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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2008

Open to Public Inspection

For the 2008 calendar year, or tax year beginning 7/01 , **2008, and ending** 6/30 , 2009

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type See specific instructions

HIV ALLIANCE, INC.
1966 GARDEN AVE.
EUGENE, OR 97403

D Employer Identification Number: 93-0963546

E Telephone number: 541-342-5088

G Gross receipts $ 1,554,523.

F Name and address of principal officer: SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status [X] 501(c) (3) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► WWW.HIVALLIANCE.ORG

H(c) Group exemption number ►

K Type of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ► **L** Year of Formation 1994 **M** State of legal domicile OR

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SUPPORTING INDIVIDUALS WITH HIV/AIDS AND PREVENTING NEW HIV INFECTIONS.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of employees (Part V, line 2a)	5	36
6 Total number of volunteers (estimate if necessary)	6	200
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,328,265.	1,515,427.
9 Program service revenue (Part VIII, line 2g)	6,235.	550.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,333.	3,550.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,909.	22,795.
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,358,457.	1,542,322.

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Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	617,879.	835,568.
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ► 172,701.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	636,016.	698,843.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,253,895.	1,534,411.
19 Revenue less expenses Subtract line 18 from line 12	104,562.	7,911.

Net Assets or Fund Balances

	Beginning of Year	End of Year
20 Total assets (Part X, line 16)	1,300,994.	1,234,328.
21 Total liabilities (Part X, line 26)	349,555.	308,159.
22 Net assets or fund balances Subtract line 21 from line 20	951,439.	926,169.

Part II Signature Block

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

Sign Here

► Chris Tarver — Signature of officer — Date: 5/17/10

► CHRIS TARVER — Type or print name and title: VICE PRESIDENT

Paid Preparer's Use Only

Preparer's signature ► R Osterman	Date 5/17/10
Check if self-employed ► [ ]	Preparer's identifying number (see instructions) N/A
Firm's name (or yours if self-employed) address and ZIP + 4 ► MUELLER LARSON OSTERMAN YUVA LLP, 225 E 4TH AVE, EUGENE, OR 97401-2429	EIN ► N/A
	Phone no ► (541) 344-1100

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. TEEA0112L 12/22/08 Form **990** (2008)

SCANNED JUL 15 2010

2

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

SUPPORTING INDIVIDUALS WITH HIV/AIDS AND PREVENTING NEW HIV INFECTIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? SEE SCHEDULE O [X] Yes [ ] No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code [ ]) (Expenses $ 199,140. including grants of $) (Revenue $)

SEE SCHEDULE O

4b (Code [ ]) (Expenses $ 491,709. including grants of $) (Revenue $)

CLIENT SERVICE:

OFFERING SERVICES TO PEOPLE LIVING WITH HIV/AIDS IN 4 WESTERN OREGON COUNTIES, WE HELP CLIENTS THROUGH DIFFICULTIES OF HIV/AIDS. BY HELPING TO FIND CLIENT HEALTH INSURANCE, OFFERING ON-STAFF NURSES AND PHARMACISTS, PROVIDING EMERGENCY FINANCIAL ASSISTANCE, REFERRALS, AND ADVOCACY, AS WELL AS HOSTING SUPPORT GROUPS, WE OFFER HOLISITIC CARE TO OUR CLIENTS.

4c (Code [ ]) (Expenses $ 506,189. including grants of $) (Revenue $)

DENTAL:

THROUGH A 5-YEAR GRANT FROM HEALTH RESOURCES SERVICES ADMINISTRATION, HIV ALLIANCE RUNS THE ORAL (OREGON RURAL ALLIANCE OF DENTAL LEADERSHIP) PROGRAM TO SERVE PEOPLE LIVING WITH HIV/AIDS IN 18 OREGON COUNTIES. THIS COMPREHENSIVE DENTAL CLINIC WAS CREATED THROUGH A PARTNERSHIP OF THREE LANE COUNTY AGENCIES TO PROVIDE ESSENTIAL DENTAL HYGIENE AND CARE THROUGHOUT SOUTHERN AND EASTERN OREGON.

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ► $ 1,197,038. *(Must equal Part IX Line 25, column (B))*

Part 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and 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? *If 'Yes,' complete Schedule D, Part I*	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
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? *If 'Yes,' complete Schedule D, Part IV*	9	X	
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
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? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	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		X
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		X
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		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If 'Yes,' complete Schedule G, Part I*	17		X
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	X	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X
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		X
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		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? *If 'Yes,' complete Schedule J*	23		X
24a	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		X
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		
25a	**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		X
b	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		X
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		X
27	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? *If 'Yes,' complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
	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		X
	b Have a family member who had a direct or indirect business relationship with the organization? *If 'Yes,' complete Schedule L, Part IV*	28b		X
	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? *If 'Yes,' complete Schedule L, Part IV*	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? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
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		X
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? *If 'Yes,' complete Schedule R, Part I*	33		X
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		X
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		X
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		X
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? *If 'Yes,' complete Schedule R, Part VI*	37		X

Part 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	1a 2		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X
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	2a 36		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	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		X
b	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		X
b	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
b	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).**			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a	X	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
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		
b	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from other members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI **Governance, Management and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	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			
1a	Enter the number of voting members of the governing body	1a 15		
b	Enter the number of voting members that are independent	1b 15		
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		X
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
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?	9b		
10	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	10	X	
11	Is there any officer, director or trustee, 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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done* SEE SCHEDULE O	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers of key employees of the organization? SEE SCHEDULE O	15b	X	
	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		X
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 ► OR

