Client 6

Federal Filing Instructions

TREATMENT ACTION GROUP

FORM TO FILE:

Form 990 - 2008 Return of Organization Exempt From Income Tax

SIGNATURE:

Sign and date Form 990.

PAYMENT:

No payment is required.

WHEN TO FILE:

On or before November 16, 2009.

WHERE TO FILE:

Department of Treasury Internal Revenue Service Ogden, UT 84201-0027



Form	99	0

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

20	08
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For the 2008 calendary ver, or tax year breighning 2008, and ending B Code: Arguing the 2008 calendary version The 2008 calendary version Description B Code: Arguing the 2008 calendary version The 2008 calendary version Description B Code: Arguing the 2008 calendary version The 2008 calendary version Description B Code: Arguing the 2008 calendary version The 2008 calendary version Description B Code: Arguing the 2008 calendary version The 2008 calendary version Description F weekeend Solice (1, 3) : 1 (insert no.) 1947(20(1) or 1527 Mo bit His sectored weekeende No Mediate: North Calendary version The 2008 calendary version No No No Mediate: No Solice (1, 3) : 1 (insert no.) 1947(20(1) or 1527 No No No Mediate: No Solice (1, 3) : 1 (insert no.) 1947(20(1) or 1527 No	Depa Inter	artment o nal Revei	f the Treasury nue Service		The organization may have to use a copy of th	is return to satisfy state repo	rting requirements.		Op	en to Public Inspection
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Access came Table and the product of the	В	Check if	applicable:				D	Employ	er Ider	ntification Number
Image: Second		Add	Iress change	IRS label	TREATMENT ACTION GROUP			13-3	3624	4785
Interviewe (Part VIII, fine 1)		Nan	ne change	or type.			E	Telepho	ne nur	mber
Grammation Anomonitoring Anomonitoring anomonic significant activities: Treatment, a Vaccine, and a curve, for AIDS. 2 Check this box * ["The file organization discontinued its operations or disposed of more than 25% of its assets. Number of volume colspan="2">Anome organization's mission or most significant activities: Treatment, a Vaccine, and and a Curve, for AU, line 12, column (C) 3 3 Check this box *		Initi	al return	specific	NEW YORK, NY 10012			212-	-253	3-7922
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Image: Trans-exemption status X 1501(c) (1 3)* (meet no.) [4947(a)(1) or [327] Image: Control of				Same i	As C Above					Yes No
Type of regression Item Item Lease streamed: 1992 M subscription NY Part 1 Summary 1 Briefly describe the organization's mission or most significant activities: Treating the streament, a. Version of the streament and a. Curre of the streament of the s	I	Tax-	exempt statu	is X 501	(c) (3) (insert no.) 494	7(a)(1) or 527	ii No, attaci	n a list.	(See II	istructions)
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Paid Pre- parer's signaturePreparer's signatureDateCheck if self- employedPreparer's identifying number (see instructions)Preparer's signatureFirm's name (or yours if self- employed, address, and ZIP + 4Dinowitz & Bove, CPAsPreparer's port 2Preparer's port 2May the IRS discuss this return with the preparer shown above? (see instructions).DateCheck if self- employedPreparer's identifying number (see instructions)May the IRS discuss this return with the preparer shown above? (see instructions).DateCheck if self- employedPreparer's identifying number (see instructions)			►							
Paid Pre- parer's Use Only Preparer's signature Preparer's signature > Firm's name (or yours if self- employed), address, and ZIP + 4 Dinowitz & Bove, CPAs P00747643 EIN > 02-0632187 New York, NY 10038 Phone no. > 212-973-0935 May the IRS discuss this return with the preparer shown above? (see instructions)			Type or pr	rint name an	d title.					2
Pre- parer's Use Only Preparer's signature Preparer's Signature P00747643 Firm's name (or ours if self- employed), address, and ZIP + 4 Dinowitz & Bove, CPAs P00747643 May the IRS discuss this return with the preparer shown above? (see instructions). EIN ► 02-0632187 Phone no. ► 212-973-0935 No	Β.					Date				(see instructions)
parer's Use Only Firm's name (or yours if self- employed), address, and ZIP + 4 Dinowitz & Bove, CPAs 150 Broadway RM 1105 EIN ► 02-0632187 New York, NY 10038 Phone no. ► 212-973-0935 May the IRS discuss this return with the preparer shown above? (see instructions)	Pa		Preparer's	•			employ	ed 🕨		
Use points family Difficult 2 d Bove, CFRS Only Difficult 2 d Bove, CFRS EIN $02-0632187$ EIN $02-0632187$ New York, NY 10038 Phone no. $212-973-0935$ May the IRS discuss this return with the preparer shown above? (see instructions). X Yes No	pa	rer's	-	-]]	200747643
Only $\stackrel{\text{employed}}{\text{address, and}}$ $\stackrel{\text{L50 Broadway RM 1105}}{\text{New York, NY 10038}}$ $\stackrel{\text{EIN }}{\text{Phone no. }}$ $02-0632187$ May the IRS discuss this return with the preparer shown above? (see instructions). $\stackrel{\text{EIN }}{\text{New York, NY 10038}}$ X YesNo	Us	e	yours if self-		•			~	~ <i>~</i>	C00105
ZIP + 4 New York, NY 10038 Phone no. ► 212-973-0935 May the IRS discuss this return with the preparer shown above? (see instructions)	On	ly	employed), address, and				2.11			
	N 4	. 16 - 17	ZIP + 4			(, , , , , , , , , , , , , , , , , , ,		no. 🕨	212	

	m 990 (2008) TREATMENT ACTION GROUP	13-3624785	Page 2
	Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission: See Schedule 0		
2	2 Did the organization undertake any significant program services during the year which were not listed on t	· ·	No
	Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O.	Yes X	No
3	 Did the organization cease conducting, or make significant changes in how it conducts, any program servi 	ices? Yes X	No
	If 'Yes,' describe these changes on Schedule O.		1
4	Describe the exempt purpose achievements for each of the organization's three largest program services l and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.	by expenses. Section 501(c)(3) allocations to others, the total)
4	a (Code:) (Expenses \$ 1,912,922. including grants of \$)) (Revenue \$ <u>2,718,0</u>	012.)
4		(Revenue \$)
	O A		
	V		
4	<pre>kc (Code:) (Expenses \$ including grants of \$)</pre>	(Revenue \$)
4	d Other program services. (Describe in Schedule O.)	*	
	(Expenses \$ including grants of \$) (Revenue		
4	Le Total program service expenses ► \$ 1,912,922. (Must equal Part IX, Line 25, column (D).)	

