

Return of Organization Exempt from Income Tax

2003

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

TREATMENT ACTION GROUP
611 BROADWAY #612
NEW YORK, NY 10012

D Employer Identification Number: 13-3624785
E Telephone number: 212-253-7922
F Accounting method: Accrual

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

- H and I are not applicable to section 527 organizations.
H (a) Is this a group return for affiliates?
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: 501(c) 3

K Check here if the organization's gross receipts are normally not more than \$25,000. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 672,122.

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

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants... 2 Program service revenue... 3 Membership dues... 4 Interest on savings... 5 Dividends... 6a Gross rents... 7 Other investment income... 8a Gross amount from sales... 9 Special events... 10a Gross sales of inventory... 11 Other revenue... 12 Total revenue... 13 Program services... 14 Management and general... 15 Fundraising... 16 Payments to affiliates... 17 Total expenses... 18 Excess or (deficit)... 19 Net assets at beginning... 20 Other changes... 21 Net assets 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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____).....	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	80,000.			
26 Other salaries and wages.....	26	252,226.	186,226.	55,900.	10,100.
27 Pension plan contributions.....	27				
28 Other employee benefits.....	28	26,709.	21,007.	4,563.	1,139.
29 Payroll taxes.....	29	18,864.	14,008.	4,113.	743.
30 Professional fundraising fees.....	30				
31 Accounting fees.....	31				
32 Legal fees.....	32				
33 Supplies.....	33	8,992.	4,246.	4,519.	227.
34 Telephone.....	34	19,585.	13,546.	5,207.	832.
35 Postage and shipping.....	35	9,680.	4,661.	752.	4,267.
36 Occupancy.....	36	20,216.	12,731.	7,041.	444.
37 Equipment rental and maintenance.....	37				
38 Printing and publications.....	38	35,033.	24,671.	450.	9,912.
39 Travel.....	39	106,070.	102,965.	2,158.	947.
40 Conferences, conventions, and meetings.....	40				
41 Interest.....	41				
42 Depreciation, depletion, etc (attach schedule).....	42	5,651.	4,172.	1,253.	226.
43 Other expenses not covered above (itemize):					
a See Statement 3	43a	213,253.	176,172.	15,815.	21,266.
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.....	44	796,279.	564,405.	101,771.	50,103.

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

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

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <u>See Statement 4</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>See Statement 5</u> ----- ----- ----- (Grants and allocations \$ _____)	564,405.
b ----- ----- ----- (Grants and allocations \$ _____)	
c ----- ----- ----- (Grants and allocations \$ _____)	
d ----- ----- ----- (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services).....	<b>564,405.</b>

**Part IV Balance Sheets** (See Instructions)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
<b>A S S E T S</b>	<b>45</b> Cash — non-interest-bearing .....	99,348.	<b>45</b>	67,805.
	<b>46</b> Savings and temporary cash investments .....	229,906.	<b>46</b>	193,270.
	<b>47 a</b> Accounts receivable .....	<b>47 a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>47 b</b>		<b>47 c</b>
	<b>48 a</b> Pledges receivable .....	47,115.		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>48 b</b>	52,074.	<b>48 c</b>
	<b>49</b> Grants receivable .....			<b>49</b>
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) .....			<b>50</b>
	<b>51 a</b> Other notes & loans receivable (attach sch.) .....	<b>51 a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>51 b</b>		<b>51 c</b>
	<b>52</b> Inventories for sale or use .....			<b>52</b>
	<b>53</b> Prepaid expenses and deferred charges .....	820.	<b>53</b>	4,861.
	<b>54</b> Investments — securities (attach schedule) .....	4,687.	<b>54</b>	7,832.
	<b>55 a</b> Investments — land, buildings, & equipment: basis .....	<b>55 a</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>55 b</b>		<b>55 c</b>
	<b>56</b> Investments — other (attach schedule) .....			<b>56</b>
	<b>57 a</b> Land, buildings, and equipment: basis .....	86,250.		
	<b>b</b> Less: accumulated depreciation (attach schedule) .....	Statement 6 67,978.	16,405.	<b>57 c</b>
	<b>58</b> Other assets (describe ▶ See Statement 7) .....	2,756.	<b>58</b>	2,756.
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) .....	405,996.	<b>59</b>	341,911.	
<b>L I A B I L I T I E S</b>	<b>60</b> Accounts payable and accrued expenses .....	17,343.	<b>60</b>	8,690.
	<b>61</b> Grants payable .....		<b>61</b>	
	<b>62</b> Deferred revenue .....		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....		<b>63</b>	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) .....		<b>64 a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) .....		<b>64 b</b>	
	<b>65</b> Other liabilities (describe ▶) .....		<b>65</b>	
<b>66 Total liabilities</b> (add lines 60 through 65) .....	17,343.	<b>66</b>	8,690.	
<b>N E T A S S E T S O R F U N D B A L A N C E S</b>	<b>Organizations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted .....	388,653.	<b>67</b>	333,221.
	<b>68</b> Temporarily restricted .....		<b>68</b>	
	<b>69</b> Permanently restricted .....		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds .....		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	388,653.	<b>73</b>	333,221.
	<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73) .....	405,996.	<b>74</b>	341,911.

