Because we intend to represent the face of HIV/AIDS, the majority of NAPWA’s board and staff are people living with HIV/AIDS and are people of color.

The Board of Trustees—previously, the Board of Directors—for the National Association of People with AIDS (NAPWA) voted unanimously on Monday, April 28, 2008 to change the title formerly known as “Executive Director” to “President & CEO.” The Board as well as all staff within the organization now possess amended titles in keeping with the changing field of non-profit professions and with anticipation of organizational growth.

Board of Trustees

Officers
David Ernesto Munar – Chair, Chicago, IL
Michelle Lopez – Vice Chair, Bronx, NY
Larry Bryant – Treasurer, Washington, DC
John Paul Womble – Co-Secretary, Raleigh, NC
Darryl Wong – Co-Secretary, New York, NY
Judith Billings – At Large, Puyallup, WA
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Miguel Miranda, Atlanta, GA
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Executive Office
Frank J. Oldham, Jr., President and CEO
Vanessa Johnson, JD Executive Vice President
Angelo D. James, Executive Assistant to the President

Capacity Building Programs
Christian Castro, Program Manager
Brandon Wilson, Evaluation Specialist

Policy
Kali Lindsey, Vice President for Federal Government Affairs

Community Affairs / Consumer Advocacy Project
Stephen Bailous, Vice President for Community Affairs
Juan Quinonez, Community Affairs Associate
Michael Emanuel Rajner, National Community Organizer

Communications
Andrew Spieldenner, MA Vice President for Communications and Public Relations
Takirra Winfield, MA Director of Media Affairs

Development
Tom Kujawski, Vice President for Development
Tasiyiwa Mapondera, Director of Membership

Finance
William P. Seagroves, Vice President for Finance
## Agency Overview

The National Association of People with AIDS (NAPWA) was founded over two decades ago as a network of people living with AIDS and HIV (PWA/H) working to better the quality of life for all. NAPWA was the central mechanism for various social and community groups of PWA/H to articulate their voice on Capitol Hill, organize for treatment education, and connect with other people going through similar struggles. Today, NAPWA remains a strong voice in policy, capacity building and leadership development, and social networking.

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In 2008, the National Association of People with AIDS (NAPWA) commemorates 25 years of existence. Sadly, many of our founders, supporters, and members are no longer with us. It is a credit to their activism, determination and vision that we continue to nurture an activist movement by and for people living with HIV/AIDS until the day this crisis is over.

As AIDS has changed, so has NAPWA. Our programs—which continue to build the knowledge and capacity of HIV-positive people to serve in leadership roles—increasingly focus on under-served populations such as women and youth. And when we once struggled just to “stay alive,” now our sights are set much higher. Today, we strive to improve the longevity and standard of living for all people living with HIV/AIDS in the United States.

Improving the quality and availability of a wide range of essential services is therefore at the top of our agenda as well as an array of legal, social, and medical issues facing people with HIV including trauma, aging, immigration, disclosure, relationships, family, mental health, and addictions, among others.

But as much as the epidemic has changed, so much remains the same. For more than 15 years, NAPWA has devoted enhanced attention to communities of color where the needs are greatest. We continue to advocate for expanded voluntary HIV testing services linked to life-extending, high-quality care as well as rational federal policy initiatives that parallel the growth and complexity of the epidemic. Persistent and debilitating stigma and discrimination continue to affect every facet of the fight against HIV/AIDS. Mitigating stigma continues to be one of the central tasks NAPWA must combat every day.

Financial pressures have made NAPWA more focused, nimble, and innovative. The past five years have been difficult for NAPWA and financial challenges have affected our ability to do all that is needed. Despite these pressures, NAPWA has learned to be more innovative, flexible, and entrepreneurial.

This year we negotiated an exciting new 10-year partnership with POZ magazine, the nation’s premiere publication for people living with HIV/AIDS, to grow our membership and disseminate critical policy and advocacy news to POZ readers. The Treatment Access Expansion Project (TAEP), co-located at NAPWA, brings policy advocacy expertise to an exciting, collaborative project to achieve healthcare expansion for low-income and uninsured people with HIV/AIDS. With the nation’s economy entering a recession, NAPWA took preemptive action and relocated to smaller, more affordable office space. In 2007, our staff and Board retired a multi-year debt, which threatened our institutional progress, and we remain committed to balancing our budget.