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

[X] Own website [X] Another's website [X] Upon request

19 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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► MELISSA EDWARDS, FINANCE DIR 1966 GARDEN AVENUE EUGENE OR 97403 541-342-5088

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) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W 2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DIANE LANG EXECUTIVE DIREC	40			X				74,191.	0.	8,407.
MATTHEW WHALEN DIRECTOR	1	X						0.	0.	0.
MELISSA EDWARDS FINANCE DIR.	40			X				48,327.	0.	7,424.
DR. BRUCE CZUCHNA PRESIDENT	1	X		X				0.	0.	0.
CHRIS BENNETT DIRECTOR	1	X						0	0.	0.
DAVID COLE TREASURER	1	X		X				0.	0.	0.
DR. DENIS MCCARTHY DIRECTOR	1	X						0.	0.	0.
ROBERT BURK VICE PRESIDENT	1	X		X				0.	0.	0.
GWEN JANSEN SECRETARY	1	X		X				0.	0.	0.
MARC MULLINS DIRECTOR	1	X						0.	0.	0.
JO ANN ENGLISH DIRECTOR	1	X						0.	0.	0.
SUZANNE MCRAE DIRECTOR	1	X						0.	0.	0.
REV. MICHAEL HERTZ DIRECTOR	1	X						0.	0.	0.
MARK WILLIAMS DIRECTOR	1	X						0.	0.	0.
CRAIG WILLIS DIRECTOR	1	X						0.	0.	0.
JOHN ORBELL DIRECTOR	1	X						0.	0.	0.
CHRIS TRAVER DIRECTOR	1	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(cont)*

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ►								122,518.	0.	15,831.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ► 0

		Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If 'Yes' complete Schedule J for such individual	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5		X

Section B Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ► 0

Part VIII Statement of Revenue

			(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	1a Federated campaigns	1a 15,084.				
	b Membership dues	1b				
	c Fundraising events	1c 5,400.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 1,138,979.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 355,964.				
	g Noncash contribns included in lns 1a-1f	$ 38,382.				
	h **Total.** Add lines 1a-1f	▶	1,515,427.			
PROGRAM SERVICE REVENUE		Business Code				
	2a TESTING TRAINING CLASS		550.	550.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶	550.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	▶	3,050.			3,050.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross Rents	5,000.				
	b Less rental expenses					
	c Rental income or (loss)	5,000.				
	d Net rental income or (loss)	▶	5,000			5,000.
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	500.				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	500.				
	d Net gain or (loss)	▶	500.			500.
	8a Gross income from fundraising events (not including $ 5,400. of contributions reported on line 1c) See Part IV, line 18	a 29,996.				
	b Less direct expenses	b 12,201.				
	c Net income or (loss) from fundraising events	▶	17,795.	17,795.		
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total** Add lines 11a-11d	▶				
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	1,542,322	18,345.	0.	8,550.

Part IX Statement of Functional Expenses

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).

Do not include amounts reported on lines 6b, 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	125,103.	39,500.	85,603.	0.
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	544,812.	425,745.	24,986.	94,081.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	165,653.	113,472.	30,313.	21,868.
11 Fees for services (non-employees)				
a Management				
b Legal	13,900.	4,800.	9,100.	
c Accounting				
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion	4,016.	725.	39.	3,252.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	26,389.	21,467.	2,780.	2,142.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,244.	2,244.		
20 Interest	10,499.	8,067.	1,465.	967.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,001.	17,655.	3,199.	2,147.
23 Insurance	9,567.	7,341.	1,330.	896.
24 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 CONTRACT SERVICES	315,293.	300,530.	114.	14,649.
b CLIENT SERVICES	99,341.	99,341.		
c PROGRAM SUPPLIES	60,751.	60,751.		
d COMPUTER AND OFFICE SUPPLIES	43,314.	38,537.	2,350.	2,427.
e CLIENT TRAVEL TO CLINICS	26,845.	26,845.		
f All other expenses	63,683.	30,018.	3,393.	30,272.
25 Total functional expenses Add lines 1 through 24f	1,534,411.	1,197,038.	164,672.	172,701.
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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing		215,873.	1	59,058.
	2	Savings and temporary cash investments		248,732.	2	373,496.
	3	Pledges and grants receivable, net		479,800.	3	439,712.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		6,917.	9	12,674.
	10a	Land, buildings, and equipment cost basis	10a 570,875.			
	b	Less accumulated depreciation Complete Part VI of Schedule D	10b 221,487.	349,672.	10c	349,388.
	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			15	
	16	**Total assets** Add lines 1 through 15 (must equal line 34)		1,300,994.	16	1,234,328.
LIABILITIES	17	Accounts payable and accrued expenses		221,607.	17	184,644.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		127,948.	23	123,515.
	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		349,555.	26	308,159.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets		603,395.	27	610,987.
	28	Temporarily restricted net assets		348,044.	28	315,182.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, and equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	**Total net assets or fund balances.**		951,439.	33	926,169.
	34	Total liabilities and net assets/fund balances		1,300,994.	34	1,234,328.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If 'Yes,' did the organization undergo the required audit or audits?	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
HIV ALLIANCE, INC.	93-0963546

Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ 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 exempt 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).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g (i)	
(ii)	a family member of a person described in (i) above?	11g (ii)	
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?	11g (iii)	

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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)

Section A. Public Support

Calendar year (or fiscal year 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 ')	1,064,299.	819,810.	958,590.	1,328,265.	1,510,027.	5,680,991.
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	1,064,299.	819,810.	958,590.	1,328,265.	1,510,027.	5,680,991.
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)						0.
6 **Public support.** Subtract line 5 from line 4						5,680,991.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1,064,299.	819,810.	958,590.	1,328,265.	1,510,027.	5,680,991.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	3,212.	3,873.	5,963.	4,333.	3,050.	20,431.
9 Net income form unrelated business activities, whether or not the business is regularly carried on						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						5,701,422.
12 Gross receipts from related activities, etc (see instructions)					12	105,708.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)	14	99.6 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	98.4 %

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

Calendar 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 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 disqualified 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)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b 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 regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (add lns 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

HIV ALLIANCE, INC.

