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Return of Organization Exempt From Income Tax

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

OMB No 1545 0047

2009

Department of the Treasury

Inter	nal Rever	nue Service		► The organiza		e a copy of this return t	to satisfy state report	ing requirements		to Public Inspect	поп		
	For the	e 2009 calen	dar year,	or tax year be	ginning 7/0	<u>1</u> ,	2009, and endin			2010			
В	Check if	applicable	Please use	c				D Emp	loyer Identific	cation Number			
	Add	fress change [,]	IRS label	ATDS CAR	E GROUP	_		23	-29657	85			
	Nar	ne change	or print or type.		MONT AVENU	E		E Telephone number					
	Insti	al return	See specific	CHESTER,	PA 19013		61	0-872-	9101				
	Ter	mination	Instruc- tions										
	Am	ended return						G Gros	s receipts \$	4,040,07	2.		
	App	olication pending	F Name a	and address of prin	ncipal officer			H(a) Is this a group re			No		
			SAME A	AS C ABOV	E			H(b) Are all affiliates i		Yes	No		
ī	Tax-	exempt statu)◀ (insert no)	4947(a)(1)	or 527	If 'No,' attach a li	st (see instru	uctions)			
j				SCAREGROU		1317(0)(1)		H(c) Group exemption	number ►				
K		of organization	X Corpora		Association	Other ►	L Year of Format			at domicile PA			
	rt I	Summa		ation Trust	Association	Other	L Tear Of Format	1011 1330 11	state of leg	ar domicile IA			
				nanization's m	ussion or most s	ignificant activities	MTSSTON	TO TO DEOUT	DE MED	TCAT AND			
		DENTAL C	DO THE DI	AD ABLUII	S SOCTAT. SI	ERVICES FOR	INTNCIDED	TO TO TIMORAT	תמווסה תמסווסה	TNDTATUIATO	- -		
Activities & Governance	-	MHU VBE	ያውው <i>ያ</i> ው	LED UB VE.	EECAED BA 1 5 3367337	HIV/AIDSS	TANTADARAD	E DDUMLUED GMD GMDEGT	ענוזא היער היהשה היער	. Ֆ.Լ. D.Լ. Ե. _ 111/10 11 / 11/10/10/10/10	2 _		
гa	_	CLIENT S	ERVICE	FACTITY	TES IN DEL	AWARE_COUNTY	PENNSYLV	A TIVATORIA	ישב זישי				
Š						ed its operations of			s assets				
Ō					overning body (F				3		7		
8	4 1	Number of in-	depender	nt voting mem	bers of the gove	rning body (Part V	'I, line 1b)		4		7		
ŧ				oyees (Part V,					5		45		
ŧ					e if necessary)				6		0		
٩	ı	-				II, column (C), line	e 12		7a		0.		
	ь	Net unrelated	business	s taxable incor	me from Form 99	90-T, line 34		 	7b		0.		
								Prior Yea		Current Year			
ā	ł		_	nts (Part VIII, I	•			3,130,		3,662,84			
ē	ľ	-		nue (Part VIII,				37,	049.	37,02			
Revenue					n (A), lines 3, 4.				712.	69			
-	11 (Other revenu	e (Part VI	III, colpre	严岭 [15] [16] [16]	9c, 10c, and 11e))		276.	339,50			
						Part VIII, column	(A), line 12)	3,401,	932.	4,040,07	<u>2.</u>		
					art IX, column (A								
	ı	(10)											
9	1					型IX, column (A),	lines 5-10)	2,026,	024.	2,256,43	<u>3.</u>		
Expenses	16a F	Professional	fundraisir	ng fees Cant	Ecolumn (4), II	ne 11e)				- <u></u> .			
ž					column (D), line						1		
ш	17 (Other expens	es (Part l	IX, column (A)), lines 11a-11d,	11f-24f).		1,243,	769.	1,475,82	7.		
	18 1	Fotal expense	es Add II	nes 13-17 (mi	ust equal Part IX	, column (A), line	25)	3,269,		3,732,26			
	ı				ne 18 from line 1		,		139.	307,81			
p 80				-				Beginning of		End of Year	<u></u>		
	20 7	Total assets	(Part X. lı	ine 16)				2,006,		2,425,60	_		
A B	l	Total liabilitie	•	,					813.	904,05			
Net Asset Fund Belee	l		•	•	ct line 21 from li	no 20		1,213,					
	rt II		ure Bloc		CUILLE ZU HOIR II	116 20		1,213,	/41.	1,521,55	<u>s.</u>		
<u> </u>													
		true, correct, a	ind complete	Declaration of pro	ve examined this retur eparer (other than offi	n, including accompanyi cer) is based on all infor	ng schedules and state mation of which prepa	ements, and to the bes irer has any knowledge	t of my knowl	ledge and belief, it is			
Sig	ın							1					
He		Signature	of officer	 -				Date		·			
•••	. •	>						Date					
		Type or pr	rint name and	d title			 -				_		
_		1- 7,50, 6,				-	Date		Pren	arer's identifiana numba	-		
Pa	id	1					Date	Check if self-	1 11	arer's identifying numbe instructions)			
Pro		Preparer's signature	•					employed		2225			
	rer's	- -	3 1517	ימבר האחום	NEDC IIC				[P00	0095649	—		
Ùs	е	Firm's name (o		PTUS PART									
On	ly	employed), address, and		AST 45TH					20-183				
		ZIP + 4		YORK, NY				Phone no		58-8050			
_						e? (see instruction				X Yes No	_		
BA	A Forl	Privacy Act a	and Paper	rwork Reducti	ion Act Notice, s	ee the separate in	structions.	TEEA011	3L N 2/39(09	Form 990 (20	09)		