Programmatically, NAPWA continues to extend outreach to communities affected by the epidemic. In 2007, NAPWA held its most successful National HIV Testing Day to date, since our launch in 1995. Our annual event on Capitol Hill, AIDSWatch, remains one the most important national AIDS advocacy events of the year, encouraging people living with HIV/AIDS and their families and friends to educate their representatives on HIV/AIDS policy needed to better their quality of life. In 2008, we are also launching regional meetings to nurture local advocacy, leadership, and skills-development with people living with HIV/AIDS across the country.

The National Association of People with AIDS needs your help to sustain and grow our movement. We’ve matured, improved, and refined our activities to be more focused, effective, and efficient. By becoming a NAPWA member, you help us become a more powerful and influential voice. Even better, make an annual tax-deductible contribution to help NAPWA cover costs such as lobbying that cannot be paid for with public and private grants.

For 25 years, NAPWA has represented you—people affected by HIV/AIDS. With your help, we will be around as long as is absolutely necessary!

Sincerely,

David Ernesto Munar
Board Chair
National Association of People with AIDS

Frank J. Oldham, Jr.
President and CEO
National Association of People with AIDS

PS: For a minimum annual fee of $35, you can become a NAPWA member and receive a confidential subscription to POZ. Join today!
I. policy

NAPWA advocates on behalf of all persons in the United States living with HIV/AIDS. As the trusted voice for the community, NAPWA guards against public defamation and/or stigmatization of people with AIDS and their networks. NAPWA works in partnership with the Treatment Access Expansion Project toward improving access to early and comprehensive treatment for persons living with HIV/AIDS. Advocacy initiatives change as necessary to support administrative, appropriations, and legislative opportunities that expand the quality of life for persons living with AIDS. NAPWA’s advocacy efforts depend on the generous contributions of people concerned about HIV/AIDS in America.

Latinos and HIV/AIDS Congressional Briefing on Capitol Hill

On April 24, 2007 Los Angeles-based Bienestar hosted the Congressional Hispanic Caucus’s monthly minority health briefing to draw special attention to the impact of HIV/AIDS on the Latino communities. NAPWA joined with National Minority AIDS Council (NMAC) and the National Alliance of State & Territorial AIDS Directors (NASTAD) to co-sponsor the event. Congresswoman Hilda Solis and the Honorable Maxine Waters spoke about the impact of HIV in a variety of community and institutional settings to a packed room on Capitol Hill. Representatives from Bienestar, NAPWA, NASTAD, NMAC, the Kaiser Family Foundation, and the Florida Department of Health articulated how immigration, acculturation, health access, public policy, education, homophobia and sexism affect HIV/AIDS prevention and treatment for Latinos in the US.

National Women’s AIDS Congressional Briefing on Capitol Hill

On October 22, 2007, NAPWA collaborated with the National Women’s AIDS Coalition to conduct a Congressional Breakfast Briefing. Representatives from the Ms. Foundation for Women, Gay Men’s Health Crisis, Aspirations, Women Rising Project, Maryland Department of Health and Mental Hygiene, Women Alive Coalition, and Women Organized to Respond to Life-Threatening Disease spoke about critical concerns for women, such as updating the surveillance tools to more fully include women in the HIV epidemic. In addition, many shared successes and challenges to providing women-centered HIV services in today’s climate.

Treatment Access Expansion Project Partnership

NAPWA continued its partnership with the Treatment Access Expansion Project (TAEP) to advocate for the Early Treatment for HIV Act (ETHA) – a bi-partisan sponsored bill that is currently pending on Capitol Hill. ETHA would allow for uninsured and underinsured people diagnosed with HIV to get access to treatment through Medicaid. In 2007, TAEP and NAPWA made ETHA a central talking point at regional meetings across the country and at AIDSWatch.

NAPWA and TAEP also educate people living with HIV about critical policy and treatment issues. In 2007, TAEP and NAPWA co-wrote a special policy page in POZ magazine to highlight policy issues.

AIDSWatch

AIDSWatch is the largest annual constituent-based Federal HIV/AIDS advocacy and education event in the U.S. Participants include people living with HIV/AIDS, their families, friends, care providers, and other advocates. AIDSWatch attracts people living with HIV and affected by the disease to the nation’s capital to educate members of congress on HIV/AIDS issues. Many other national organizations concerned about HIV/AIDS also participate in the planning, funding and support of this event. AIDSWatch activities are designed to complement regional and national administrative, appropriations, and legislative initiative ongoing throughout the year.