Employer identification number

93-0963546

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? ☐ Yes ☐ No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► $ _____

(ii) Assets included in Form 990, Part X ► $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► $ _____

b Assets included in Form 990, Part X ► $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☒ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

SEE PART XIV

	Amount
c Beginning balance	1c 1,879.
d Additions during the year	1d 3,000.
e Distributions during the year	1e 3,198.
f Ending balance	1f 1,681.

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a 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 balance held as

- a Board designated or quasi-endowment ► _____ %
- b Permanent endowment ► _____ %
- c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land		76,880.		76,880.
b Buildings		433,446.	182,133	251,313.
c Leasehold improvements		4,013.	2,002.	2,011.
d Equipment		23,704.	5,616.	18,088.
e Other		32,832.	31,736.	1,096.
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c))*			►	349,388.

Part VII Investments—Other Securities See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total *(Column (b) should equal Form 990 Part X, col (B) line 12.)* ►		

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
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
Total. *Column (b) Total (should equal Form 990, Part X, col (B), line 15)* ►	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII,column (A), line 12)	1,542,322.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,534,411.
3	Excess or (deficit) for the year Subtract line 2 from line 1	7,911.
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	7,911.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	1,552,094.
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	1,972.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV) SEE PART XIV	2d	7,800.		
e	Add lines 2a through 2d			2e	9,772.
3	Subtract line 2e from line 1			3	1,542,322.
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	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	1,542,322.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,544,183.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	1,972.		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV) SEE PART XIV	2d	7,800.		
e	Add lines 2a through 2d			2e	9,772.
3	Subtract line 2e from line 1			3	1,534,411.
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	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)			5	1,534,411.

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 IV, LINE 1B - CONTRIBUTIONS OR OTHER ASSETS NOT INCLUDED ON B/S

HIV ALLIANCE, INC. HAS A FISCAL SPONSORSHIP WITH SAFE SPACE WHICH ALLOWS THEM TO OPERATE AS A NONPROFIT UNDER OUR UMBRELLA. HIV ALLIANCE PROVIDES BOOKKEEPING SERVICES TO RECORD CASH TRANSACTIONS IN THE GROUP'S BANK ACCOUNT. THE FUNDS ARE NOT PART OF HIV ALLIANCE, INC.

SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

SPECIAL EVENT EXPENSES	$ 7,800.
TOTAL	$ 7,800.

SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S

SPECIAL EVENT EXPENSES	$ 7,800.
TOTAL	$ 7,800.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► **Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization: HIV ALLIANCE, INC.

Employer identification number: 93-0963546

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- ☐ Mail solicitations
- ☐ Email solicitations
- ☐ Phone solicitations
- ☐ In-person solicitations
- ☐ Solicitation of non-government grants
- ☐ Solicitation of government grants
- ☐ Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ►						0.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000

		(a) Event #1 BIG NIGHT (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts	35,396.			35,396.
	2 Less Charitable contributions	5,400.			5,400.
	3 Gross revenue (line 1 minus line 2)	29,996.			29,996.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	4,401.			4,401.
	7 Other direct expenses	7,800.			7,800.
	8 Direct expense summary Add lines 4- through 7 in column (d)			►	12,201.
	9 Net income summary Combine lines 3 and 8 in column (d)			►	17,795.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			►	
	8 Net gaming income summary Combine lines 1 and 7 in column (d)			►	

		YES	NO
9 Enter the state(s) in which the organization operates gaming activities			
a Is the organization licensed to operate gaming activities in each of these states?	9a		
b If 'No,' Explain			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If 'Yes,' Explain			
11 Does the organization operate gaming activities with nonmembers?	11		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			YES	NO
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records				
Name ►				
Address ►				
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?			15a	
b If 'Yes,' enter the amount of gaming revenue received by the organization $_____ and the amount of gaming revenue retained by the third party $_____				
c If 'Yes,' enter name and address				
Name ►				
Address ►				
16 Gaming manager information				
Name ►				
Gaming manager compensation ► $_____				
Description of services provided ►				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $				

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

► To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization
HIV ALLIANCE, INC.

Employer identification number
93-0963546

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art–Works of art				
2	Art–Historical treasures				
3	Art–Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities–Publicly traded				
10	Securities–Closely held stock				
11	Securities–Partnership, LLC, or trust interests				
12	Securities–Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate–Residential				
16	Real estate–Commercial				
17	Real estate–Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	1	29,924.	
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (FOOD CARDS)		2	2,603.	
26	Other ► (SUPPLIES)		30	5,854.	
27	Other ► ( )				
28	Other ► ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If 'Yes,' describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If 'Yes,' describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: HIV ALLIANCE, INC.