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

BAA

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

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements. . . . . ▶	<b>a</b>	673,562.
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990:		
(1)	Net unrealized gains on investments. . . . \$		
(2)	Donated services and use of facilities. . . . \$		
(3)	Recoveries of prior year grants. . . . \$		
(4)	Other (specify):		
	See Stm 8 \$ 1,440.		
	Add amounts on lines (1) through (4). . . . ▶	<b>b</b>	1,440.
<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . . ▶	<b>c</b>	672,122.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990. . . . \$		
(2)	Other (specify):		
	See Stm 9 \$ -12,715.		
	Add amounts on lines (1) and (2). . . ▶	<b>d</b>	-12,715.
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> ). . . . . ▶	<b>e</b>	659,407.

<b>a</b>	Total expenses and losses per audited financial statements. . . . . ▶	<b>a</b>	728,994.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:		
(1)	Donated services and use of facilities. . . . \$		
(2)	Prior year adjustments reported on line 20, Form 990. . . \$		
(3)	Losses reported on line 20, Form 990. . . \$		
(4)	Other (specify):		
	See Stmt 10 \$ 12,715.		
	Add amounts on lines (1) through (4). . . . ▶	<b>b</b>	12,715.
<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . . ▶	<b>c</b>	716,279.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990. . . . \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2). . . ▶	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ). . . . . ▶	<b>e</b>	716,279.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see 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	(E) Expense account and other allowances
See Statement 11		80,000.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶  Yes  No

If 'Yes,' attach schedule — see instructions.

Part VI Other Information (See instructions.)

Table with columns for question number, description, and Yes/No responses. Includes questions 76 through 92 regarding organizational activities, financials, and tax status.

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees & contracts from government agencies . . .					
<b>94</b> Membership dues and assessments . . .					
<b>95</b> Interest on savings & temporary cash invmnts . .			14	2,467.	
<b>96</b> Dividends & interest from securities . . .					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from pers prop . . . .					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>101</b> Net income or (loss) from special events . . . . .			1	-7,645.	
<b>102</b> Gross profit or (loss) from sales of inventory . . . .					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				-5,178.	
<b>105 Total</b> (add line 104, columns (B), (D), and (E)) . . . . .					-5,178.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

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

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.

**Please Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature **FRANK BOVE** Date \_\_\_\_\_

Firm's name (or yours if self-employed) **Dinowitz & Bove, CPAs**

address, and ZIP + 4 **150 Broadway RM 1105  
New York, NY 10038**

Check if self-employed  Preparer's SSN or PTIN (see General Instruction W) **094-64-7506**

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 Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

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

OMB No. 1545-0047

**2003**

Name of the organization

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
ROB CAMPBELL ----- 155 RIDGE ST., APT 6J, NY NY 10002	PROJECT DIR. 40	55,364.	0.	0.
RICHARD JEFFREYS ----- 204 WEST 21ST ST., NY NY 10011	PROJECT DIR. 40	58,000.	0.	0.
----- -----				
----- -----				
----- -----				
Total number of other employees paid over \$50,000..... ▶	0			