In 2007, over 200 people living with HIV came to DC to let their voice be heard. After a day of training and orientation, the AIDSWatch participants

Early Treatment for HIV Act (EHTA)

In 2007, NAPWA and the Treatment Access Expansion Project (TAEP) introduced the Early Treatment for HIV Act (ETHA) in Congress. Currently, each state regulates access to treatment for HIV/AIDS. For years, low-income citizens and even the “working poor” have been denied HIV treatment because they must wait to become completely disabled by AIDS before they can receive care. ETHA allows states to increase Medicaid coverage so lower-income individuals across the nation can receive the treatment they need.
Regional Meetings & Activities

Consumer Advocacy Project

District of Columbia
NAPWA realizes the value of mental, physical and emotional well-being for people living with HIV/AIDS. The Consumer Advocacy Project (CAP) aims to increase access to HIV/AIDS services in the Washington, DC metropolitan area for individuals who are uninsured or underinsured.

CAP's goals are to provide assistance in obtaining medical, legal, financial, and other needed supportive services to people living with HIV/AIDS in the Washington, DC-metropolitan area following Ryan White Title I provisions, which recognizes 19 counties in Washington, D.C., Suburban Maryland, Suburban Virginia, and West Virginia. CAP also serves as a vehicle for residents to voice grievances about medical services they receive.

Staying Alive

New Orleans, LA & Cleveland, OH
For ten years, NAPWA conducted the Staying Alive conference. Staying Alive was the longest running conference for and by people living with HIV. Thousands of people have attended the event over the decade. Skills building workshops, support sessions, social networking opportunities, and treatment education have been vital parts of Staying Alive.

In fiscal year 2007, NAPWA put on two Staying Alive conferences: in New Orleans, LA and in Cleveland, OH. Over 300 people living with HIV – including youth, women, African Americans, Latinos, gay and bisexual men, and transgendered – came together at each event to discuss and learn about the latest trends in treatment, policy, and regional concerns.

AIDS In America: 2008 Planned Regional Meetings

Miami, FL & Atlanta, GA
For years, NAPWA followed traditional models of HIV/AIDS organizing – using national conferences as a platform to reach our constituents. After more than two decades of HIV, NAPWA has recognized that funding and constituent needs have changed. Advances in treatment and networking technology have profoundly affected our constituent needs. While treatment, care services, and health are still vital concerns, social networking opportunities can be more localized. In fact, NAPWA believes it is most effective when regional concerns of people living with HIV/AIDS can be articulated at a national level.

Starting in 2008, NAPWA will begin conducting one-day Regional Meetings in key locations. The NAPWA 2008 Regional Meetings have two goals in mind: 1) to increase knowledge about health, including treatment and care services; and 2) to increase social networking opportunities. NAPWA will achieve the two goals through panel presentations, small group sessions, and formal and informal networking sessions. The Regional Meeting model has the advantage of being responsive to particular issues in a local community around stigma, access to care, and health legislation education. In addition, the Regional Meeting model is a different way for a national AIDS organization to conduct business: by reaching out to local regions and making sure that their voices and concerns are recorded in a timely and accurate manner.
III. capacity building programs

NAPWA works with community-based organizations, elected officials, government agencies, individuals, private industry, and coalitions to build capacity for National HIV Testing Day and other HIV testing events; reducing AIDS stigma; promoting HIV-positive visible leadership; and working with community planning groups. In the past few years, NAPWA has developed a more targeted approach to its capacity building programs to highlight communities that suffer a disproportionate disease burden, including Latinos, African Americans, youth, and long-term survivors. In all these communities, we focus particular attention to issues of women, gay and bisexual men, and transgendered. These trainings are provided free of charge.

SABER

SABER (meaning “to know” in Spanish) is an acronym for Salud (Health), Acción (Action), Bienestar (Wellbeing), Educación (Education), and Respecto (Respect). SABER coalitions consist of community-based and governmental partners that focus on HIV testing events for Latinos in their regions. SABER team captains are in diverse areas, including Chicago, New York City, Miami, Orlando, El Paso, San Antonio, Los Angeles, District of Columbia, Baltimore, San Juan, and Columbus.

In 2007, SABER team captains used the skills developed over the past few years to present at the Ohio AIDS Leadership Conference, the National Latinos and AIDS Conference, the HIV Prevention Leadership Summit, and the US Conference on AIDS.