Employer identification number: 93-0963546

FORM 990, PART III, LINE 2 - NEW SERVICES

DUE TO THE SIZE OF THE DENTAL PROGRAM, IT IS NOW BEING REPORTED AS A SEPARATE PROGRAM.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

PREVENTION PROGRAM AND EDUCATION PROGRAM:

IN OUR PREVENTION DEPARTMENT, WE OFFER TESTING AND COUNSELING SERVIECS, OUTREACH TO MEN WHO HAVE SEX WITH MEN, AND A COMPREHENSIVE NEEDLE EXCHANGE PROGRAM. BY OFFERING EVIDENCE-BASED INTERVENTIONS SUCH AS OUTREACH AND NEEDLE EXCHANGE, WE HELP TO PREVENT NEW HIV INFECTIONS. BY OFFERING FREE TESTS TO HIGH-RISK INDIVIDUALS, WE ARE ABLE TO QUICKLY OFFER HELP TO THOSE WHO TEST POSITIVE.

WE OFFER COMMUNITY EDUCATION TO ALL AGES THROUGHOUT THE EUGENE/SPRINGFIELD AREA. IN OUR SPEAKERS IN THE SCHOOLS PROGRAM, HIV+ SPEAKERS GO TO CLASSROOMS AND TALK ABOUT THEIR EXPERIENCE LIVING WITH HIV/AIDS AND TEACH CLASS ABOUT WAYS TO BE SAFER IN THE CHOICES THEY MAKE. IN OUR COMMUNITY EDUCATION PROGRAM, STAFF MEMBERS AND VOLUNTEERS GO INTO THE COMMUNITY TO TEACH ABOUT THE IMPORTANCE OF OUR PROGRAMS TO THE COMMUNITY AS A WHOLE.

FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS

REVIEWED IN DETAIL BY THE FINANCE DIRECTOR, EXECUTIVE DIRECTOR AND BOARD TREASURER AND THEN PRESENTED TO THE BUDGET AND FINANCE COMMITTEE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C

A COPY OF THE CONFLICT OF INTEREST POLICY IS PROVIDED TO AND REVIEWED WITH ALL EXISITING AND INCOMING BOARD MEMBERS. EXPLANATIONS ARE GIVEN AS TO WHAT CONSTITUTES A CONFLICT, BOARD MEMBERS ARE ASKED TO DISCLOSE CONFLICTS UPON JOINING THE BOARD AND WHENEVER THEY ARE RENEWING A TERM. BOARD MEMBERS ARE ASKED TO REPORT ANY NEW RELATIONSHIPS OR TRANSACTIONS THAT MAY BE CONSIDERED IN CONFLICT.

Name of the organization: HIV ALLIANCE, INC.

Employer identification number: 93-0963546

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

FOR ALL DIRECTOR-LEVEL POSITIONS, SALARY RANGES FOR ALL DIRECTORS ARE DETERMINED EVERY TWO OR THREE YEARS BY THE BOARD OF DIRECTORS BASED ON A CURRENT SALARY SURVEY OF SIMILAR ORGANIZATIONS WITHIN THE REGION FOR SIMILAR POSITIONS. COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS BASED UPON THIS SALARY SURVEY.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

UPON REQUEST

HIV Alliance, Inc.

(a Nonprofit Organization)
Independent Auditor's Report
and
Financial Statements
June 30, 2009

Mueller Larson Osterman Yuva LLP
Certified Public Accountants

Contents

Mueller Larson Osterman Yuva LLP

Certified Public Accountants

Independent Auditor's Report

To the Board of Directors
HIV Alliance, Inc.
Eugene, Oregon

We have audited the accompanying statement of financial position of HIV Alliance, Inc. (a nonprofit corporation) as of June 30, 2009, and the related statements of activities, functional expenses, and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of HIV Alliance, Inc. as of June 30, 2009, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued a report dated December 30,2009 on our consideration of HIV Alliance, Inc.'s internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and important for assessing the results of our audit.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, "*Audits of States, Local Governments, and Non-Profit Organizations*," and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Mueller Larson Osterman Yuva LLP
December 30, 2009

HIV Alliance, Inc.
Statement of Financial Position
June 30, 2009

Assets		
Cash	$	432,554
Contracts and grants receivable		244,595
Unconditional promises to give-current		34,542
Prepaid expenses		12,674
Long-term unconditional promises to give		160,575
Property and equipment		349,388
Total assets	$	1,234,328
Liabilities		
Accounts payable	$	115,288
Accrued payroll and payroll taxes		69,356
Long-term debt		123,515
Total liabilities		308,159
Net Assets		
Unrestricted		610,987
Temporarily restricted		315,182
Total net assets		926,169
Total liabilities and net assets	$	1,234,328

HIV Alliance, Inc.
Statement of Activities
Year Ended June 30, 2009

	Unrestricted	Temporarily Restricted	Total
Revenue and other support			
Government grants and contracts	$ 1,116,479	$ 22,500	$ 1,138,979
Contributions from individuals	97,281	84,617	181,898
United Way	15,084	-	15,084
Private grants	13,545	122,139	135,684
In-kind contributions	48,154	-	48,154
Fee for service revenue	550	-	550
Special events	23,195	-	23,195
Rent	5,000	-	5,000
Interest income	3,050	-	3,050
Gain on sale of equipment	500	-	500
Total revenue and other support	1,322,838	229,256	1,552,094
Net assets released from restrictions			
Satisfaction of program/time restrictions	262,118	(262,118)	-
Total revenue, support, and reclassifications	1,584,956	(32,862)	1,552,094
Expenses			
Program services	1,197,038	-	1,197,038
Management and general	164,672	-	164,672
Fundraising	182,473	-	182,473
Total expenses	1,544,183	-	1,544,183
Change in net assets	40,773	(32,862)	7,911
Net assets, beginning of year (as restated)	570,214	348,044	918,258
Net assets, end of year	$ 610,987	$ 315,182	$ 926,169

