

Return of Organization Exempt From Income Tax

2005

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 2005 calendar year, or tax year beginning, 2005, and ending

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See specific instructions. TREATMENT ACTION GROUP 611 BROADWAY #608 NEW YORK, NY 10012

D Employer Identification Number 13-3624785 E Telephone number 212-253-7922 F Accounting method: Cash, Accrual, Other (specify)

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? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Schedule B

G Web site: N/A

J Organization type (check only one) 501(c) 3 (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 516,667.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss) (attach schedule); 8d Net gain or (loss); 9 Special events and activities (attach schedule); 9a Gross revenue (not including \$105,752 of contributions reported on line 1a); 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue (from Part VII, line 103); 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22				
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	93,844.	83,653.	7,770.	2,421.
26 Other salaries and wages.....	26	263,875.	235,224.	21,857.	6,794.
27 Pension plan contributions.....	27				
28 Other employee benefits.....	28	42,919.	38,258.	3,555.	1,106.
29 Payroll taxes.....	29	20,440.	18,220.	1,693.	527.
30 Professional fundraising fees.....	30				
31 Accounting fees.....	31				
32 Legal fees.....	32				
33 Supplies.....	33	9,875.	3,704.	6,057.	114.
34 Telephone.....	34	13,482.	9,967.	3,515.	
35 Postage and shipping.....	35	7,514.	3,263.	978.	3,273.
36 Occupancy.....	36	29,066.	25,910.	2,407.	749.
37 Equipment rental and maintenance.....	37				
38 Printing and publications.....	38	7,332.	5,836.	998.	498.
39 Travel.....	39	74,111.	66,232.	7,879.	
40 Conferences, conventions, and meetings.....	40				
41 Interest.....	41				
42 Depreciation, depletion, etc (attach schedule).....	42	4,867.	4,339.	403.	125.
43 Other expenses not covered above (itemize):					
a See Statement 2	43a	239,761.	218,550.	11,540.	9,671.
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g _____	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	807,086.	713,156.	68,652.	25,278.

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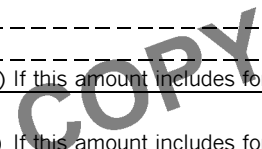
Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?..... Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments

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.

What is the organization's primary exempt purpose? ▶ <u>See Statement 3</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>See Statement 4</u> ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	713,156.
b ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	713,156.

BAA Form 990 (2005)



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
A S S E T S	45 Cash — non-interest-bearing	403,725.	45	622,109.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47 a		
	b Less: allowance for doubtful accounts	47 b	47 c	
	48 a Pledges receivable	70,625.		
	b Less: allowance for doubtful accounts	48 b	48 c	70,625.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch.)	51 a		
	b Less: allowance for doubtful accounts	51 b	51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	1,506.	53	2,859.
	54 Investments — securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments — land, buildings, & equipment: basis	55 a		
	b Less: accumulated depreciation (attach schedule)	55 b	55 c	
56 Investments — other (attach schedule)		56		
57 a Land, buildings, and equipment: basis	26,216.			
b Less: accumulated depreciation (attach schedule)	57 b	57 c	8,606.	
58 Other assets (describe ▶ See Statement 6)	4,455.	58	4,455.	
59 Total assets (must equal line 74). Add lines 45 through 58	1,035,448.	59	708,654.	
L I A B I L I T I E S	60 Accounts payable and accrued expenses	12,664.	60	5,352.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ▶)		65	
66 Total liabilities. Add lines 60 through 65	12,664.	66	5,352.	
N E T A S S E T S O R F U N D B A L A N C E S	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	250,717.	67	272,262.
	68 Temporarily restricted	772,067.	68	431,040.
	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)	1,022,784.	73	703,302.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,035,448.	74	708,654.