Positive African American Network

The Positive African American Network (PAAN) works with HIV-positive African Americans across the country to develop skills in coalition building, public speaking, and presentation. PAAN members live in diverse regions, such as San Diego, Detroit, Tuscaloosa, Mobile, Baltimore, the District of Columbia, New York City, Anchorage, and Atlanta.


Positive Youth Institute

HIV-positive young people face a unique combination of issues related to their age and HIV status. Most HIV efforts targeting youth are based in education and screening, discounting those who already have an HIV-positive diagnosis. In addition, clinical services are comprehensive, but limited in range. Medical care alone does not address integral familial, social, community, and personal issues. Social support, access to community and treatment, and developmental issues are complicated by: HIV transmission route (e.g. perinatal or behavioral); time since diagnosis; family medical and social histories; geographic location; and age and other demographics.

In 2007, NAPWA began the Positive Youth Institute in an effort to train HIV-positive young people from across the country in the life skills required for good health. Over 60 young people attended the two-day Institute in Cleveland, OH. The workshops ran the gamut of social and medical issues, and included: public presentation; resume building; media spokesperson issues; creative arts; medical care and treatment, and body image. Workshops were taught by professionals in their respective fields.

Women’s Institute

The Women’s Institute builds upon the collaborations and partnerships that NAPWA is involved with other national organizations in regards to shaping public policy for the to improve lives, rights and dignity of women living with, affected by, and at-risk for HIV. Activities are designed to help ensure that key decision makers are informed of issues impacting this target population.
In 2007, NAPWA convened its second Women’s Institute. Over 70 women gathered to discuss critical issues around women’s HIV-infection, diagnosis, and treatment. The women represent diversity in geographic location, racial/ethnic identity, sexual diversity, and immigration and HIV-status.

**Collaborative Trainings**

**LEAP**

Leadership in Advocacy and Planning (LEAP) is a specially designed 2½ day training focused on the needs and skills of HIV-positive people who want to participate or already have membership on HIV planning councils. Developed with the Academy for Educational Development, LEAP defines the many roles of HIV planning councils and consortia, the various ways to engage and serve on the committee structure, and how to articulate community concerns about how services are provided in a region.

In 2007, NAPWA took been part of LEAP trainings in Maine, Indiana, Washington DC, Mississippi, and North Carolina.
IV. National HIV Testing Day

The National Association of People with AIDS (NAPWA) started National HIV Testing Day (NHTD) in 1995. Every year, on June 27th, local organizations across the nation engage with communities to promote early diagnosis and HIV-testing. The Centers for Disease Control and Prevention (CDC) estimates that 250,000 of the 1 million to 1.2 million people living with HIV/AIDS in the United States are unaware of their status. NAPWA realizes that lack of access to treatment and care along with social stigma can make living with HIV difficult. With early diagnosis, individuals will know their HIV-status and should be linked into culturally-appropriate treatment and care. During NHTD, we work with our partners, which include thousands of community-based organizations, businesses, health departments, elected officials, media, and individuals to encourage routine HIV-testing and to promote culturally-apt messages for those affected by and living with HIV/AIDS.

In 2007, NAPWA held its most successful Testing Day to date. Over 10,000 individuals, elected officials, health departments, government agencies, media, and business partners supported NAPWA’s efforts to educate the public about the effects of social stigma and promote early diagnosis. Highlights from 2007’s NHTD included a new bilingual poster campaign aimed at women and men of color and men who have sex with men (MSM) as well as a new series called “This Is My Story,” featuring personal stories from those affected by and living with HIV/AIDS.

MEDIA COVERAGE

The media remain crucial partners for promoting messages that educate the public about HIV/AIDS. During NHTD 2007, media outlets proclaimed “Take the Test, Take Control” throughout the country. NAPWA’s media coverage for Testing Day targeted many demographically and culturally diverse arenas.