HIV Alliance, Inc.
Statement of Functional Expenses
For the Year Ended June 30, 2008

HIV Alliance, Inc.
Statement of Functional Expenses
Year Ended June 30, 2009

	Program Services				Management and General	Fundraising	Total
	Client Services	Dental Program	Prevention Programs	Total			
Salaries and wages	$ 236,484	$ 122,331	$ 106,430	$ 465,245	$ 110,589	$ 94,081	$ 669,915
Payroll taxes and benefits	58,787	30,933	23,752	113,472	30,313	21,868	165,653
Contract services	11,683	287,063	1,784	300,530	114	14,649	315,293
Direct program expenses							
Program supplies	6,816	4,592	49,343	60,751	-	-	60,751
Client assistance	99,341	-	-	99,341	-	-	99,341
Client travel to clinics	-	26,845	-	26,845	-	-	26,845
Conference travel	-	9,265	-	9,265	-	-	9,265
Dissemination travel	-	4,385	-	4,385	-	-	4,385
Vehicle expense - NEX/Testing	-	-	1,318	1,318	-	-	1,318
Promotion and outreach	-	569	594	1,163	-	-	1,163
Direct fundraising expenses	-	-	-	-	-	24,110	24,110
Professional services	2,400	2,400	-	4,800	9,100	-	13,900
Depreciation	11,971	2,348	3,336	17,655	3,199	2,147	23,001
Computer and office supplies	33,241	2,978	2,318	38,537	2,350	2,427	43,314
Conference registration fees	-	2,044	200	2,244	-	-	2,244
Telephone and utilities	9,559	2,934	2,659	15,152	2,493	1,852	19,497
Interest	5,444	1,055	1,568	8,067	1,465	967	10,499
Repairs and maintenance	1,652	69	373	2,094	1,578	19	3,691
Burglary loss	-	-	-	-	829	-	829
Insurance	4,987	986	1,368	7,341	1,330	896	9,567
Dues	148	145	200	493	45	711	1,249
Licenses and fees	228	1,256	305	1,789	159	1,533	3,481
Reproduction and postage	1,232	2,854	736	4,822	227	6,351	11,400
Staff training and development	1,303	157	185	1,645	-	150	1,795
Travel, mileage, and lodging	475	187	1,084	1,746	359	5,211	7,316
Advertising	198	161	366	725	39	3,252	4,016
Food and meals	-	-	147	147	-	980	1,127
Staff and volunteer expenses	579	224	348	1,151	196	979	2,326
Rent and lease	5,181	408	726	6,315	287	290	6,892
Total expenses	$ 491,709	$ 506,189	$ 199,140	$ 1,197,038	$ 164,672	$ 182,473	$ 1,544,183

The accompanying notes are an integral part of these financial statements

HIV Alliance, Inc.
Statement of Cash Flows
Year Ended June 30, 2009

Cash flows from operating activities		
Change in net assets	$	7,911
Adjustments to reconcile change in net assets to net cash from operating activities:		
Depreciation		23,001
Gain on sale of equipment		(500)
Changes in:		
Contracts and grants receivable		(22,385)
Unconditional promises to give		29,292
Prepaid expenses		(5,757)
Accounts payable		(46,834)
Accrued payroll and payroll taxes		9,871
Net cash from operating activities		(5,401)
Cash flows from investing activities		
Proceeds from sale of equipment		500
Purchase of property and equipment		(22,717)
Net cash from investing activities		(22,217)
Cash flows from financing activities		
Principal payments on long-term debt		(4,433)
Net cash from financing activities		(4,433)
Net decrease in cash		(32,051)
Cash, beginning of year		464,605
Cash, end of year	$	432,554
Supplemental Disclosure of Cash Paid During the Year for:		
Interest	$	10,412

Note 1 - Nature of Operations and Summary of Significant Accounting Policies

Nature of operations – HIV Alliance, Inc. is a nonprofit public benefit corporation located in Eugene, Oregon. The Organization provides a variety of services and programs to residents in fifteen counties in Oregon. Principal programs are aimed at serving people living with HIV disease including case management, meals and financial assistance and dental care. HIV Alliance also provides education in HIV prevention in the schools and the general community. The Organization is exempt from federal income taxes under Internal Revenue Code 501(c)(3) and has been classified as an organization other than a private foundation and qualifies for the 50% charitable contribution deduction for individual donors. The Organization relies on funding from governmental agencies, private foundations, corporations and individuals. The federal government provided approximately 46% of total revenue and support for the year.

The operating transactions of the Organization resegregated according to program activity type as follows:

> ***Client Services***- Providing information, referral, case management, financial assistance and support services to people living with HIV/AIDS.
>
> ***Dental Program***- Funded through a five year grant from the Health Resources Services Administration and additional funding from the State of Oregon, the program provides low cost, quality dental care to people living with HIV/AIDS in fifteen Oregon counties.
>
> ***Prevention Programs***- HIV Alliance Prevention programs utilize evidence-based interventions which reduce the number of new infections and support early detection. These include HIV testing and counseling, syringe exchange and prevention outreach to gay and bi men. In addition, the organization's HIV Community and Youth Education Program utilizes HIV positive speakers, staff and volunteers to reduce stigma, discrimination and increase HIV awareness and prevention.