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		0.
----- -----		
----- -----		
----- -----		
----- -----		
Total number of others receiving over \$50,000 for professional services..... ▶	0	

**Part III** Statements About Activities (See instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>N/A</u> _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property? . . . . .	2a	X
<b>b</b> Lending of money or other extension of credit? . . . . .	2b	X
<b>c</b> Furnishing of goods, services, or facilities? . . . . .	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X
<b>e</b> Transfer of any part of its income or assets? . . . . .	2e	X
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.) . . . . .	3a	X
<b>b</b> Do you have a section 403(b) annuity plan for your employees? . . . . .	3b	X
<b>4</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	4	X

**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.)
- 11 a  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.)
- 11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

(a) Name(s) of supported organization(s)	(b) Line number from above

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



**Part 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	700,698.	609,161.	787,226.	605,256.	2,702,341.
<b>16</b> Membership fees received . . . . .					
<b>17</b> 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 . . . . .	4,650.	6,180.	39,015.	29,635.	79,480.
<b>18</b> 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 . . . . .	3,682.	4,368.	1,210.	483.	9,743.
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> 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 . . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .					
<b>23</b> Total of lines 15 through 22 . . . . .	709,030.	619,709.	827,451.	635,374.	2,791,564.
<b>24</b> Line 23 minus line 17 . . . . .	704,380.	613,529.	788,436.	605,739.	2,712,084.
<b>25</b> Enter 1% of line 23 . . . . .	7,090.	6,197.	8,275.	6,354.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 . . . . . ▶					<b>26a</b> 54,242.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . . . . ▶					<b>26b</b> 699,889.
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶					<b>26c</b> 2,712,084.
d Add: Amounts from column (e) for lines: 18 <u>9,743.</u> 19 <u>          </u> 22 <u>          </u> 26b <u>699,889.</u> . . . . .					<b>26d</b> 709,632.
e Public support (line 26c minus line 26d total) . . . . . ▶					<b>26e</b> 2,002,452.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶					<b>26f</b> 73.83 %
<b>27 Organizations described on line 12:</b> 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: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
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 11, 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: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . .					<b>27c</b> _____
d Add: Line 27a total . . . . . and line 27b total . . . . .					<b>27d</b> _____
e Public support (line 27c total minus line 27d total) . . . . . ▶					<b>27e</b> _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶					<b>27f</b> _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶					<b>27g</b> _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ▶					<b>27h</b> _____ %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures .....	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table —		
	<b>If the amount on line 40 is —</b>		
	<b>The lobbying nontaxable amount is —</b>		
	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 .....	<b>41</b>
	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 .....	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>	
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.			

**4 -Year Averaging Period Under Section 501(h)**

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots non-taxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> 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
	<b>a</b> Volunteers .....		
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (add lines <b>c</b> through <b>h</b> .) .....			

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



**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

**2003**

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 box(es) 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 \$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 1 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 and Form 990-EZ.**

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2003)

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	MERCK & COMPANY P.O. BOX 100 WHITEHOUSE STATION, NJ 08889	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	AGOURON PHARMACEUTICALS 10777 SCIENCE CENTER DRIVE SAN DIEGO, CA 92121	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	GILEAD SCIENCES 353 LAKESIDE DRIVE FOSTER CITY, CA 94404	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	BC/EQUITY FIGHTS AIDS 165 WEST 46 STREET NEW YORK, NY 10036	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	HOFFMAN-LA ROCHE INC 340 KINGSLAND ST. BLDG 85-4 NUTLEY, NJ 07110-1199	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	BMS VIROLOGY P.O. BOX 4500 PRINCETON, NJ 08543-4500	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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	PAUL NEWMAN FOUNDATION ----- 246 POST ROAD ----- WESTPORT, CT 06880 -----	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
8	BOEHRINGER INGELHEIM PHARMACEU ----- 900 RIDGEBURY ROAD, PO BOX 368 ----- RIDGEFIELD, CT 06877-0368 -----	\$ 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>
9	JP MORGAN CHASE ----- 345 PARK AVENUE ----- New York, NY 10154 -----	\$ 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>
10	OFFICE OF AIDS RESEARCH ----- 9000 ROCKVILLE PIKE ----- BETHESDA MD 20892 -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
11	THE ELIZABETH TAYLOR AIDS FDN ----- 5750 WILSHIRE BLVD., SUITE 590 ----- LOS ANGELES, CA 90036 -----	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
12	BILL & MELINDA GATES FDN ----- P.O. BOX 23350 ----- SEATTLE, WASHINGTON 98102 -----	\$ 103,000.	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 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 ----- ----- -----	----- ----- ----- \$-----	----- ----- -----
_____	----- ----- -----	----- ----- ----- \$-----	----- ----- -----
_____	----- ----- -----	----- ----- ----- \$-----	----- ----- -----
_____	----- ----- -----	----- ----- ----- \$-----	----- ----- -----
_____	----- ----- -----	----- ----- ----- \$-----	----- ----- -----
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_____	----- ----- -----	----- ----- ----- \$-----	----- ----- -----
_____	----- ----- -----	----- ----- ----- \$-----	----- ----- -----