National and local media promoted Testing Day efforts. National highlights came from ABC’s Nightline, CNN, Fox News, Premiere Radio Networks, Radio One, and CBS Radio. NAPWA gained coverage from media outlets in Texas, Ohio, Oregon, Tennessee, and Washington. Local NBC and CBS affiliates across the country picked up on Testing Day messages by encouraging viewers to engage in locally-sponsored events. Additionally, local radio stations played a significant role in encouraging their listeners to participate in NHTD events. On June 27th in Washington, DC, where rates of HIV/AIDS are the highest in the nation, WPGC 95.5 broadcasted from Planned Parenthood on Minnesota Avenue in Southeast DC and US HELPING US on Georgia Avenue in Northwest DC promoting NAPWA’s “This Is My Story” initiative and encouraging the communities to come out and get tested. A variety of print media also covered Testing Day events. Among them were the Beaumont Enterprise, Washington Hispanic, PR Week, HomeTown Life, Toledo Blade, and PR News Wire. NAPWA also partnered up with Manhunt.com to feature banner ads leading up to and during Testing Day, which resulted one million plus hits to NAPWA’s NHTD site. Similarly, the Centers for Disease Control and Prevention sponsored targeted banner ads on blackplanet.com, migente.com, gay.com, and myspace.com.

NAPWA’s Testing Day 2007 media efforts reached thousands of communities nationwide. With help from media partners, “Take the Test, Take Control” spanned the nation.
MAYORS AND GOVERNORS CAMPAIGN

NAPWA encourages elected officials nationwide to participate in National HIV Testing Day. During 2007, NAPWA partnered up with OraSure Technologies in its third Mayors Campaign Against HIV to successfully obtain the support of 35 mayors across the country. During this initiative, OraSure donated 18,000 complimentary HIV tests to the community or organization of each mayor's choice.

2007 marked NAPWA's launch of the Governors HIV Testing Initiative, a collaboration between NAPWA, Inverness Medical Innovations, and OraSure Technologies.

Inverness Medical Innovations supported NHTD by encouraging governors to get involved by giving 1,000 complimentary HIV tests to each participating state. Governor Eliot Spitzer of New York and Governor Mike Easley of North Carolina announced proclamations in honor of Testing Day.

NAPWA successfully launched a new creative initiative called “This Is My Story” during National HIV Testing Day 2007. The nationwide campaign serves as a conversation piece to get people talking about HIV/AIDS to reduce stigma, increase testing, and improve the use of social networks for people living with HIV. Stories feature both those living with HIV/AIDS and those affected by HIV/AIDS. With this new campaign, NAPWA set out to engage people with real stories so that they would have more than just statistics—numbers do not tell the whole story about HIV/AIDS. Since the “This Is My Story” launch in 2007, many have expressed interest in becoming NAPWA members and telling their stories.
V. FY 2007 financials

NATIONAL ASSOCIATION OF PEOPLE WITH AIDS ("NAPWA")
Selected Financial Data* Years ended September 30,

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<th>2007</th>
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<td>32,177</td>
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<td>26,107</td>
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<td><strong>Total assets</strong></td>
<td>$602,782</td>
<td>566,654</td>
<td>484,922</td>
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<td><strong>Liabilities and Net Assets</strong></td>
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<td>Accounts payable and accrued expenses</td>
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<td>566,654</td>
<td>484,922</td>
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<td><strong>Statements of Activities</strong></td>
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<td>Public support</td>
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<td>Other revenue</td>
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<td>Supporting services</td>
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<td>2,788,963</td>
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<td><strong>Net change for year</strong></td>
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<td><strong>Statements of Cash Flows</strong></td>
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<td>Cash flows from operating activities</td>
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<td>Cash flows from financing activities</td>
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<tr>
<td><strong>Net change in cash</strong></td>
<td>$32,648</td>
<td>135,053</td>
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</table>

*This selected financial data is presented in summary format to provide information regarding the performance of NAPWA in a manner that is meaningful and useful to the widest range of readers.

This information is derived from the audited financial statements. Audited financials are available directly from NAPWA.

At NAPWA, 82¢ of every dollar directly funds NAPWA’s programs and services.
VI. supporters

NAPWA is able to advocate effectively because of its members. Many organizations and individuals contribute to NAPWA’s mission. By becoming a member, you are saying that you support the Voice of Positive Leadership. As a NAPWA member, you will get Positive Voice Alerts indicating an advocacy issue that could affect you and what you can do about it.

Organizational Membership
Organizational members are a vital part of NAPWA’s constituency. We recognize the changing political landscape and we know that together is the best way we can make a difference.