Basis of presentation – The financial statements of the Organization have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles. Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

> ***Unrestricted net assets*** – Net assets that are not subject to donor-imposed stipulations.
>
> ***Temporarily restricted net assets*** – Net assets subject to donor-imposed stipulations that may or will be met, either by actions of the Organization and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Note 1 - Nature of Operations and Summary of Significant Accounting Policies (Continued)

Permanently restricted net assets – Net assets subject to donor-imposed stipulations to be maintained permanently by the Organization. As of June 30, 2009, the Organization had no permanently restricted net assets.

Revenue recognition – Contributions received are recorded as support that is unrestricted, temporarily restricted, or permanently restricted. Classification is based on the existence and nature of any donor restrictions imposed on the contribution. Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restrictions expire in the reporting period in which the revenue is recognized.

The Organization recognizes government grant revenue from cost-reimbursement contracts to the extent of eligible expenses. Advance contract payments are recognized as deferred revenue.

Use of estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Expense allocation – Labor and related costs are allocated between programs and supporting services based on relative hours devoted to each function. Facility expenses are allocated based on relative usage by employees. Other costs are allocated based on the approximate usage of the underlying expenses.

Donated materials and services – Donated materials are recorded at their estimated fair values at the date of donation. Donated services are recognized in the financial statements if the services enhance or create non-financial asset or require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. During the year ended June 30, 2009, the Organization received the following in-kind donations:

Program supplies:		
Client services	$	4,403
Dental program		2,020
Prevention programs		30,179
Program Services:		
Prevention programs		511
Management and general - supplies		2,961
Direct fundraising expenses - goods		8,080
	$	48,154

Note 1- Nature of Operations and Summary of Significant Accounting Policies (Continued)

Compensated absences – Employees of the Organization in permanent full or half-time positions earn vacation and sick time. Upon termination of employment, only unused vacation time is paid out. The Organization records the cost of compensated absences as earned.

Cash – For financial statement purposes, the Organization considers all highly liquid investments purchased with an original maturity of three months or less to be cash. The Organization may, from time to time, maintain cash in accounts, which exceed amounts insured by governmental agencies. The Organization had no cash balances which exceeded insured amounts at June 30, 2009.

Contracts and grants receivable – Credit risk associated with contracts and grants receivables is periodically reviewed by management. An allowance for uncollectible accounts is established if considered necessary. All contract and grant receivable balances at June 30, 2009 are stated at the amount management expects to receive and considered collectible by management. As such, no such allowance was considered necessary.

Unconditional promises to give – Unconditional promises to give represent pledges from donors not yet collected. These amounts are presented at their estimated net present value. Credit risk associated with unconditional promises to give has been evaluated by management and an allowance for uncollectible future pledges in the amount of $63,155 has been established at June 30, 2009.

Property and equipment – Purchased property and equipment is recorded at cost. Donated property and equipment is recorded as a contribution at its estimated fair market value at the date of gift. Expenditures for maintenance, repairs, and renewals are charged to expense as incurred, whereas major betterments and new equipment are capitalized. The Organization follows the practice of capitalizing all expenditures for property and equipment in excess of $5,000. Depreciation is provided using the straight-line method over the estimated useful lives of the assets, ranging from five to 40 years.

Advertising – The Organization uses advertising to promote World Aids Day among the audience it serves. The production costs are expensed as incurred. During the year ended June 30, 2009, advertising costs totaled $4,016 including $1,448 for employment related purposes.

Note 2 – Unconditional Promises to Give

Future promises to give are discounted using U.S Treasury rates applicable to the year the pledges have been promised.

Estimated annual collections of promises to give are as follows:

Less than one year	$	34,542
One to five years		230,470
Less discounts to estimated present value		(6,740)
		258,272
Less allowance for uncollectible pledges		(63,155)
	$	195,117

Note 3 – Property and Equipment

Property and equipment at June 30, 2009 is comprised of the following:

Land	$	76,880
Building and improvements		433,446
Construction in progress		4,013
Furniture and equipment		32,832
Vehicles		23,704
Total cost		570,875
Less accumulated depreciation		(221,487)
Property and equipment, net	$	349,388

Note 4 – Long-Term Debt

The Organization has a note payable to a bank payable in monthly installments including interest of $1,252 plus a balloon payment upon maturity in August 2013. The note bears interest at 8.375%. Collateral on the note is provided by real property.

Principal maturities of long-term debt for the years subsequent to June 30, 2009 are as follows:

Year Ended June 30,		
2010	$	4,862
2011		5,285
2012		5,745
2013		6,245
2014		101,378
	$	123,515

Note 5 – Leases

The Organization has an operating lease for office equipment that expires in August 2009. The organization pays all executory costs such as maintenance and insurance. Expense under the lease totaled $2,048 for the year ended June 30, 2009. Future minimum payments for the year ending June 30, 2010 totaled $341.

Note 6 – Temporarily Restricted Net Assets

The Organization's temporarily restricted net assets as of June 30, 2009 are restricted as follows:

Restricted by use:		
Client services	$	6,776
Prevention		84,682
Restricted by passage of time:		
Future pledges		195,117
Community development block grant		28,607
	$	315,182

Note 7 – Commitments and Contingencies

Retirement plan - The Organization sponsors a 403(b) retirement plan for all employees. Under the terms of the plan, HIV Alliance, Inc. makes a 2% employer contribution on behalf of all eligible employees and matches 50% of employee contributions on the first 4% of eligible employee wages resulting in a maximum employer contribution of 4%. Additionally, the board may, at its discretion, elect to make voluntary employer contributions in any year deemed appropriate. Retirement plan expense for the year ended June 30, 2009 totaled $19,280 and was comprised entirely of mandatory matching contributions.