Form 990 (2008) TREATMENT ACTION GROUP

Par	t IV Checklist of Required Schedules			
	_		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	I
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
5	reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part 1</i>	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If 'Yes,' complete Schedule D, Parts VI, VII, VII, IX, or X as applicable</i>	11	Х	L
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i>	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
Ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I.	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F. Part II.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III.	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 <i>a</i>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>	27		Х
BAA		Form	990 ((2008)

Form 990 (2008)

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Form	n 990 (200	08) TREATMENT	ACTION	GROUP		13-362478	5	P	age 4
Par	t IV	Checklist of Reg	uired Sch	nedules	(continued)				
								Yes	No
28	During t	he tax year, did any p	erson who is	s a current	or former officer, director, trustee, or key employee:				

i	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively		
	with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a	Х
I	• Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV.	28b	Х
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	33	Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.	35	Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37	Х
BAA	treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.	Form	990 (2008)

Form	990 (2008) TREATMENT ACTION GROUP 13-362478	5	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Х
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.			
21	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
t	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
ł	If 'Yes,' enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
ł	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Х
ł	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization provide goods or services in exchange for any guid pro guo contribution of more than \$75?	7a	Х	
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
c	If 'Yes,' indicate the number of Forms 8282 filed during the year	-		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
ç	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
ł	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	_		
a	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from other members or shareholders			
ł	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
BAA		Form	990	(2008)

Form	990 (2008) TREATMENT ACTION GROUP 13-3624785		P	age 6
Par	t VI Governance, Management and Disclosure (Sections A, B, and C request information about required by the Internal Revenue Code.)	ıt po	licies	not
Sec	tion A. Governing Body and Management			
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		Yes	No
1 a	Enter the number of voting members of the governing body 1a 12			
Ł	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents	4		Х
	since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Х

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?.....

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by

b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates,

and branches to ensure their operations are consistent with those of the organization?.....

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 ... See. Schedule . O .

b Each committee with authority to act on behalf of the governing body?

a The governing body?.....

9a Does the organization have local chapters, branches, or affiliates?.....

11 Is there any officer, director or trustee, or	or key employee listed in Part VII, Section A, who cannot be reached at the
organization's mailing address? If 'Yes.'	provide the names and addresses in Schedule O
Section B. Policies	

the following:

8

10

		Yes	No
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is doneSee.Schedule.O	12c	Х	
13 Does the organization have a written whistleblower policy? See Schedule O	13		Х
14 Does the organization have a written document retention and destruction policy? See Schedule O	14		Х
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a The organization's CEO, Executive Director, or top management official?	15a	Х	
b Other officers of key employees of the organization? See . Schedule. 0	15b	Х	
Describe the process in Schedule O. (see instructions)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Section C. Disclosures			

17 List the states with which a copy of this Form 990 is required to be filed CA N	Y PA	FL
---	------	----

18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website	Another's website	Λ	Upon request

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O 19 statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► TREATMENT ACTION GROUP 611 BROADWAY, SUITE 308 NEW YORK, NY 10012 212-253-7922

7b

8a

8b

9a

9b

10

11

Х

Х

Х

X

Х

Х

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A)	(B)						,	(D)	(E)	(F)			
Name and Title	Average				ly)	Reportable	Reportable	Estimated					
	hours per week			hours			Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ALBY P. MACCARONE, JR. Director	1							0.	0.	0.			
MONTE STEINMAN	1			-				0.	0.	0.			
Director	1							0.	0.	0.			
KEVIN GOETZ	-								0.	0.			
Director	1							0.	0.	0.			
GREGORY H. HOFFMAN, ESQ.													
DIRECTOR	1							0.	0.	0.			
BARBARA HUGHES													
PRESIDENT	5							0.	0.	0.			
DAVID_SIGAL													
Director	1			-				0.	0.	0.			
LAURA MORRISON	_												
SECRETARY/TREAS	5							0.	0.	0.			
JAMES_SAAKVITNE										0			
DIRECTOR	1							0.	0.	0.			
JOY EPISALLA DIRECTOR	1							0.	0.	0			
JASON OSHER	1							0.	0.	0.			
DIRECTOR	1							0.	0.	0.			
RICHARD LYNN, Ph.D.								0.	0.	0.			
DIRECTOR	1							0.	0.	0.			
MARK HARRINGTON	_												
EXECUTIVE DIR.	40			Х				143,222.	0.	0.			
	_												
	-												
	-												
	l									-			

Form 990 (2008) TREATMENT ACTION GROUP									13-362478		Page
Part VII Section A. Officers, Directors, Trus		Key	' Er			ees	, ar			oloyee	:s (cont.
(A)	(B)	Desi	tion () 		hot o	مصادم	(D)	(E)		(F)
Name and Title	Average hours per week			Officer	Key en	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amou com fr orga an	stimated int of other pensation om the anization d related anizations
	<u> </u>						5				
			2			N					
								142.000			0
2 Total number of individuals (including those in 1a) w		ived	mor	 e th	an S	 \$100	.000	143,222. 0 in reportable cor	0. On the properties of the the the test of test o		0
organization 🕨 1			-		-		,				
 3 Did the organization list any former officer, director of on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the 	dividual									. 3	Yes No
5 Did any person listed on line 1a receive or accrue co	ompensa	 ation	 fror	 n ar	 าv น	 nrela	 ated	organization for s	ervices		X
rendered to the organization? If 'Yes,' complete Schu Section B. Independent Contractors	edule J	for s	uch	per	son			·····		. 5	Х
1 Complete this table for your five highest compensate compensation from the organization.	d indep	ende	ent d	conti	racto	ors t	hat	received more tha	n \$100,000 of		
(A) Name and business address	s							(B) Description of) of Services	(C Compe)) nsation
2 Total number of independent contractors (including t	those in	1) יי	/ho ·		ived	lmo	re +4	han \$100 000 in			
		1, 11		000		0	. U U	ιαπ φτου,000 III			

compensation from the organization \blacktriangleright 0

Form 990 (2008) TREATMENT ACTION GROUP

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Par	t VIII	Statement of Re	evenue			1		1
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b M c F d R e Go f Al si	ederated campaigns Membership dues undraising events Related organizations overnment grants (contribution II other contributions, gifts, g milar amounts not included a oncash contribns included in	1 1	a b c 144,920. d e 32,000. f 1,764,734.				
AND		otal. Add lines 1a-1f			1,941,654.			
PROGRAM SERVICE REVENUE	2a_ b_ c_			Business Code				
N SE	d_ e							
OGR∕	f A	Il other program servic						
PRO	gТ	otal. Add lines 2a-2f		>				
	oi 4 Ir	nvestment income (incl ther similar amounts). ncome from investment Royalties.	t of tax-exem	▶ pt bond proceeds . ►	31,653.			31,653
	6a G	Gross Rents	(i) Real	(ii) Personal				
	c Re	ess: rental expenses . ental income or (loss) let rental income or (los	(22	►	- NE	۲ 📃		
	7a Gr as	ross amount from sales of ssets other than inventory	(i) Securities		RA			
	ar c G	ain or (loss)						
	d N	let gain or (loss)		····· ►				
OTHER REVENUE	(r ot S	aross income from fund not including. \$ f contributions reported see Part IV, line 18 ess: direct expenses	144,920 d on line 1c).	• a <u>14,231.</u>				
5		let income or (loss) from			-16,847.			-16,847
	9a G S	aross income from gam see Part IV, line 19	ing activities	. a				
		ess: direct expenses						
		let income or (loss) from						
	a	aross sales of inventory nd allowances ess: cost of goods sold		. а				
ļ	c N	let income or (loss) from						
-	11 -	Miscellaneous Reven		Business Code				
	b_							
		Il other revenue						
	12 T	otal Revenue. Add line	s 1h, 2g, 3, 4	I, 5, 6d, 7d, 8c, 9c, ►	1,956,460.	0.	0.	14,806.