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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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

COPY

# 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).

**Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

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

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

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

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>TREATMENT ACTION GROUP</b>	Employer identification number <b>13-3624785</b>
	Number, street, and room or suite number. If a P.O. box, see instructions <b>611 BROADWAY #612</b>	
	City, town or post office. For a foreign address, see instructions. <b>NEW YORK, NY 10012</b>	state ZIP code

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

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

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

**1** I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 8/15, 20 04, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 03 or
- ▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

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

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

### Signature and Verification

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ Date ▶

**BAA For Paperwork Reduction Act Notice, see instructions.**

Form **8868** (12-2000)

**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	105,590.	100,520.	5,070.	12,715.	-7,645.
Total	<u>\$ 105,590.</u>	<u>\$ 100,520.</u>	<u>\$ 5,070.</u>	<u>\$ 12,715.</u>	<u>\$ -7,645.</u>

**Statement 2**  
**Form 990, Part I, Line 20**  
**Other Changes in Net Assets or Fund Balances**

Unrealized gain on marketable securities.....	\$ 1,440.
Total	<u>\$ 1,440.</u>

**Statement 3**  
**Form 990, Part II, Line 43**  
**Other Expenses**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Advertising	687.		437.	250.
Bank charges	3,047.	320.	1,274.	1,453.
Consultants	89,429.	65,696.	7,311.	16,422.
Direct mail expense	3,060.			3,060.
Dues & subscriptions	10,543.	7,286.	3,176.	81.
Insurance	1,743.		1,743.	
Payroll services	1,874.		1,874.	
Workshop	102,870.	102,870.		
Total	<u>\$ 213,253.</u>	<u>\$ 176,172.</u>	<u>\$ 15,815.</u>	<u>\$ 21,266.</u>

**Statement 4**  
**Form 990, Part III**  
**Organization's Primary Exempt Purpose**

Founded in January 1992, The Treatment Action Group is the only organization in the country dedicated solely to AIDS research advocacy. TAG focuses on the public and private AIDS research effort to improve the drug development process, speed the pace of medical advances in treating HIV disease and its opportunistic infections, and ensure that the government spends its AIDS research dollars wisely. Armed with keenly developed scientific and political expertise, TAG's full-time policy staff members meet with researchers, pharmaceutical companies and government officials to transform research policy.

**Statement 5**  
**Form 990, Part III, Line a**  
**Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
-------------	---------------------------	--------------------------------

Antivirals project:

TAG's Antiviral Project, staff and consultants 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 antivirals to improve standards of care; works on domestic and international treatment guidelines; and educates and mobilizes policymakers, researchers, and the HIV community on antiviral research. TAG works with academic researchers, community-based clinicians, Federal agencies such as FDA and National Institutes of Health (NIH), and with domestic and international community coalitions to achieve these ends.

Federal Affairs / OAR project:

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 that are allocated are spent most 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. 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.

Basic Science project [formerly Pathogenesis]:

TAG staff and consultants review the state of basic research on HIV/AIDS, including 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 the virus 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.