BAA

Form 990 (2005)

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	516,667.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	516,667.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____ See Stmt 7	d2	-29,063.
	Add lines d1 and d2	d	-29,063.
e	Total revenue (Part I, line 12). Add lines c and d	e	487,604.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	836,149.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): _____ See Stmt 8	b4	29,063.
	Add lines b1 through b4	b	29,063.
c	Subtract line b from line a	c	807,086.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	807,086.

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Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Statement 9		93,844.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings .. <u>11</u>	<input type="checkbox"/>	<input type="checkbox"/>
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Note. Related organizations include section 509(a)(3) supporting organizations. If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	<input type="checkbox"/>	<input type="checkbox"/>
d Does the organization have a written conflict of interest policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

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Part VI Other Information <i>(See the instructions.)</i>	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
77 Were any changes made in the organizing or governing documents but not reported to the IRS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	<input type="checkbox"/>	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes,' enter the name of the organization ▶ <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>
..... and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.	<input type="checkbox"/>	<input type="checkbox"/>
81a Enter direct and indirect political expenditures. (See line 81 instructions.)	<input type="checkbox"/>	<input type="checkbox"/>
..... 81a 0.	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Other Information (continued)		Yes	No
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
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 N/A		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?.....	X	
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
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....		N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?.....		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?.....		N/A
	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.		
c	Dues, assessments, and similar amounts from members.....		N/A
	85c N/A		
d	Section 162(e) lobbying and political expenditures.....		N/A
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.....		N/A
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e).....		N/A
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.....		N/A
85g			N/A
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?.....		N/A
85h			N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.....		N/A
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities.....		N/A
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders.....		N/A
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).....		N/A
	87b N/A		
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.....		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
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.....		X
89b			X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958..... ▶ 0.		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization..... ▶ 0.		0.
90a	List the states with which a copy of this return is filed ▶ CA NY PA		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.).....	90b	6
91a	The books are in care of ▶ TREATMENT ACTION GROUP Telephone number ▶ 212-253-7922 Located at ▶ 611 BROADWAY, SUITE 608 NEW YORK, NY, ZIP + 4 ▶ 10012		
b	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)?..... If 'Yes,' enter the name of the foreign country ▶	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
c	At any time during the calendar year, did the organization maintain an office outside of the United States?..... If 'Yes,' enter the name of the foreign country ▶	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here..... N/A... ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year..... ▶ 92 N/A		

Part VII Analysis of Income-Producing Activities (See the 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 _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies . . .					
94 Membership dues and assessments . . .					
95 Interest on savings & temporary cash invmnts . . .			14	7,016.	
96 Dividends & interest from securities . . .					
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			1	-24,263.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				-17,247.	
105 Total (add line 104, columns (B), (D), and (E))					-17,247.

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 the 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).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(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
N/A	%			
	%			
	%			
	%			

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

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN (See General Instruction W) 094-64-7506

Firm's name (or yours if self-employed), address, and ZIP + 4 Dinowitz & Bove, CPAs
150 Broadway RM 1105
New York, NY 10038

EIN 02-0632187
Phone no. 212-973-0935

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 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

2005

Name of the organization

TREATMENT ACTION GROUP

Employer identification number

13-3624785

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
See Statement 10		186,672.	0.	0.
Total number of other employees paid over \$50,000	0			

Part II – A 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
None		
Total number of others receiving over \$50,000 for professional services	0	

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See instructions.)

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 2a. Sale, exchange, or leasing of property? 2b. Lending of money or other extension of credit? 2c. Furnishing of goods, services, or facilities? 2d. Payment of compensation... 2e. Transfer of any part of its income or assets? 3a. Do you make grants for scholarships... 3b. Do you have a section 403(b) annuity plan... 3c. During the year, did the organization receive a contribution... 4a. Did you maintain any separate account... 4b. Do you provide credit counseling...

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... and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income...
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). Check the box that describes the type of supporting organization: [] Type 1 [] Type 2 [] Type 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. Multiple rows for data entry.