Form 990 (2009) AIDS CARE GROUP 23-2965785						Page 2
Par	rt III Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission			_		
	SEE SCHEDULE O					
2	Did the organization undertake any significant program services during the year which were not listed on	the prior				
	Form 990 or 990-EZ?		П	Yes	X	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 serv	ices?	П	Yes	X	No
	If 'Yes,' describe these changes on Schedule O		_		_	
4		by expens	ses Se	ction 5	01(c)	(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.	allocation	ns to ot	hers, t	he tot	àl
	expenses, and revenue, if any, for each program service reported.					
					•	
48		Revenue		3,69	9,8	<u>73.</u>)
	CHARITABLE MEDICAL, DENTAL, CASE MANAGEMENT, PSYCHOLOGICAL, HOUSI	NG AND	RELA	TED		
	ACTIVITIES AND SERVICES FOR INDIVIDUALS WITH HIV AND AFFECTED BY	AIDS.				
		-				
		-				
41	b (Code) (Expenses \$ including grants of \$) (i	Revenue	\$)
4	c (Code) (Expenses \$ including grants of \$) (I	Revenue	\$)
		-				
		-				-
		- -				
					-	
					 -	
						
		. -			_ 	
					 -	
4	d Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$)	
40	e Total program service expenses ► 3,092,835.					

Form 990 (2009) ALDS CARE GROUP

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
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 similar funds or 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		<u>X</u>
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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		J.	7
	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	-	`.	
•	 Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 	ţ		71.30° 34.4°
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	e -	***	***
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		٠,	200
•	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X 			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
12/	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No		\$.	, *, ×,
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	` ` `	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŀ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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_		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20_		X

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	Х	<u></u>
24 a	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 lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		. *	
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	-	Х
(An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? 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		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section $512(b)(13)^2$ If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36_		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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		Х
BAA		Form	990 (2009)

Statements Regarding Other IRS Filings and Tax Compliance

Part V

Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S 0 1 a Information Returns Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 45 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return X b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account) 4a **b** If 'Yes,' enter the name of the foreign country. 82 See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6ь 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с d If 'Yes,' indicate the number of Forms 8282 filed during the year â e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e benefit contract? **7**f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? a For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 a h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring òrganization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 92 **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 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against 4 amounts due or received from them) 11 b 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

BAA

1a

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body

b Enter the number of voting members that are independent

Yes No

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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? SEE SCHEDULE Ω

3	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4		4		X
•	since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		х
	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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	
9	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	9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal			
Rev	enue Code)			
		_	Yes	No
10	a Does the organization have local chapters, branches, or affiliates?	10a		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?	10Ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11	A Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O	4.5		1 3 2 2 4
	a 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	Х	
	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	Х	
13	Does the organization have a written whistleblower policy?	13	X	<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	X	<u> </u>
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 0	15b	<u>X</u>	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			1
16	a 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		-
Se	ction C. Disclosures			
	List the states with which a copy of this Form 990 is required to be filed PA			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available. Check all that apply	vailab	e for	public
	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 pol statements available to the public	ıcy, ar	nd fina	ancial
20	State the name, physical address, and telephone number of the person who possesses the books and records of the org	anızat	ion	
	► KEVIN STRAUSS 914 CHESTER PIKE SHARON HILL PA 19079 610-220-8058			