Co-Infections project:

Led by TAG's Coinfection Project Director, TAG staff and 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

**Statement 5 (continued)**  
**Form 990, Part III, Line a**  
**Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
<p>policymakers, researchers, and the HIV community. Current efforts focus internationally on tuberculosis (TB), the leading opportunistic infection and killer among PWAs worldwide, and 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>Community 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>TAGline / Website:</p> <p>TAG staff and consultants publish ten to twelve editions each year of the English/Spanish treatment policy newsletter, TAGline, as well as the bi-annual TAG Update, Annual Report, and frequent updates on the TAG world wide web site, <a href="http://www.treatmentactiongroup.org">www.treatmentactiongroup.org</a>.</p> <p>International projects:</p> <p>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 first International Treatment Preparedness Summit (ITPS), held in Cape Town, South Africa, in March 2003. TAG also sponsored the Second International TB/HIV Community Education and Mobilization Workshop in late October/early November 2003. TAG works to mobilize more effective international programs from the Global Fund to Fight AIDS, TB &amp; Malaria (GFATM), UNAIDS, the U.S. government, the World Bank, the World Health Organization (WHO), and others.</p>		564,405.
	<u>\$ 0.</u>	<u>\$ 564,405.</u>

**Statement 6**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

Category	Basis	Accum. Deprec.	Book Value
Machinery and Equipment	\$ 86,250.	\$ 67,978.	\$ 18,272.
Total	<u>\$ 86,250.</u>	<u>\$ 67,978.</u>	<u>\$ 18,272.</u>

**Statement 7**  
**Form 990, Part IV, Line 58**  
**Other Assets**

Security deposits.....	\$ 2,756.
Total	<u>\$ 2,756.</u>

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

Unrealized gain on investments.....	\$ 1,440.
Total	<u>\$ 1,440.</u>

**Statement 9**  
**Form 990, Part IV-A, Line d(2)**  
**Other Amounts**

Event expenses reported on line 9b.....	\$ -12,715.
Total	<u>\$ -12,715.</u>

**Statement 10**  
**Form 990, Part IV-B, Line b(4)**  
**Other Amounts**

Event expenses reported on line 9b.....	\$ 12,715.
Total	<u>\$ 12,715.</u>

COPY

**Statement 11**  
**Form 990, Part V**  
**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 &amp; DC</u>	<u>Expense Account/ Other</u>
ALBY P. MACCARONE, JR. c/o TAG, 611 BROADWAY NEW YORK, NY 10012	Director None	\$ 0.	\$ 0.	\$ 0.
SALLY MORRISON c/o TAG, 611 BROADWAY NEW YORK, NY 10012	Director None	0.	0.	0.
MARK O'DONNELL c/o TAG, 611 BROADWAY NEW YORK, NY 10012	Director None	0.	0.	0.
LYNDA DEE, ESQ c/o TAG, 611 BROADWAY NEW YORK, NY 10012	DIRECTOR None	0.	0.	0.
BARBARA HUGHES c/o TAG, 611 BROADWAY NEW YORK, NY 10012	PRESIDENT None	0.	0.	0.
GREG THOMPSON c/o TAG, 611 BROADWAY NEW YORK, NY 10012	Director None	0.	0.	0.
LAURA MORRISON c/o TAG, 611 BROADWAY NEW YORK, NY 10012	SECRETARY/TREAS None	0.	0.	0.
BRUCE R. SHACKMAN, Ph.D. c/o TAG, 611 BROADWAY NEW YORK, NY 10012	DIRECTOR None	0.	0.	0.
JOY EPISALLA c/o TAG, 611 BROADWAY NEW YORK, NY 10012	DIRECTOR None	0.	0.	0.
JASON OSHER c/o TAG, 611 BROADWAY NEW YORK, NY 10012	DIRECTOR None	0.	0.	0.
RICHARD LYNN, Ph.D. c/o TAG, 611 BROADWAY NEW YORK, NY 10012	DIRECTOR None	0.	0.	0.
MARK HARRINGTON c/o TAG, 611 BROADWAY NEW YORK, NY 10012	EXECUTIVE DIR. 40	80,000.	0.	0.
		Total \$ 80,000.	\$ 0.	\$ 0.