TREATMENT ACTION GROUP Form 990 (2008) Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must compl				· · ·
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	133,868.	120,481.	8,032.	5,355.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	571,903.	518,655.	36,956.	16,292.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)		,	,	, , , , , , , , , , , , , , , , , , , ,
9	Other employee benefits	81,095.	72,985.	4,866.	3,244.
10	Payroll taxes	58,226.	53,182.	4,015.	1,029.
11	Fees for services (non-employees)				
ä	a Management				
I	o Legal				
(c Accounting				
(d Lobbying				
(e Prof fundraising svcs. See Part IV, In 17				
ť	f Investment management fees				
9	g Other				
12	Advertising and promotion				
13	Office expenses.	41,357.	32,576.	8,537.	244.
14	Information technology	47,576.	43,729.	3,847.	
15	Royalties.				
16		134,471.	121,775.	8,572.	4,124.
17	Travel	204,365.	197,583.	6,261.	521.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	43,665.	40,612.	901.	2,152.
20	Interest				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	14,352.	12,861.	1,055.	436.
23 24	Insurance Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
	a Workshop	497,988.	497,988.		
	Consultants	146,738.	135,137.	11,204.	397.
	Printing and Publications	47,086.	46,703.	152.	231.
	Dues & subscriptions	8,267.	6,605.	1,515.	147.
	Insurance	7,172.	6,495.	457.	220.
	All other expenses	18,484.	5,555.	1,946.	10,983.
	Total functional expenses. Add lines 1 through 24f	2,056,613.	1,912,922.	98,316.	45,375.
26	Joint Costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,	,,		

Form 990 (2008)

Form 990 (2008) TREATMENT ACTION GROUP Part X Balance Sheet

					(A) Beginning of year		(B) End of) year			
	1	Cash – non-interest-bearing			651,189.	1			276.		
	2	Savings and temporary cash investments			001/105:	2	1,33				
	3	Pledges and grants receivable, net.	1,986,400.	3	1,25						
	4		vable, net								
	5										
	5	Receivables from current and former officers, directors or other related parties. Complete Part II of Schedule	5								
	6	Receivables from other disqualified persons (as define									
		and persons described in section 4958(c)(3)(B). Comp	lete Pa	rt II of Schedule L		6					
A S	7	Notes and loans receivable, net				7					
A S S E T S	8	Inventories for sale or use				8					
T S	9	Prepaid expenses and deferred charges			99,606.	9	1	4,9	974.		
	10a	Land, buildings, and equipment: cost basis									
		Less: accumulated depreciation. Complete Part VI of									
		Schedule D.	10b	18,993.	43,739.	10 c	5	7,9	961.		
	11	Investments – publicly-traded securities				11					
	12	Investments – other securities. See Part IV, line 11				12					
	13	Investments - program-related. See Part IV, line 11.				13					
	14	Intangible assets.				14					
	15	Other assets. See Part IV, line 11			20,654.	15	2	0,6	554.		
	16	Total assets. Add lines 1 through 15 (must equal line			2,801,588.	16	2,69				
	17	Accounts payable and accrued expenses			7,054.	17			530.		
	18	Grants payable				18					
	19	Deferred revenue				19					
L	20	Tax-exempt bond liabilities.				20					
Å	21	Escrow account liability. Complete Part IV of Schedule		21							
A B I L	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per									
Ī											
1		of Schedule L		22							
E S	23	Secured mortgages and notes payable to unrelated the		23							
	24	Unsecured notes and loans payable				24					
	25	Other liabilities. Complete Part X of Schedule D				25					
_	26	Total liabilities. Add lines 17 through 25			7,054.	26		2,6	530.		
N E T		Organizations that follow SFAS 117, check here ►	X an	d complete lines							
		27 through 29 and lines 33 and 34.									
ASSET	27	Unrestricted net assets		-	718,134.	27	1,12	-			
	28	Temporarily restricted net assets			2,076,400.	28	1,56	8,3	332.		
s o	29	Permanently restricted net assets				29					
O R		Organizations that do not follow SFAS 117, check he	re ►	and complete							
		lines 30 through 34.									
	30	Capital stock or trust principal, or current funds				30					
B A	31	Paid-in or capital surplus, or land, building, and equip				31					
BALAZCES	32	Retained earnings, endowment, accumulated income,			0 504 504	32					
Ë	33	Total net assets or fund balances.		F	2,794,534.	33	2,69				
	34	Total liabilities and net assets/fund balances.			2,801,588.	34	2,69)7 , 0)11.		
Pa	rt X	Financial Statements and Reporting					T				
								Yes	No		
		5 1 1	Cash		Other						
		re the organization's financial statements compiled or r		, i					Х		
		re the organization's financial statements audited by ar					2b	Х			
	c If '	Yes' to 2a or 2b, does the organization have a committe	e that	assumes responsibility	for oversight of the auc	lit,	2.	v			
~		iew, or compilation of its financial statements and select		•			2c	Х			
3	a AS Auc	a result of a federal award, was the organization requir dit Act and OMB Circular A-133?	eu 10 U	nuergo an audit or audi			3a		Х		
		Yes,' did the organization undergo the required audit or					1 1				
BA							Form	990 ((2008)		

SCHEDU	LE A
(Earm 990 c	v 000_F7

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No. 1545-0047	
2008	

Open to Public	
Inspection	

Departmei Internal Re	nt of the	e Treasury Service		► Attach to	Form 990 or Form 990-E	Z.► See	e separa	ite instri	uctions			Open to Inspe	o Pub ection	
Name of t											r identificat	tion number	_	
TREAT	ſMEŊ	T ACTI	ON G	GROUP							524785			
Part I	Re	ason fo	r Pul	blic Charity Statu	is (All organizations	s must	compl	ete thi	s part					
The org	anizat	tion is not	a priv	ate foundation becaus	se it is: (Please check on	ly one o	rganizat	tion.)						
1	A c	hurch, cor	iventio	on of churches or asso	ociation of churches desc	ribed in	section	1 70(b) (1)(A)(i) .					
2					A)(ii). (Attach Schedule E									
3		•	•	•	organization described i		•		• •					
4					d in conjunction with a ho	ospital de	escribed	in sect	ion 170	(b)(1)(A)	(iii). Ente	er the hosp	tal's	
5	An		on ope		of a college or university	owned c	r operat	ed by a	govern	mental u	init desc	ribed in se	ction	
6 7 ∑	A fe An	ederal, sta organizati	te, or on tha	local government or g	overnmental unit describ substantial part of its sup art II.)					or from t	he gene	ral public d	escrib	oed
8	A c	ommunity	trust c	described in section 1	70(b)(1)(A)(vi). (Complete	e Part II.)							
9	fron inve	n activities estment in	s relate come	ed to its exempt funct	 more than 33-1/3 % of ions – subject to certain ss taxable income (less s omplete Part III.) 	exception	ons, and	(2) no r	more the	an 33-1/	3 % of it	s support fi	rom gi	ross
10	An	organizati	on org	anized and operated	exclusively to test for put	olic safet	y. See	section	509(a)(4	4). (see	instructio	ons)		
11	mor	e publicly	suppo	orted organizations d	exclusively for the benefi escribed in section 509(a ation and complete lines)(1) or s	ection 5	09(a)(2)	tions of, . See s	or carry ection 5	/ out the 09(a)(3).	purposes of Check the	of one box t	or hat
	а	Type I		b Type II	c Type II	I — Func	tionally	integrat	ed		d	Type III-	Other	r
e	d thar	checking t n foundati (a)(2).	his bo on mai	x, I certify that the org nagers and other than	ganization is not controlle n one or more publicly su	ed directl pported	y or ind organiza	irectly by ations de	y one o escribed	r more d I in secti	lisqualifie on 509(a	ed persons a)(1) or sec	other tion	r
f	lf th	ie organiz		eceived a written dete	ermination from the IRS t	hat is a	Type I, '	Type II c	or Type	III suppo	orting org	ganization,		🗌
g	Sin	ce August	17, 20	006, has the organizat	tion accepted any gift or	contribu	tion from	m any of	f the fol	lowing p	ersons?			
					22								Yes	No
	(i)	a perso	n who he aov	directly or indirectly overning body of the su	controls, either alone or to ported organization?	ogether v	with per	sons des	scribed	in (ii) an	ıd (iii)	. 11 g (i)		
	(ii)				ribed in (i) above?							11 g (ii)		
	(iii)	-		•	described in (i) or (ii) ab							11 g (iii)		
h	Pro	vide the fo	ollowin	g information about th	ne organizations the orga	nization	support	s.						
		e of Support rganization	ed	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed	is the ion in col. in your rning ment?	the organ	(i) of	organizat	zed in the	(vii) Amoun	t of Sup	oport
						Yes	No	Yes	No	Yes	No			
Total					at Nation are the last			000		Caba alta l				N 0000

