stop: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

If the organization does not have an office or place of business in the United States, check this box []
If this is for a Group Return, enter the organizations four digit Group Exemption Number (GEN) If this is for the whole group, check this box [] . If it is part of the group, check this box [X] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until Nov 15, 2004.
5 For calendar year 2003, or other tax year beginning, 20 and ending, 20
6 If this tax year is for less than 12 months, check reason: [] Initial return [] Final return [] Change in accounting period
7 State in detail why you need the extension Delays in assembling and compiling the information necessary to file a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$

Signature and Verification

Under penalties of perjury, I declare that I have examined the form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.
Signature: [Signature] CPA Date: 8/16/04

Notice to Applicant - To be Completed by the IRS

- [] We have approved this application. Please attach this form to the organization's return.
[] We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
[] We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
[] We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
Other: _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name: Kronzek, Fisher & Lopez, PLLC
Address: 818 Connecticut Ave. NW # 300
City: Washington DC 20006