Grants and contracts - Amounts received or receivable from grantor agencies are subject to audit and adjustment by such agencies. Any disallowed costs could become a liability of the Organization. Management believes that unallowable costs, if any, would not be significant and would not have a materially adverse effect on the Organization's financial position.

Note 8- Prior Period Adjustment

Certain errors resulting in overstatement of previously reported unconditional promises to give were discovered during the current year. Accordingly, an adjustment of $33,181 was made to write down promises to give as of the beginning of the year. A corresponding entry was made to reduce previously reported net assets as follows:

	Unrestricted	Temporarily Restricted	Total Net Assets
Net assets, beginning of year, as previously reported	$ 603,395	$ 348,044	$ 951,439
Restatement for error	(33,181)	-	(33,181)
Net assets, beginning of year, as restated	$ 570,214	$ 348,044	$ 918,258

Note 9- Subsequent Events

The Organization has evaluated subsequent events through December 30, 2009, the date of the auditor's report which date represents the date the financial statements were available to be issued. There were no subsequent events requiring disclosure in these financial statements.

Note 10- Accounting for Uncertain tax Positions

In December 2008, the Financial Accounting Standard Board issued FASB Staff Position (FSP) FIN-48-3, "Effective Date of Interpretation No. 48 for Certain Nonpublic Enterprises." FSP FIN 4803 permits an entity within its scope to defer the effective date of FASB Interpretation 48 (Interpretation 48), *Accounting for Uncertainty in Income Taxes*, to its annual financial statements for fiscal years beginning after December 15, 2008. The Company has elected to defer the application of Interpretation 48 for the year ending June 30, 2009. The Company evaluates its uncertain tax positions using the provisions of FASB Statement 5, *Accounting for Contingencies*. Accordingly, a loss contingency is recognized when its probable that a liability has been incurred as of the date of the financial statements and the amount of the loss can be reasonably estimated. The amount recognized is subject to estimate and management judgment with respect to the likely outcome of each uncertain tax position.

Note 11 – Indirect Administrative Expenses

The Organization has been granted a provisional indirect cost rate from the U.S. Department of Health & Human Services. In accordance with an agreement dated June 1, 2009, the provisional rate for the two months ended June 30, 2009 is 15.6%. The actual rate of 14.4% is computed as follows:

Total direct program expenses	$ 1,197,038
Add fund raising expenses	182,473
Less excluded subcontractor amounts	(235,804)
Less mortgage interest	(9,034)
Total qualifying base	$ 1,134,673

Allowable indirect costs totaling $163,208 divided by the qualifying base of $1,134,673 equals 14.4%.

For the first 10 months of the year ended June 20, 2009 the indirect cost rate was 10% of direct wages.

HIV Alliance, Inc.
Schedule of Expenditure of Federal Awards
Year Ended June 30, 2009

Federal Grantor/Pass Through Grantor	Federal CFDA#	Pass Through Entity Identifying Number	Federal Expenditures
U.S. Department of Health & Human Services:			
Direct program:			
Special Projects of National Significance Financial assistance to provide dental services to the HIV/AIDS community	93.928		$ 504,413
Pass through program from State of Oregon:			
Ryan White Program Part B HIV/AIDS Case Management and Support Services	93.917	121052	63,007
Total U. S. Department of Health & Human Services 1.a.			567,420
Centers for Disease Control and Prevention			
Cascade AIDS Project	93.939		21,824
Total expenditures of federal awards			$ 589,244

See accompanying notes to schedule of expenditures of federal awards.

Note A – Basis of Presentation

The accompanying schedule of expenditures of federal awards includes the federal grant activity of HIV Alliance, Inc., and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, "*Audits of States, Local Governments, and Non-Profit Organizations.*" Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.

Mueller Larson Osterman Yuva LLP

Certified Public Accountants

REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

To the Board of Directors
HIV Alliance

We have audited the financial statements of HIV Alliance as of and for the year ended June 30, 2009, and have issued our report thereon dated December 30, 2009. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and with the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered HIV Alliance's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of HIV Alliance's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over financial reporting.

Our consideration of internal control over financial reporting was for the limited purpose described in the preceding paragraph and would not necessarily identify all deficiencies in internal control over financial reporting that might be significant deficiencies or material weaknesses. However, as discussed below, we identified certain deficiencies in internal control over financial reporting that we consider to be significant deficiencies

A control deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the organization's ability to initiate, authorize, record, process, or report financial data reliably in accordance with generally accepted accounting principles, such that there is more than a remote likelihood that a misstatement of the organization's financial statements that is more that inconsequential will not be prevented or detected by the organization's internal control. We consider the significant deficiencies described in the accompanying schedule of findings and questioned costs 2008-1 and 2008-02 to be significant deficiencies in internal control over financial reporting.

(continued)

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the financial statements will not be prevented or detected by the organization's internal control.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. However, we believe that none of the significant deficiencies described above, is a material weakness.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether HIV Alliance's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our testing disclosed no instances of noncompliance that are required to be reported under *Government Auditing Standards*.

We noted certain other matters that we reported to management of HIV Alliance in a separate letter dated December 30, 2009.

HIV Alliance's response to the findings identified in our audit is described in the accompanying schedule of findings and questioned costs. We did not audit HIV Alliance's response and, accordingly, we express no opinion on it,

This report is intended solely for the information of and use of the Board of Directors, management, others within the Organization and federal awarding agencies and pass-though entities and is not intended to be and should not be used by anyone other than these specified parties.

Eugene, Oregon
December 30, 2009

REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133

To the Board of Directors
HIV Alliance, Inc.