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule **A** (Form 990 or 990-EZ) 2008

13-3624785

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

360	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.)	918,845.	1,047,655.	837,596.	2,107,908.	3,942,284.	8,854,288.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3	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.
4	Total. Add lines 1-3	918,845.	1,047,655.	837,596.	2,107,908.	3,942,284.	8,854,288.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,108,233.
6	Public support. Subtract line 5 from line 4						3,746,055.
Sec	tion B. Total Support						0, 10,0001
Cale	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	918,845.	1,047,655.	837,596.	2,107,908.	3,942,284.	8,854,288.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	3,870.	7,016.	21.693.	52,368.	31,653.	116,600.
9	Net income form unrelated business activities, whether or not the business is regularly carried on		Dr				0.
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						0.
11	Total support. Add lines 7 through 10						8,970,888.
12	Gross receipts from related activi	ities, etc. (see ins	tructions)			12	0.
13	First five years. If the Form 990 i organization, check this box and						
Sec	tion C. Computation of Pu	blic Support I	Percentage				
	Public support percentage for 200 Public support percentage for 200		•••••••				<u>41.8%</u> 51.6%
16a	33-1/3 support test – 2008. If the and stop here. The organization	organization did	not check the box	on line 13, and t	he line 14 is 33-1	/3 % or more, che	ck this box · · · · · · · · X
ł	33-1/3 support test – 2007. If the and stop here. The organization of	organization did	not check a box o	n line 13, or 16a,	and line 15 is 33-	1/3% or more, che	eck this box
17a	10%-facts-and-circumstances te or more, and if the organization r the organization meets the 'facts	neets the 'facts-a	nd-circumstances'	test, check this b	ox and stop here	. Éxplain in Part I	√ how
	10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	neets the 'facts-a l-circumstances'	nd-circumstances' test. The organiza	test, check this b ation qualifies as	ox and stop here a publicly support	Explain in Part I ed organization	✓ how the
18	Private foundation. If the organiz	ation did not cheo	ck a box on line, 1	3, 16a, 16b, 17a,	or 1/b, check this	s box and see inst	ructions 🏲

Schedule A (Form 990 or 990-EZ) 2008

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Schedule A (Form 990 or 990-EZ) 2008 TREATMENT ACTION GROUP

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Sec	tion A. Public Support						
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2	Gross receipts from						<u> </u>
_	admissions, merchandise sold or services performed, or						
	facilities furnished in a activity						
	that is related to the organization's tax-exempt						
	purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or						
	facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, 3 received from disqualified persons.						
b	Amounts included on lines 2						
	and 3 received from other than disgualified persons that						
	exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6.)						
Sec	tion B. Total Support		_	A K I			
-	ndar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	(4) 2001		(0)	(1) 2007	(0) 2000	(1) 10001
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income form similar sources		-				
Ł	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regulated exercised as						
12	regularly carried on						<u> </u>
	gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (add Ins 9, 10c, 11, and 12.)						
				third fourth or	fifth tax year as a	a section 501(c)(3)	
	First five years. If the Form 990 i	s for the organizat	tion's first, second	a, unita, iourui, oi	man tax your as t		
14	organization, check this box and	stop here					
14 Sec	tion C. Computation of Pu	stop here blic Support F	Percentage		·····		
14 Sec 15	tion C. Computation of Pu Public support percentage for 20	stop here blic Support F 08 (line 8, column	Percentage (f) divided by line	e 13, column (f))	· · · · · · · · · · · · · · · · · · ·		%
14 Sec 15 16	tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2	stop here blic Support F 08 (line 8, column 2007 Schedule A, F	Percentage (f) divided by line Part IV-A, line 27	e 13, column (f)) g	· · · · · · · · · · · · · · · · · · ·		
14 Sec 15 16 Sec	tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv	stop here blic Support F 08 (line 8, column 2007 Schedule A, F vestment Incor	Percentage (f) divided by line Part IV-A, line 27 me Percentag	e 13, column (f)) g e		<u>15</u> 	%
14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17	tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage for	stop here blic Support F 08 (line 8, column 2007 Schedule A, F vestment Incor or 2008 (line 10c, o	Percentage (f) divided by line Part IV-A, line 27 me Percentag column (f) divided	e 13, column (f)) g e I by line 13, colum	n (f))		<mark>%</mark> %
14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18	tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage from 1 Investment income percentage from 1	stop here blic Support F 08 (line 8, column 2007 Schedule A, F vestment Incol or 2008 (line 10c, com 2007 Schedule	Percentage (f) divided by line Part IV-A, line 27 me Percentag column (f) divided e A, Part IV-A, lin	e 13, column (f)) g e l by line 13, colum e 27h	ın (f).		% % %
14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18 19a	tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage fr 33-1/3 support tests – 2008. If the more than 33-1/3%, check this bu	stop here blic Support F 08 (line 8, column 2007 Schedule A, F /estment Incol or 2008 (line 10c, com 2007 Schedule om 2007 Schedule e organization did ox and stop here.	Percentage (f) divided by line Part IV-A, line 27 me Percentag column (f) divided e A, Part IV-A, lin not check the bo The organization	e 13, column (f)) g e l by line 13, colum e 27h	in (f)) line 15 is more the licly supported or	15 16 17 18 18 18 18 18 19 18 19 19 18	% % % line 17 is not
14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18 19a	tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage fr 33-1/3 support tests – 2008. If th	stop here blic Support F 08 (line 8, column 2007 Schedule A, F vestment Incor or 2008 (line 10c, com 2007 Schedule or and 2007 Schedule e organization did ox and stop here. e organization did	Percentage (f) divided by line Part IV-A, line 27 me Percentag column (f) divided e A, Part IV-A, lin not check the bo The organization not check a box	e 13, column (f)) g e l by line 13, colum e 27h	in (f)) line 15 is more th licly supported or and line 16 is mo	15 16 17 18 18 18 18 18 18 18 19 18 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	% % % 1ine 17 is not and line 18

AFI
 DRAFT

Schedule A (Form 990 or 990-EZ) 2008	TREATMENT ACTION GR	OUP 13-362478	5 Page 4
Part IV Supplemental Informa	tion. Complete this part to	provide the explanation required by Part	II, line 10;
Part II, line 17a or 17b	; or Part III, line 12. Provic	le any other additional information. (see i	nstructions)

_ _

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

_ _ _ _ _ _ _ _ _ _ _

Attach to Form 990, 990-EZ and 990-PF See separate instructions.