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	918,845.	664,585.	700,698.	609,161.	2,893,289.
16 Membership fees received					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	4,500.	5,070.	4,650.	6,180.	20,400.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,870.	2,467.	3,682.	4,368.	14,387.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
23 Total of lines 15 through 22	927,215.	672,122.	709,030.	619,709.	2,928,076.
24 Line 23 minus line 17	922,715.	667,052.	704,380.	613,529.	2,907,676.
25 Enter 1% of line 23	9,272.	6,721.	7,090.	6,197.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 58,154.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 1,210,691.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 2,907,676.
d Add: Amounts from column (e) for lines: 18 <u>14,387.</u> 19 <u>1,210,691.</u> 22 <u>6,721.</u> 26b <u>1,210,691.</u> ▶					26d 1,225,078.
e Public support (line 26c minus line 26d total) ▶					26e 1,682,598.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 57.87 %
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c _____
d Add: Line 27a total and line 27b total ▶					27d _____
e Public support (line 27c total minus line 27d total) ▶					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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
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?		
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?		
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.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
	d Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges?		
	b Admissions policies?		
	c Employment of faculty or administrative staff?		
	d Scholarships or other financial assistance?		
	e Educational policies?		
	f Use of facilities?		
	g Athletic programs?		
	h Other extracurricular activities?		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
	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.		
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.		

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

N/A

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) 2005	(b) 2004	(c) 2003	(d) 2002	(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.)

N/A

	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			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h .)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with columns Yes, No and rows 51 a (i), a (ii), b (i), b (ii), b (iii), b (iv), b (v), b (vi), c

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with columns (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements

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52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If 'Yes,' complete the following schedule:

Table with columns (a) Name of organization, (b) Type of organization, (c) Description of relationship

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization

TREATMENT ACTION GROUP

Employer identification number

13-3624785

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

Employer identification number

TREATMENT ACTION GROUP

13-3624785

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BRISTOL-MEYERS SUIBB CO ----- P.O. BOX 4500 ----- PRINCETON, NJ 08543-4500, -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	GILEAD SCIENCES ----- 333 LAKESIDE DRIVE ----- FOSTER CITY, CA 94404, -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	ROCHE PHARMACEUTICALS ----- 340 KINGSLAND ST. BLDG 85-4 ----- NUTLEY, NJ 07110-1199, -----	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	NEWMAN'S OWN, INC. ----- 246 POST ROAD EAST ----- WESTPORT, CT 06880, -----	\$ 135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
5	IRENE DIAMOND FOUNDATION ----- 800 THIRD AVE, STE 2700 ----- NEW YORK, NY 10022, -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
6	JOHN M. LLOYD FOUNDATION ----- 220 26TH STREET, SUITE 204 ----- SANTA MONICA, CA 90402, -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

Employer identification number

TREATMENT ACTION GROUP

13-3624785

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	BOEHRINGER INGELHEIM PHARMACEU 900 RIDGEBURY ROAD, PO BOX 368 RIDGEFIELD, CT 06877-0368,	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	GLAXOSMITHKLINE ONE FRANKLIN PLAZA PHILADELPHIA, PA 19102	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	BILL & MELINDA GATES FDN P.O. BOX 23350 SEATTLE, WASHINGTON 98102,	\$ 491,754.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	IMPACT MARKETING AND COMMUNI. 1638 R ST NW WASHINGTON DC, 20009	\$ 18,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

COPY

Name of organization **TREATMENT ACTION GROUP** Employer identification number **13-3624785**

Part II Noncash Property (See Specific Instructions.)

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

COPY

Name of organization

Employer identification number

TREATMENT ACTION GROUP

13-3624785

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) ... \$ N/A

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Row 1 contains 'N/A' in column (b).

Table with 2 columns: (e) Transfer of gift, split into 'Transferee's name, address, and ZIP + 4' and 'Relationship of transferor to transferee'.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. All cells are empty.