Current Organizational Members
AIDS Alabama, Birmingham, AL
AIDS Education and Training Centers, Rockville, MD
AIDS OASIS, Ft. Walton Beach, FL
AIDS Project Los Angeles, Los Angeles, CA
African Services Committee, New York, NY
AIDS Action, Washington, DC
AIDS Council of Northeastern New York, Albany, NY
AIDS Foundation of Chicago, Chicago, IL
AIDS Healthcare Foundation, Los Angeles, CA
AIDS Taskforce of Greater Cleveland, Cleveland, OH
Albany Medical Center-AIDS Program, Albany, New York
Alliance of AIDS Services-Carolina, Inc., Raleigh, NC
Association of Nurses in AIDS Care, Akron, OH
Blue Mountain Heart to Heart, Walla Walla, WA
Bronx AIDS Services, Bronx, New York
CARES, Inc., New York, New York, NY
Cascade AIDS Project, Portland, OR
Centers for Disease Control and Prevention, Atlanta, GA
Chicago Department of Health, Chicago, IL
Chicago House, Chicago, IL
Cicatelli Associates, Inc., New York, NY
Community Based Learning Alternatives Center, Smithfield, NC
Desert AIDS Project, Palm Springs, CA
Eddy VNA Care Team Program, Troy, NY
Family Health Council, Pittsburgh, PA
Frontier Tax Solution, Gaithersburg, MD
Funders Concerned About AIDS, New York, NY
Gay Men’s Health Crisis, New York, NY
H C I, Paducah, KY
Harlem United, New York, NY
Housing Works, New York, NY
Human Resources and Services Administration, Washington, DC
L.A. Gay & Lesbian Center, Los Angeles, CA
Lifelong AIDS Alliance, Seattle, WA
Macedonia Outreach Center, Houston, TX
National Alliance of State & Territorial AIDS Directors, Washington, DC
National Minority AIDS Council, Washington, DC
New Orleans AIDS Task Force, New Orleans, LA
New York Department of Health AIDS Institute, New York, NY
New York Presbyterian System Select Health, New York, NY
Ohio AIDS Coalition, Columbus, OH
Perceptions for People with Disabilities, New York, NY
Project Inform, San Francisco, CA
Public Health Solutions, New York City, NY
San Francisco AIDS Foundation, San Francisco, CA
Treatment Access Expansion Project, Boston, MA
The AIDS Institute, Washington, DC
Village Care of New York, NY
West Alabama AIDS Outreach, Inc., Tuscaloosa, AL
Whitman-Walker Clinic, Washington, DC
Whitney M. Young, Jr. Health Center, Albany, NY
Who’s Positive, State College, PA
Supporting Corporations, Organizations and Federal Agencies