2008

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

TREATMENT ACTION GROUP 0

TREATMENT ACTION GROU	P 13-3624785	
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(<u>3</u>) (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 of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. Х

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. 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.)..... ►Ś

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** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)	Page	1 of	1	of Part I
Name of organization	Empl	oyer identificatio	n number	
TREATMENT ACTION GROUP	13-	-3624785		

Part I	Contributors	(see	instructions.)
--------	--------------	------	----------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ROCHE PHARMACEUTICALS 340 KINGSLAND ST. BLDG 85-4	\$ <u>40,000.</u>	Person X Payroll Noncash (Complete Part II if there
	<u>NUTLEY, NJ_07110</u>	-	is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	PAUL NEWMAN FOUNDATION	-	Person X Payroll
	246 POST ROAD	\$40,000.	Noncash
	WESTPORT, CT 06880	-	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	JOHN M. LLOYD FOUNDATION	-	Person X
	220 26TH STREET, SUITE 204	\$ <u>50,878.</u>	Payroll Noncash
	SANTA MONICA, CA 90402	-	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		Aggregate	Type of contribution Person X
Number	Name, address, and ZIP + 4	Aggregate	Type of contribution
Number	Name, address, and ZIP + 4 BOEHRINGER_INGELHEIM_PHARMACEU	Aggregate contributions	Type of contribution Person X Payroll
Number	Name, address, and ZIP + 4 BOEHRINGER_INGELHEIM_PHARMACEU 900_RIDGEBURY_ROAD, PO_BOX_368	Aggregate contributions	Type of contribution Person X Payroll
Number <u>4</u> (a) Number	Name, address, and ZIP + 4 BOEHRINGER_INGELHEIM_PHARMACEU 900_RIDGEBURY_ROAD, PO_BOX_368 RIDGEFIELD, CT_06877 (b)	Aggregate contributions \$50,000. (c) Aggregate	Type of contribution Person X Payroll
Number <u>4</u> (a) Number	Name, address, and ZIP + 4 BOEHRINGER_INGELHEIM_PHARMACEU 900_RIDGEBURY_ROAD, PO_BOX_368 RIDGEFIELD, CT_06877 (b) Name, address, and ZIP + 4	Aggregate contributions \$50,000. (c) Aggregate	Type of contribution Person X Payroll
Number <u>4</u> (a) Number	Name, address, and ZIP + 4 BOEHRINGER_INGELHEIM_PHARMACEU 900_RIDGEBURY_ROAD, PO_BOX_368 RIDGEFIELD, CT_06877 (b) Name, address, and ZIP + 4 BILL & MELINDA GATES FDN	Aggregate contributions \$50,000. \$50,000. (c) Aggregate contributions	Type of contribution Person X Payroll Image: Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Image: Complete Part II if there is a noncash contribution.)
Number <u>4</u> (a) Number	Name, address, and ZIP + 4 BOEHRINGER_INGELHEIM_PHARMACEU 900_RIDGEBURY_ROAD, PO_BOX_368 RIDGEFIELD, CT_06877 (b) Name, address, and ZIP + 4 BILL & MELINDA GATES FDN P.O. BOX 23350	Aggregate contributions \$50,000. \$50,000. (c) Aggregate contributions	Type of contribution Person X Payroll Noncash Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll X Noncash I (Complete Part II if there I (d) Type of contribution
A 4 (a) Number 5 (a)	Name, address, and ZIP + 4 BOEHRINGER_INGELHEIM_PHARMACEU 900_RIDGEBURY_ROAD, PO_BOX_368 RIDGEFIELD, CT_06877 (b) Name, address, and ZIP + 4 BILL & MELINDA_GATES_FDN P.O. BOX_23350 SEATTLE, WASHINGTON, 98102 (b)	Aggregate contributions \$50,000. \$50,000. (c) Aggregate contributions \$1,203,457. (c) Aggregate	Type of contribution Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.) (d) Type of contribution X Payroll X Noncash X (Complete Part II if there is a noncash contribution.) (d) Complete Part II if there is a noncash contribution.) (d) (Complete Part II if there is a noncash contribution.) (d) Type of contribution X Person X Person X
4 (a) Number 5 (a) Number	Name, address, and ZIP + 4 BOEHRINGER_INGELHEIM_PHARMACEU 900_RIDGEBURY_ROAD, PO_BOX_368 RIDGEFIELD, CT_06877 (b) Name, address, and ZIP + 4 BILL & MELINDA_GATES_FDN P.O. BOX_23350 SEATTLE, WASHINGTON, 98102 (b) Name, address, and ZIP + 4	Aggregate contributions \$50,000. \$50,000. (c) Aggregate contributions \$1,203,457. (c) Aggregate	Type of contribution Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)	Page	1	of 1	of Part II
Name of organization		Employer identification number		n number
TREATMENT ACTION GROUP		13-36	624785	

Part II Noncash Property (see instructions.)

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

	B (Form 990, 990-EZ, or 990-PF) (2008)			Page 1	of 1	of Part III
Name of organ					Employer identificati	
	NT ACTION GROUP 13-3624785					
Part III	Exclusively religious, charitable, e organizations aggregating more t	etc, individual contribution than \$1,000 for the year.(C	o ns to sect Complete cols	i on 501(c) (a) through)(7), (8), or (10) (e) and the following) ng line entry.)
	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	(Enter this information once - s	aritable, etc, see instruction	s.)	►\$	N/A
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Desc	(d) cription of how gift	t is held
	N/A					
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of	transferor to trans	sferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Desc	(d) cription of how gift	t is held
		(e)				
	Transferee's name, addres	Transfer of gift ss, and ZIP + 4	Rela	tionship of	transferor to trans	sferee
		RAF				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Desc	(d) cription of how gift	t is held
	Transferee's name, addres	(e) Transfer of gift ss. and ZIP + 4	Rela	tionship of	transferor to trans	sferee
(-)						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Desc	(d) cription of how gift	t is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of	transferor to trans	sferee
BAA			Sche	dule B (Forn	n 990, 990-EZ, or	990-PF) (2008)

SCHE	DULE D
(Form	990)

Supplemental Financial Statements

OMB No. 1545-0047 2008

Attach to Form 990. To be completed by organizations that	
nswered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.	