Table with 2 columns: (e) Transfer of gift, split into 'Transferee's name, address, and ZIP + 4' and 'Relationship of transferor to transferee'. All cells are empty.

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Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. All cells are empty.

Table with 2 columns: (e) Transfer of gift, split into 'Transferee's name, address, and ZIP + 4' and 'Relationship of transferor to transferee'. All cells are empty.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. All cells are empty.

Table with 2 columns: (e) Transfer of gift, split into 'Transferee's name, address, and ZIP + 4' and 'Relationship of transferor to transferee'. All cells are empty.

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 **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	TREATMENT ACTION GROUP	13-3624785
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	611 BROADWAY #608	
	City, town or post office. For a foreign address, see instructions.	state ZIP code
	NEW YORK, NY 10012	

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

- The books are in the care of ▶ TREATMENT ACTION GROUP -----

Telephone No. ▶ 212-253-7922 ----- FAX No. ▶ -----

- 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-months for a **Form 990-T corporation**) extension of time until 8/15, 2006, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2005 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 \$ 0.

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 \$ 0.

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 \$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev 12-2004)

Statement 1
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contri- butions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
RESEARCH AND ACTION AWARDS	110,552.	105,752.	4,800.	29,063.	-24,263.
Total	<u>\$ 110,552.</u>	<u>\$ 105,752.</u>	<u>\$ 4,800.</u>	<u>\$ 29,063.</u>	<u>\$ -24,263.</u>

Statement 2
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Advertising	623.		573.	50.
Bank charges	4,382.	1,499.	1,538.	1,345.
Consultants	26,714.	19,231.	6,545.	938.
Direct mail expense	7,278.			7,278.
Dues & subscriptions	4,148.	3,665.	423.	60.
Insurance	1,279.		1,279.	
Payroll services	1,182.		1,182.	
Workshop	194,155.	194,155.		
Total	<u>\$ 239,761.</u>	<u>\$ 218,550.</u>	<u>\$ 11,540.</u>	<u>\$ 9,671.</u>

Statement 3
Form 990, Part III
Organization's Primary Exempt Purpose

Founded in January 1992, The Treatment Action Group is the only organization in the United States dedicated solely to AIDS research and treatment advocacy. TAG focuses on the public and private AIDS research effort to improve the drug development process, to speed the pace of medical advances in treating HIV infection and its associated opportunistic complications and co-infections, to ensure that the government, the pharmaceutical industry, and the international sector spend their AIDS research and treatment dollars wisely, and to educate communities affected by HIV on effective treatment strategies. Armed with keenly developed scientific and political expertise, TAG's full-time policy staff members meet with researchers, pharmaceutical companies, and government officials to encourage exploration of understudied areas in AIDS research and speed up drug development, approval, and access. We work with the World Health Organization and community organizations globally, and strive to develop the scientific and political expertise needed to transform policy. TAG is committed to working for and with all communities affected by HIV.