Compliance

We have audited the compliance of HIV Alliance, Inc., with the types of compliance requirements described in the *U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement* that are applicable to each of its major federal programs for the year ended June 30, 2009. HIV Alliance, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of HIV Alliance, Inc.'s management. Our responsibility is to express an opinion on HIV Alliance, Inc.'s compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards,* issued by the Comptroller General of the United States; and OMB Circular A-133, *"Audits of States, Local Governments, and Nonprofit Organizations"* Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about HIV Alliance, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on HIV Alliance, Inc.'s compliance with those requirements.

In our opinion, HIV Alliance, Inc., complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the year ended June 30, 2009.

(continued)

Internal Control Over Compliance

The management of HIV Alliance, Inc., is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts, and grants applicable to federal programs. In planning and performing our audit, we considered HIV Alliance, Inc.'s internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance, but not for the purpose of expressing an opinion on the effectiveness of HIV Alliance, Inc.'s internal control over compliance.

A control deficiency in an entity's internal control over compliance exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect noncompliance with a type of compliance requirement of a federal program on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to administer a federal program such that there is more than a remote likelihood that noncompliance with a type of compliance requirement of a federal program that is more than inconsequential will not be prevented or detected by the entity's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that material noncompliance with a type of compliance requirement of a federal program will not be prevented or detected by the entity's internal control.

Our consideration of the internal control over compliance was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

This report is intended solely for the information and use of the Board of Directors, management, others within the Organization and federal awarding agencies and pass-though entities and is not intended to be and should not be used by anyone other than these specified parties.

Eugene, Oregon
December 30, 2009

HIV Alliance, Inc.
Schedule of Findings and Questioned Costs
For the Year Ended June 30, 2009

SUMMARY OF AUDITOR'S RESULTS

1. The auditor's report expresses an unqualified opinion on the financial statements of HIV Alliance, Inc.

2. Two significant deficiencies relating to the audit of the financial statements are reported in the Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards. However, we believe that neither of these significant deficiencies is a material weakness.

3. No instances of noncompliance material to the financial statements of HIV Alliance, Inc. were disclosed during the audit.

4. No significant deficiencies in internal control over major federal award programs were disclosed during the audit.

5. The auditor's report on compliance for the major federal award programs for HIV Alliance, Inc., expresses an unqualified opinion on all major programs.

6. Audit findings that are required to be reported in accordance with Section 510(a) of OMB Circular A-133 are reported in this schedule.

7. The programs tested as major programs included:

   CFDA Number 93.928 Department of Health and Human Services HIV/AIDS Dental Care

8. The threshold for distinguishing Types A and B programs was $300,000.

9. HIV Alliance did not qualify as a low-risk auditee.

HIV Alliance, Inc.
Schedule of Findings and Questioned Costs
For the Year Ended June 30, 2009

FINDINGS – FINANCIAL STATEMENT AUDIT

SIGNIFICANT DEFICIENCIES

2008-01 Reconciliation of donor database to accounting system

Condition: There was a failure to timely reconcile the financial accounting records with the donor data base records for future promises to give which resulted in a material prior period adjustment.

Criteria: Internal controls should be in place that provide reasonable assurance that future promises to give have been properly accounted and will be realized in future periods.

Effect: Because of the failure to timely reconcile the donor data base to the accounting records the net assets of the organization may be materially over or under stated.

Cause of Condition: There are no procedures in place to require a monthly reconciliation of promise to give to the financial accounting records.

Recommendation: Procedures should be implemented requiring a monthly reconciliation of promises to give in the donor data base to the financial accounting records.

Grantee response: The organization agrees with the finding. The organization has adopted a policy that beginning with January 2010 the donor data base records will be reconciled to the financial accounting records monthly. To support this effort the organization has allocated 15-20 hours staff time to the accounting department effective immediately.

FINDINGS – FINANCIAL STATEMENT AUDIT (continued)

2008-02 Finance department overtime

Condition: The organization has allowed the Finance Director to accumulate accrued vacation in excess of Board approved guidelines.

Criteria: Internal controls should be in place that provide reasonable assurance that all finance department staff take periodic vacations and use their accrued vacation.

Effect: Because of the failure to allow the Finance Director to take accrued vacation the organization is susceptible to errors in financial reporting.

Cause of Condition: There are not enough resources allocated to the accounting function to allow the Finance Director to take accrued vacation earned.

Recommendation: Allocate 15-20 hours per week to the accounting function to assist in payroll, accounts payable and such other accounting functions as the Finance Director deems appropriate and require that the Finance Director be required to meet the organization's policy on carryover of accrued vacation hours.

Grantee response. The organization agrees with the finding. The organization has allocated 15-20 hours staff time to the accounting department effective immediately.

FINDINGS AND QUESTIONED COSTS – MAJOR FEDERAL AWARD PROGRAMS AUDIT

None

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

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization	Employer identification number
	HIV ALLIANCE, INC.	93-0963546
File by the extended due date for filing the return See instructions	Number, street, and room or suite number If a P O box, see instructions MUELLER LARSON OSTERMAN YUVA LLP 225 E 4TH AVE	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions EUGENE, OR 97401-2429	

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

[ ] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

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

- The books are in care of ► MELISSA EDWARDS, FINANCE DIR
  Telephone No ► 541-342-5088 FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 5/15, 20 10

5 For calendar year ____, or other tax year beginning 7/01, 20 08, and ending 6/30, 20 09

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

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO ENSURE THAT A COMPLETE AND ACCURATE RETURN IS FILED.

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

Signature and Verification

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

Signature ► [signature] Title ► ~~TREASURER~~ CPA Date ► 2/15/10