Department of the Treasur	y Attach te answered '	o Form 990. To be completed by organizations Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11	that or 12	Open to Public Inspection
Name of the organization	answered			lentification number
TREATMENT AC	TION GROUP		13-362	4785
Part I Organiz	zations Maintaining Dono	r Advised Funds or Other Similar Fu	nds or Accounts	Complete if
the orga	anization answered 'Yes'	to Form 990, Part IV, line 6.		-
		(a) Donor advised funds	(b) Funds and o	other accounts
	at end of year			
	tributions to (during year)			
3 Aggregate gra	nts from (during year)			
funds are the o	organization's property, subject f	or advisors in writing that the assets held in dor to the organization's exclusive legal control?		Yes No
6 Did the organiz used only for or impermissible	zation inform all grantees, donor charitable purposes and not for t private benefit??	rs, and donor advisors in writing that grant funds he benefit of the donor or donor advisor or othe	s may be r	Yes No
		ete if the organization answered 'Yes'		IV, line 7.
		the organization (check all that apply).	,	
Preservati	on of land for public use (e.g., re	ecreation or pleasure)	of an historically importa	int land area
Protection	of natural habitat	Preservation	of certified historic struct	ture
Preservati	on of open space			
		a qualified conservation contribution in the form	of a conservation easen	nent on the last day
of the tax year			Hold at th	ne End of the Year
a Total number (of conservation easements			
		nents		
		ied historic structure included in (a)		
		n (c) acquired after 8/17/06		
		transferred, released, extinguished, or terminate		ring the taxable
year ►		nkr		3
4 Number of sta	tes where property subject to co	nservation easement is located 🕨	_	
5 Does the organ enforcement o	nization have a written policy reg	garding the periodic monitoring, inspection, viola olds?	ations, and	Yes No
6 Staff or volunt	eer hours devoted to monitoring	, inspecting, and enforcing easements during the	e year 🕨	
7 Amount of exp	penses incurred in monitoring, in	specting, and enforcing easements during the y	ear ► \$	
8 Does each cor 170(h)(4)(B)(i)	nservation easement reported on and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sec	tion	Yes No
9 In Part XIV, de include, if app conservation e	licable, the text of the footnote t	orts conservation easements in its revenue and o the organization's financial statements that de	expense statement, and escribes the organization	d balance sheet, and 's accounting for
Part III Organi Comple	zations Maintaining Collecter if the organization and	ections of Art, Historical Treasures, o swered 'Yes' to Form 990, Part IV, line	or Other Similar As e 8.	sets
treasures, or o	tion elected, as permitted under other similar assets held for publ footnote to its financial stateme	SFAS 116, not to report in its revenue stateme ic exhibition, education, or research in furtherants that describes these items.	nt and balance sheet we nee of public service, pro	orks of art, historical wide, in Part XIV,
treasures, or o amounts relati	other similar assets held for publing to these items:	SFAS 116, not to report in its revenue stateme ic exhibition, education, or research in furtheran	nce of public service, pro	wide the following
(i) Revenues	included in Form 990, Part VIII,	line 1	▶\$ <u></u>	
(ii) Assets inc	cluded in Form 990, Part X		▶\$ <u></u>	
amounts requi	red to be reported under SFAS			
		1		
b Assets include	ed in Form 990, Part X		▶\$	

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule **D** (Form 990) 2008

	MENT ACTION (13-362		Page 2
Part III Organizations Maintai	ning Collections	s of Art, Histo	orical Treasures, o	r Other Similar As	sets (cont	inued)
3 Using the organization's accession that apply):	n and other records, o	check any of the	following that are a sig	nificant use of its collec	tion items (ch	ieck all
a Public exhibition		d Loan d	r exchange programs			
b Scholarly research		e Other	5 1 5 1 5 1			
c Preservation for future genera	tions					
 Provide a description of the organ Part XIV. 		and explain how	they further the organiza	ation's exempt purpose	in	
5 During the year, did the organizati assets to be sold to raise funds ra	on solicit or receive of the than to be main	donations of art, tained as part of	historical treasures, or the organization's colle	other similar ction?	Yes	No
Part IV Trust, Escrow and Cu						
IV, line 9, or reported	an amount on Fo	orm 990, Parl	: X, line 21.			
1 a Is the organization an agent, trust included on Form 990, Part X?	ee, custodian, or oth	er intermediary f	or contributions or other	assets not	Yes	No
b If 'Yes,' explain the arrangement i	n Part XIV and comp	lete the following	g table:			
					Amount	
c Beginning balance				1c		
d Additions during the year				1d		
e Distributions during the year				1e		
f Ending balance				1f		
2a Did the organization include an ar	nount on Form 990, F	Part X, line 21?.			Yes	No
b If 'Yes,' explain the arrangement i	n Part XIV.					
Part V Endowment Funds Col	mplete if organiz	ation answer	ed 'Yes' to Form 9	90, Part IV, line 10).	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	ars back
1 a Beginning of year balance						
b Contributions						
c Investment earnings or losses.						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	of the year end bala	nce held as:				
a Board designated or quasi-endow	ment 🕨	<u>0</u>				
b Permanent endowment	00					
c Term endowment	00					
3a Are there endowment funds not in organization by:	the possession of th	e organization th	at are held and adminis	stered for the	Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations						
b If 'Yes' to 3a(ii), are the related or						
4 Describe in Part XIV the intended	•	•			55	
Part VI Investments-Land, B				Line 10.		
Description of investment	(a) Cos	t or other basis vestment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book	√alue
1 a Land	```	,				
b Buildings		Ī				
c Leasehold improvements			35,157.	7,078.	28	8,079.
d Equipment			41,797.	11,915.		9,882.
e Other						,
Total. Add lines 1a-1e (Column (d) show		Part X. column (F	3), line 10(c).).	▶	.5	7,961.
BAA		,	,,		dule D (Form 9	

Schedule D (Form 990) 2008	TREATMENT ACTION	GROUP		
Part VII Investments-	Other Securities See F	orm 990, Part X, lii	ne 12. N/A	
(a) Description of s	security or category	(b) Book value		

Closely-held equity interests	Part VII Investments–Other Securities See Fo	orm 990, Part X, li	ne 12. N/A	
Closely-held equily interests	(a) Description of security or category (including name of security)	(b) Book value		
Other Other Total. (Column (b) should equal Form 930 Part X, col. (b) line 12) Total. (column (b) should equal Form 930 Part X, col. (c) line 12) Total. (column (b) should equal Form 930 Part X, col. (c) line 13) Total. Column (b) should equal Form 930 Part X, line 15) Total. Column (b) should equal Form 930 Part X, line 15) Total. Column (b) should equal Form 930 Part X, line 15) Total. Column (b) should equal Form 930 Part X, line 15) Total. Column (b) should equal Form 930 Part X, line 15) Total. Column (b) should equal Form 930 Part X, line 15) Total. Column (b) should equal Form 930 Part X, line 15) Total. Column (b) should equal Form 930 Part X, line 15) Total. Column (b) should equal Form 930 Part X, line 15) Total. Column (b) should equal Form 930 Part X, line 15) Total. Column (b) should equal Form 930 Part X, line 15) Total. Column (b) should equal Form 930 Part X, line 15) Total. Column (b) should equal Form 930 Part X, line 15) Total. Column (b) should equal Form 930 Part X, line 15) Total. Column (b) should equal Form 930 Part X, line 15) Total. Column (b) should equal Form 930 Part X, line 15) Total. Column (b) should equal Form 930 Part X, line 15) Total (b) Book value	Financial derivatives and other financial products.			
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Part VIII Investments-Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation (c) Method (
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Total. Column (b)/should equal Form 990, Part X, Col. (B) line 13.) Part IX Other Assets (See Form 990, Part X, line 15) N/A (a) Description (b) Book value (c) Column (c) Colu	(a) Description of investment type	(D) BOOK Value		
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(a) Description (b) Book value		line 15) - N/A		
Image: Column (b) Total (should equal Form 990, Part X, col. (B), line 15).		SCHPRION		
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Total, Column (b) Total (should equal Form 990, Part X, col.(B), line 15).				
Total, Column (b) Total (should equal Form 990, Part X, col.(B), line 15).				
Part V Other Liebilities (See Form 00, Part V Line 25)			▶	