Statement 4
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
<p>Antiretroviral Project</p> <p>TAG's Antiretroviral project staff review the state of research on anti-HIV drugs; advocate for greater efforts in this area; focus on innovative drugs which are active against drug-resistant HIV easier to take, or less toxic. TAG advocates for better post-marketing research on approved antiretroviral drugs to improve standards of care; works on domestic and international treatment guidelines; and educates and mobilizes policymakers, researchers, and the HIV community on anti-HIV treatment research. TAG works with academic researchers, clinicians, Federal agencies such as the Food & Drug Administration (FDA) and the National Institutes of Health (NIH), and with domestic and international community coalitions to achieve these ends.</p> <p style="text-align: right;">Includes Foreign Grants: No</p>		
<p>Federal Affairs / NIH Project</p> <p>TAG staff and consultants work to secure additional funds for the U.S. and international AIDS research, treatment, and public education programs and seek to influence policymakers, researchers, and the HIV community so that the funds are spent effectively and efficiently. TAG closely monitors the AIDS research programs at the National Institutes of Health (NIH) to ensure that they are efficient, effective, and address the highest priority questions in AIDS research and treatment, both domestically and internationally; and advocates in Washington, D.C., for a strong and independent NIH Office of AIDS Research (OAR). To these ends, TAG works with coalitions such as the AIDS Treatment Activists Coalition (ATAC), the Coalition for Salvage Therapy (CST), the Fair Price Coalition (FPC), the Federal AIDS Policy Partnership (FAPP), the Research Working Group (RWG), and Save ADAP.</p> <p style="text-align: right;">Includes Foreign Grants: No</p>		
<p>Basic Science & Vaccines Project</p> <p>TAG staff and consultants review the state of basic research on HIV/AIDS, including pathogenesis, immunology, vaccine, microbicide, and pre-clinical drug discovery and development, and advocates for better and faster research into the pathogenesis of HIV infection and the interactions between HIV and the immune system, for research on immune-based therapeutic approaches to HIV infection, for accelerated, scientifically rigorous HIV vaccine and microbicide research, and on projects to educate and mobilize policymakers, researchers, and the HIV community on basic science and vaccine development.</p> <p style="text-align: right;">Includes Foreign Grants: No</p>		
<p>HCV Co-Infection Project</p> <p>Led by TAG's Coinfection Project Director, TAG staff and</p>		

Statement 4 (continued)
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
<p>consultants review the state of research on the opportunistic complications, infections, cancers, and co-infections related to HIV/AIDS, and advocate for greater efforts in this area while working to educate and mobilize policymakers, researchers, and the HIV community. Current efforts focus on hepatitis C virus (HCV) infection, which may co-infect up to a quarter of all people with HIV in the United States and often leads to end-stage liver disease. TAG works to improve research, treatment, and community awareness of these co-infections.</p> <p style="text-align: right;">Includes Foreign Grants: No</p>		
<p>TB/HIV Project</p> <p>TAG's TB/HIV Project seeks to educate and empower communities affected by HIV/AIDS domestically and internationally to understand, mobilize, and respond effectively to the challenges posed by the intersecting epidemics of tuberculosis (TB) and HIV. Worldwide, TB is the leading opportunistic infection and a leading cause of death among people living with HIV. To educate, mobilize, and empower HIV communities, TAG works with the support of the Bill & Melinda Gates Foundation and in alliance with the Open Society Institute (OSI), the Stop TB Partnership, the World Health Organization, and others to increase community understanding of TB/HIV co-infection and to increase the quality and quantity of research, treatment and resources to combat the two epidemics.</p> <p style="text-align: right;">Includes Foreign Grants: No</p>		
<p>Community Education and Outreach Program</p> <p>TAG staff and consultants work to educate communities around the U.S.A. affected by HIV about the latest developments in research and treatment and to train and mentor individuals to advocate on their own behalf. These activities include playing a leadership role in the North American AIDS Treatment Action Forum (NATAF) and helping to organize trainings for the AIDS Treatment Activists Coalition (ATAC) and its Drug Development Committee (DDC).</p> <p style="text-align: right;">Includes Foreign Grants: No</p>		
<p>TAGline & World-Wide Website</p> <p>TAG staff and consultants publish periodic issues of the research and treatment policy newsletter, TAGline, TAG Update, the Annual Report, What's in the Pipeline?, treatment education and community workshop updates, and frequent updates on the TAG world wide web sites, www.treatmentactiongroup.org and www.aidsinfonyc.org/tag.</p> <p style="text-align: right;">Includes Foreign Grants: No</p>		
<p>International Program</p>		