Abbott Laboratories  
African Services Committee  
AIDS Action Council  
AIDS Alabama  
AIDS Council of Northeastern New York  
AIDS Education and Training Centers  
AIDS Foundation Chicago  
AIDS Funding Collaborative  
AIDS Healthcare Foundation  
AIDS Institute – NYS Department of Health  
AIDS OASIS  
AIDS Project Los Angeles  
AIDS Taskforce of Greater Cleveland  
Albany Medical Center-AIDS Program  
Alliance of AIDS Services-Carolina, Inc.  
Alphawood Foundation  
A-Mark Foundation  
Americans for Safe Access  
Anonymous (5)  
Association of Nurses in AIDS Care  
Beyond Identities Community Center  
Black Entertainment Television  
Blue Mountain Heart to Heart  
Boehringer Ingelheim  
Boston Market  
Bristol-Myers Squibb  
Broadway Cares /Equity Fights AIDS  
Bronx AIDS Services  
Cable Positive  
CAEER Coalition  
CAEER Coalition Foundation  
Campaign to End AIDS  
CARES, Inc., New York  
Cascade AIDS Project  
Case Western Reserve University Center for AIDS Research  
CDC - Division of Adolescent and School Health  
Centers for Disease Control and Prevention  
Chicago Department of Public Health  
Chicago House  
Cicatelli Associates, Inc.  
Cleveland Clinic  
Cleveland State University  
Comcast  
Community Based Learning Alternatives Center  
Community HIV AIDS Mobilization Project  
Danya International  
Democratic National Committee  
Desert AIDS Project  
DHHS - U.S. Office on Women's Health  
Dobb Camera  
Eddy VNA Care Team Program  
Edelman  
Family Health Council  
Ford Foundation  
Frontier Tax Solution  
Funders Concerned About AIDS  
Gay Men's Health Crisis  
Gilead Sciences  
Glaxo Smith Kline  
H C I  
Harlem Congregations For Community Improvement, Inc.  
Harlem United  
Health Resources and Services Administration  
Highnoon Communications  
Housing Works  
Human Resources and Services Administration  
Illinois Department of Public Health  
IMQuest  
Inverness Medical Innovations  
John M. Lloyd Foundation  
L.A. Gay & Lesbian Center  
Lifelong AIDS Alliance  
M-A-C AIDS Fund  
Macedonia Outreach Center  
Mail Order Meds  
Minority Healthcare Communications  
Monogram Biosciences  
Ms. Foundation  
Nashville CARES  
National AIDS Fund  
National Alliance of State and Territorial AIDS Directors  
National Institutes of Health  
National Minority AIDS Council  
National Native American AIDS Prevention Center  
National Prevention Information Network  
National Quality Center  
Nature's Best  
New Orleans AIDS Task Force  
New York State Department of Health AIDS Institute  
New York Presbyterian System  
Night Sweats and T-Cells  
Office of Minority Health Resource Center  
Ohio AIDS Coalition  
Ohio Department of Health  
OraSure Technologies  
Perceptions for People with Disabilities  
Pfizer  
Pharmcare  
Pharmaceutical Research and Manufacturers Association  
Phil Zwickler Charitable and Memorial Foundation Trust  
POZ  
Project Inform  
Public Health Solutions  
Radio One  
Rainbow Endowment  
Roche and Trimeris  
San Francisco AIDS Foundation  
SAVE ADAP  
Southern AIDS Coalition  
The AIDS Institute  
Tibotec Therapeutics  
Title II Community AIDS National Network  
Treatment Access Expansion Project  
US Office of Minority Health Resource Center  
US Office of Women's Health  
Village Care of New York  
West Alabama AIDS Outreach, Inc.  
Whitman-Walker Clinic  
Whitney M. Young, Jr. Health Center  
Who's Positive
Statement from the Advisory Committee of People with AIDS (1983)

We condemn attempts to label us as ‘victims,’ a term which implies defeat, and we are only occasionally ‘patients,’ a term which implies passivity, helplessness, and dependence upon the care of others. We are ‘People With AIDS.’

NAPWA was founded on the Denver Principles in 1983.

RECOMMENDATIONS FOR HEALTH CARE PROFESSIONALS

1. Come out, especially to their patients who have AIDS.
2. Always clearly identify and discuss the theory they favor as to the cause of AIDS, since this bias affects the treatments and advice they give.
3. Get in touch with their feelings (e.g., fears, anxieties, hopes, etc.) About AIDS and not simply deal with AIDS intellectually.
4. Take a thorough personal inventory and identify and examine their own agendas around AIDS.
5. Treat people with AIDS as a whole people, and address psychological issues as well as biophysical ones.
6. Address the question of sexuality in people with AIDS specifically, sensitively and with information about gay male sexuality in general, and the sexuality of people with AIDS in particular.

RECOMMENDATIONS FOR PEOPLE WITH AIDS

1. Form caucuses to choose their own representatives, to deal with the media, to choose their own agenda and to plan their own strategies.
2. Be involved at every level of decision-making and specifically serve on the board of directors of provider organizations.
3. Be included in all AIDS forums with equal credibility as other participants, to share their own experiences and knowledge.
4. Substitute low-risk sexual behaviors for those which could endanger themselves or their partners; we feel that people with AIDS have an ethical responsibility to inform their potential partners of their health status.

RIGHTS OF PEOPLE WITH AIDS

1. To live as full and satisfying sexual and emotional lives as anyone else.
2. To receive quality medical treatment and quality social service provision without discrimination of any form, including sexual orientation, gender, diagnosis, economic status or race.
3. To obtain full explanations of all medical procedures and risks, to choose or refuse their treatment modalities, to refuse to participate in research without jeopardizing their treatment and to make informed decisions about their lives.
4. To ensure privacy and confidentiality of medical records, to receive human respect and the right to choose who their significant others are.
5. To die–and to LIVE–in dignity.

RECOMMENDATIONS FOR ALL PEOPLE

1. Support & Membership in our struggle against those who would fire us from our jobs, evict us from our homes, refuse to touch us or separate us from our loved ones, our community or our peers, since available evidence does not support the view that AIDS can be spread by casual, social contact.
2. Not scapegoat people with AIDS, blame us for the epidemic or generalize about our lifestyles.