Part X	Other Liabilities (See Form 990, Pa	art X, line 25)
	(a) Description of Liability	(b) Amount
Federal In	come Taxes	
Total Colum	an (b) Total (should equal Form 990 Part Y col. (B) line 25)	•

Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule D (Form 990) 2008 TREATMENT ACTION GROUP	13-3624785	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financi	ial Statements	
1 Total revenue (Form 990, Part VIII,column (A), line 12)		,460.
2 Total expenses (Form 990, Part IX, column (A), line 25)		,613.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	-100	,153.
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments.		
8 Other (Describe in Part XIV)		
9 Total adjustments (net). Add lines 4-8.		
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	-100	,153.
Part XII Reconciliation of Revenue per Audited Financial Statements With		
1 Total revenue, gains, and other support per audited financial statements	1 1,987	,538.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIV) 2d		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3 1,987	,538.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV) See . Part . XIV 4b	-31,078.	
c Add lines 4a and 4b		,078.
5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		,460.
Part XIII Reconciliation of Expenses per Audited Financial Statements With E		
1 Total expenses and losses per audited financial statements	1 2,087	,691.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments 2b		
c Losses reported on Form 990, Part IX, line 25		
d Other (Describe in Part XIV) See Part . XIV	31,078.	
e Add lines 2a through 2d		,078.
3 Subtract line 2e from line 1	3 2,056	,613.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b.		
5 Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5 2,056	,613.
Part XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part XIV Supplemental Information (continued)
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Page 5

Schedule D (Form 990) 2008

2008	Schedule D, Part XIV - Supplemental Information	Page 6
Client 6	TREATMENT ACTION GROUP	13-3624785
	XII, Line 4b Included On Form 990 But Not Included In F/S a reported on line 9b	<u>\$ −31,078.</u> \$ −31,078.
	XIII, Line 2d And Losses Per Audited F/S	
Event expenses	s reported on line 9b Total	<u>31,078.</u> 31,078.

Pa	to Form 990, Par	t ion on Activit i t IV, line 14b.	ies Outside th	e United States. Comple	ete if the organizati	ion answered 'Yes'
1				ubstantiate the amount of the g ion criteria used to award the g		
2	For grantmakers. Describe	in Part IV the org	anization's proced	dures for monitoring the use of	grant funds outside the	United States.
3	Activities per Region. (Use	Schedule F-1 (For	rm 990) if additior	nal space is needed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Afr	ica	0	0	TAG's Africa workshops	with International	Community of Women
					TB/HIV	130,731.
Afr	ica	0	0	TAG's TB/HIV advocacy t:	raining workshop in	Ethiopia.
					TB/HIV	47,969.
Eur	оре	0	0	TAG's conference hosted	by AIDES.	
					TB/HIV	51,227.
				DAL		
			V			
Tota	ls ►	. 0	0			229,927.
BAA	For Privacy Act and Paper	rwork Reduction A	Act Notice, see the	e Instructions for Form 990.	Scheo	lule F (Form 990) (2008)

Statement of Activities Outside the United States

Attach to Form 990. Complete if the organization answered Form 990, Part IV, line 14b, line 15, or line 16.

Slales	
I 'Yes' to	

Employer identification number

13-3624785

d 'Yes' to	

Department of the Treasury Internal Revenue Service Name of the organization

TREATMENT ACTION GROUP

OMB No. 1545-0047

2008

Open to Public Inspection

Statement	ULA	CUVIUES	Outside	uic

TREATMENT ACTION GROUP Schedule F (Form 990) 2008

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000... Use Schedule F-1 (Form 990) if additional space is needed.

		,							
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				nR	ALI				
				V ¹					
2	Enter total number of organizations th equivalency letter	at are recognized as o	harities by the forei	gn country or fo	r which the grantee	or counsel has pro	ovided a section 50	1(c)(3)	0
	Enter total number of other organization	ons or entities							0
BAA								Schedule	F (Form 990) 2008

13-3624785

TREATMENT ACTION GROUP

Schedule F (Form 990) 2008	TREATMENT	ACTION	GROUP		13	-3624785
Part III G	rants and Othe	er Assistance	to Individ	duals Outside the United S	States. Complete if the	e organization answered	'Yes' to Form 990,
P	art IV, line 16.	Use Schedule	: F-1 (For	rm 990) if additional space	is needed.		

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, othe
			AF	K			
			DRAF				
۵							F (Form 990) 2

Page 3

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

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		- ·					OMB No. 1545-0047			
SCHEDULE G (Form 990 or 990-EZ)		Suppler Fundr	nental ⁄aising	Inform or Ga	nation Regardin ming Activities	g	2008			
Department of the Treasury Internal Revenue Service	 Must be co or 19, an 	ompleted by or d by organizati	ganizatior ons that e	ns that ans enter more	swer 'Yes' to Form 990, than \$15,000 on Form	Part IV, lines 17, 18, 990-EZ, line 6a.	Open to Public Inspection			
Name of the organization						Employer identifica				
TREATMENT ACTI						13-362478				
						o Form 990, Part I\	/, line 17.			
	5	aised funds thro	ough any c	of the follo	wing activities. Check a	11.5				
	Mail solicitations Solicitation of non-government grants									
	Email solicitations Solicitation of government grants Phone solicitations Special fundraising events									
In-person soli					Special fundraising	events				
					l (including officers, dire ofessional fundraising s	ectors, trustees or key ervices?	Yes X No			
b If 'Yes,' list the te compensated at le	n highest paid ind east \$5,000 by the	lividuals or entit e organization. I	ies (fundr Form 990E	aisers) pu EZ filers ai	rsuant to agreements u re not required to comp	nder which the fundraise lete this table.	er is to be			
	(v) Amount paid to				(vi) Amount paid to (or retained by) organization					
			Yes	No			o.gamzation			
					AFI					
			5)K						
Total		<u></u>		•			0.			
3 List all states in w or licensing.	which the organiza	tion is registere	d or licen	sed to soli	cit funds or has been n	otified it is exempt from	registration			

______ _____ _____ ______ _____ ______

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Schedule G (Form 990 or 990-EZ) 2008 TREATMENT ACTION GROUP

13-3624785 Page 2

Par	t II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a orm 990-EZ, line 6	nswered 'Yes' to F Sa. List events with	orm 990, Part IV, gross receipts gre	line 18, or eater than \$5,000.
R			(a) Event #1 <u>RESEARCH IN AC</u> (event type)	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
R E > E Z U E	1	Gross receipts	159,151.			159,151.
Ē	2	Less: Charitable contributions	144,920.			144,920.
	3	Gross revenue (line 1 minus line 2)	14,231.			14,231.
_	4	Cash prizes				
D RECT	5	Non-cash prizes				
	6	Rent/facility costs				
EXP EZ SE	7	Other direct expenses	31,078.			31,078.
Ē	8 9	Direct expense summary. Add lines 4- the Net income summary. Combine lines 3 and				
Par	t III	Gaming. Complete if the organize \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye			
R E V EN		••••••••••••••••••••••••••••••••••••••	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
N U E	1	Gross revenue				
	2	Cash prizes	0	7		
EXPENSE D-RECT		Non-cash prizes	Dr			
CS TE S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2 thro	ugh 5 in column (d)		►	
	8	Net gaming income summary. Combine lin	nes 1 and 7 in column (ˈd)	>	
	ı Is th	er the state(s) in which the organization ope ne organization licensed to operate gaming o,' Explain:				
			revoked, suspended or	r terminated during the t	ax year?	10a
11	Doe	s the organization operate gaming activities		· · · · · · · · · · · · · · · · · · ·		11
12	ls th adm	ne organization a grantor, beneficiary or trus ninister charitable gaming?	stee of a trust or a men	ber of a partnership or	other entity formed to	12