Statement 4 (continued)
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
TAG staff and consultants work with individuals and organizations in New York, in Washington, D.C., and around the world to catalyze more effective global interventions against the HIV pandemic. TAG helped organize the International Treatment Preparedness Coalition (ITPC) which in 2004 helped to win a \$1 million contract from the World Health Organization to support treatment education and literacy efforts in developing countries. TAG works to mobilize more effective international programs from the Global Fund to Fight AIDS, TB & Malaria (GFATM), UNAIDS, the U.S. government, the World Bank, the World Health Organization (WHO), and others.		713,156.
Includes Foreign Grants: No		
	<u>\$ 0.</u>	<u>\$ 713,156.</u>

Statement 5
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

COPY

Category	Basis	Accum. Deprec.	Book Value
Machinery and Equipment	\$ 26,216.	\$ 17,610.	\$ 8,606.
Total	<u>\$ 26,216.</u>	<u>\$ 17,610.</u>	<u>\$ 8,606.</u>

Statement 6
Form 990, Part IV, Line 58
Other Assets

Security deposits.....	\$ 4,455.
Total	<u>\$ 4,455.</u>

Statement 7
Form 990, Part IV-A, Line d(2)
Other Amounts

Event expenses reported on line 9b.....	\$ -29,063.
Total	<u>\$ -29,063.</u>

Statement 8
Form 990, Part IV-B, Line b(4)
Other Amounts

Event expenses reported on line 9b..... \$ 29,063.
 Total \$ 29,063.

Statement 9
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
ALBY P. MACCARONE, JR. c/o TAG, 611 BROADWAY NEW YORK, NY 10012	Director 1	\$ 0.	\$ 0.	\$ 0.
MONTE STEINMAN c/o TAG, 611 BROADWAY New York, NY 10012	Director 1	0.	0.	0.
MARK O'DONNELL c/o TAG, 611 BROADWAY NEW YORK, NY 10012	Director 1	0.	0.	0.
LYNDA DEE, ESQ c/o TAG, 611 BROADWAY NEW YORK, NY 10012	DIRECTOR 1	0.	0.	0.
BARBARA HUGHES c/o TAG, 611 BROADWAY NEW YORK, NY 10012	PRESIDENT 5	0.	0.	0.
LAURA MORRISON c/o TAG, 611 BROADWAY NEW YORK, NY 10012	SECRETARY/TREAS 5	0.	0.	0.
M. SHANE DAWSON, M.D. c/o TAG, 611 BROADWAY NEW YORK, NY 10012	DIRECTOR 1	0.	0.	0.
JOY EPISALLA c/o TAG, 611 BROADWAY NEW YORK, NY 10012	DIRECTOR 1	0.	0.	0.
JASON OSHER c/o TAG, 611 BROADWAY NEW YORK, NY 10012	DIRECTOR 1	0.	0.	0.
RICHARD LYNN, Ph.D. c/o TAG, 611 BROADWAY NEW YORK, NY 10012	DIRECTOR 1	0.	0.	0.

Statement 9 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
MARK HARRINGTON c/o TAG, 611 BROADWAY NEW YORK, NY 10012	EXECUTIVE DIR. 40	\$ 93,844.	\$ 0.	\$ 0.
		Total \$ <u>93,844.</u>	\$ <u>0.</u>	\$ <u>0.</u>

Statement 10
Schedule A, Part I
Compensation of Five Highest Paid Employees

<u>Name and Address</u>	<u>Title & Average Hours Worked</u>	<u>Compen- sation</u>	<u>Contributio EBP & DC</u>	<u>Expense Account</u>
ROB CAMPBELL 155 RIDGE ST., APT 6J NEW YORK, NY 10002	PROJECT DIR. 40	61,006.	0.	0.
RICHARD JEFFREYS 204 WEST 21ST ST NEW YORK, NY 10011	PROJECT DIR. 40	65,877.	0.	0.
TRACY SWAN 101 CLINTON ST. APT 4 NEW YORK, NY 10002	PROJECT DIR. 40	59,789.	0.	0.
		Total \$ <u>186,672.</u>	\$ <u>0.</u>	\$ <u>0.</u>