Sche	edule G (Form 990 or 990-EZ) 2008 TREATMENT ACTIO	N GROUP	13-3624785	Pag	je 3
a I	Indicate the percentage of gaming activity operated in: a The organization's facility An outside facility Provide the name and address of the person who prepares the Name: ►	he organization's gaming/special events book		YES N	IO
ł	Address: ► Does the organization have a contact with a third party from of f 'Yes,' enter the amount of gaming revenue received by the of gaming revenue retained by the third party \$	whom the organization receives gaming reve organization \$and	enue?	a	
16	Name: ► Address: ► Gaming manager information Name: ► Gaming manager compensation ► \$				
1	Description of services provided: ► □ Director/officer □ Employee Mandatory distributions Is the organization required under state law to make charitate state gaming license? Enter the amount of distributions required under state law use organization's own exempt activities during the tax year:	Independent contractor the distributions from the gaming proceeds to stributed to other exempt organizations or sp \$	retain the 		
BAA	TE TE	EEA3703L 07/18/08 Sch	edule G (Form 990 or 9	990-EZ) 2	008

SCHEDULE O	Supplemental Information to Form 990		OMB No. 1545-0047					
(Form 990)			2008					
Department of the Treasury Internal Revenue Service		Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.						
Name of the organization TREATMENT ACTI	Name of the organizationEmployer identification numberTREATMENT ACTION GROUP13-3624785							
Form 990, Part VI, line 13								
As of 2009,	As of 2009, the Organization has a Whistleblower Policy.							
Form 990, Part VI, line 14								
As of 2009, the Organization has a written Document Destruction and Retention								
Policy								
Form 990, Part III, Line 1 - Organization Mission								
	Treatment Action Group, Inc. ("TAG") is a not-for-profit organization incorporated							
under the 1	under the laws of the state of New York. Founded in January 1992, TAG is the only							
organizatio	n in the country dedicated solely to AIDS research	advocacy.	TAG focuses					
on the publ	ic and private AIDS research effort to improve the	drug devel	opment					
process, sp	eed the pace of medical advances in treating HIV di	sease and	its					
opportunist	ic infections, and ensure that the government spend	s its AIDS	research					
dollars_wis	ely. Armed with keenly developed scientific and po	litical ex	pertise,					
TAG's full-	TAG's full-time policy staff members meet with researchers, pharmaceutical companies							
and governm	ent officials to transform research policy.							
Form 990, Par	t III, Line 4a - Program Service Accomplishments							
Antiretrovi	ral Project: Treatment Action Group's Antiretrovir	al Project	reviews the					
state_of_re	state of research on anti-HIV drug discovery, development, dissemination, and							
post-market	post-marketing surveillance; advocates for accelerated, better-focused efforts in							
this area; focuses on innovative treatments which are which are active against								
drug-resist	drug-resistant HIV easier to take, less toxic, and/or represent a major therapeutic							
breakthroug	breakthrough such as a new drug class. TAG advocates for better post- marketing							
research on approved antiretroviral drugs to improve standards of care; works on								
domestic_an	domestic and international treatment guidelines; and educates and mobilizes							
policymaker	policymakers, researchers, and the HIV community on anti-HIV treatment research. TAG							
works with	works with academic researchers, clinicians, Federal agencies such as the Food & Drug							

ame of the organization IREATMENT ACTION GROUP	Employer identification number 13-3624785
Form 990, Part III, Line 4a - Program Service Accomplishments ((continued)
Administration (FDA) and the National Institutes of	f Health (NIH), and with domestic
and international community coalitions to achieve t	these ends.
Federal Policy Project: TAG works to secure addit:	ional funds for the U.S. and
international AIDS research, treatment, and public	education programs and seek to
influence policymakers, researchers, and the HIV co	ommunity so that the funds are
spent effectively and efficiently. TAG closely mon:	itors the AIDS research programs a
the National Institutes of Health (NIH) to ensure t	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 an
independent NIH Office of AIDS Research (OAR). To t	these ends, TAG works with
coalitions such as the AIDS Treatment Activists Coa	alition (ATAC), the Coalition for
Salvage Therapy (CST), the Fair Price Coalition (FI	PC), the Federal AIDS Policy
Partnership (FAPP), the Research Working Group (RW	G), and Save ADAP.
Basic Science, Vaccines, and Prevention Project:	TAG's Palm Project reviews the
state of basic_research_on_HIV/AIDS, including_path	hogenesis, immunology, vaccine,
microbicide, and pre-clinical discovery and develop	pment, and advocates for better an
faster_research_into_the_pathogenesis_of_HIV_infect	tion and the interactions between
HIV and the immune system, for research on immune-	based therapeutic approaches to HI
infection, for accelerated, scientifically rigorous	s_HIV_vaccine_and_microbicide
research, and on projects to educate and mobilize p	policymakers, researchers, and the
HIV community on basic science and vaccine develop	nent
Hepatitis / HIV Co-Infection Project: Treatment Ad	ction Group's Hepatitis/HIV

Coinfection Project reviews the state of research on the opportunistic complications,

chedule O (Form 990) 2008		
Name of the organization	Employer identification number	
TREATMENT ACTION GROUP	13-3624785	

Form 990, Part III, Line 4a - Program Service Accomplishments (continued) infections, cancers, and co-infections related to HIV/AIDS and coinfections with viral hepatitis diseases such as hepatitis B and C viruses, and advocates for greater efforts in this area while working to educate and mobilize policymakers, researchers, and the HIV community. In 2007 TAG's efforts focused on hepatitis C virus (HCV) infection, which co-infects 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. Tuberculosis (TB) / HIV Advocacy Project: TAG's TB/HIV Advocacy 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 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.

TAG Publications and Website: TAG publishes periodic issues of the research and treatment policy newsletter, TAGline, the Annual Report, What's in the Pipeline?, and updates on website www.treatmentactiongroup.org.

Form 990, Part VI, Line 10 - Form 990 Review Process

A draft of form 990 was sent to members of the finance committee for review.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

All Directors and Officers shall disclose in writing, to the best of their

knowledge, any interest such Director or Officer may have in any corporation,

organization, partnership or other entity which provides professional or other goods

Schedule 0 (Form 990) 2008	Page 2					
Name of the organization TREATMENT ACTION GROUP	Employer identification number 13-3624785					
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (contin						
or services to the Corporation for a fee or other compensation, and any position or						
other material relationship such Director or Officer may have with any other						
not-for-profit corporation with which the Corporation has an attorney-client or						
other business relationship (collectively, a "Conflict of Interest"). A copy of						
each disclosure statement shall be available to any Director o	r_Officer_of_the					
Corporation on request.						
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officer	s & Key Employees					
Compensation of all employees except Executive Director is rev	iewed and approved by					
the Executive Director. Executive Director's compensation is	reviewed and approved					
by the Board of Directors.						
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available						
The Organization's government documents are available upon request. Annual reports						
are available on the Organizatino's webiste						