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **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 Report compensation for the calendar year ending with or within the organizations's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees See instructions for definition of 'key employees'
- 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) of 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 n	ot comper	sate a	ny (officer	, dır			
(A)	(B)			•	c)			(D)	(E)	(F)
Name and Title	Average hours per week	Do Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
JOHN HAYWARD										 -
DIRECTOR	0	Х						0.	0.	0.
JAMEE NOWELL		ļ		ļ	1					
DIRECTOR	0	X						0.	0.	0.
FUNGISAI NOTA PHD	_	1								
DIRECTOR	0	X						0.	0.	0.
JOSETTE RICHARDSON										
DIRECTOR	0	X	<u> </u>	_				0.	0.	0.
IRSHAD_SHAIKH_MD			ł							
DIRECTOR	12	X	<u> </u>		X	ļ		45,360.	0.	0.
MARC YATES	_	1						_	_	
DIRECTOR	0	X	_		<u> </u>		<u> </u>	0.	0.	0.
BETTY DAVIS	.							_	_ 1	_
DIRECTOR	0	X	<u> </u>	<u> </u>	<u> </u>			0.	0.	0.
DR HOWELL STRAUSS	٠				١				_ 1	
EXECUTIVE DIREC	40	<u> </u>	<u> </u>	_	X		<u> </u>	166,200.	0.	0.
REGINA_UBALDI-ROSEN	↓		i		١			100 040		•
CLINICAL DIREC	40		<u> </u>	<u> </u>	X	ļ		100,340.	0.	0.
KIMBERLY MCLELLAN	٠.,				١.,			0.5.01.4		•
CASE MGT DIREC	40			<u> </u>	X	<u> </u>	ļ	86,814.	0.	0.
JAMES_EALY		İ			١,,			70 600	_	•
H.R./EDUC DIR	40		├-		X	-	_	70,699.	0.	0.
KEVIN STRAUSS	4.0				١.,			06 044	0.	0
CFO	40	├	<u> </u>	-	X	-		86,944.	U.	0.
ANN FERGUSON	40		1		X			61 705	ا ،	0
QUAL ASSUR DIR	+-40		 			 	-	61,785.	0.	0.
	1									
									-	
	<u> </u>				1	<u> </u>		L		F 000 (0000)

Part VII Section A. Officers, Directors, Trus	tees, k	(ey	Em	plo	ye	es,	an	d Highest Con	npensated Emp	loyee	s (co	nt.)
(A)	(B)	1 ' '						(D)	(E)		(F)	
Name and Title	Average hours			_				Reportable compensation from	Reportable compensation from	amo	stimated	i ther
•	nours per week	Indivi	Institutional trustee	Officer	Key	Highest co employee	Former	the organization (W-2/1099-MISC)	related organizations (W 2/1099 MISC)	cor	npensation from the	
		tdual recto	ution	면	employee	est co oyee	ष्	((,	or	ganizatio nd relate	
	1	trus	ıal tr		oyee						janizatioi	
	1	tee	uste		"	mpensa						
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1 b Total								618,142.	0.			0.
2 Total number of individuals (including but not limite	d to tho	se li	sted	labo	ove)) wh	o re	ceived more than	\$100,000 in report	able co	mpens	ation
from the organization 2												
											Yes	
3 Did the organization list any former officer, director	or trust	ee, l	key	emp	oloy	ee,	or h	ighest compensat	ed employee		2 3	لأنف
on line 1a ³ If 'Yes,' compléte Schedule J for such i									•	3_		X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t	portable han \$15	100 e 20,00	npe 0?	nsai If 'Y	tion 'es'	and com	ı otn ıplet	er compensation le Schedule J for :	trom such	J.		a.
ındıvıdual										4	X	
5 Did any person listed on line 1a receive or accrue of	ompens	atio	n fro	om a	any	unre	elate	ed organization fo	r services			
rendered to the organization? If 'Yes,' complete Sc. Section B. Independent Contractors	nedule .) for	suc	n pe	erso	n				5		X
Complete this table for your five highest compensal	ted inde	pend	dent	cor	itrac	ctors	s tha	at received more t	han \$100,000 of			
compensation from the organization												
(A)								(B).	((C)	
Name and business addres	<u>-</u>							Description (of Services	Comp	ensatio	on
								-				
	.											
										-		
2 Total number of independent contractors (including	but not	lımı	ted	to th	nose	e list	ted a	above) who receiv	ed more than			
\$100,000 in compensation from the organization												

Pa	rt 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
GRANTS MOUNTS	1a Federated campaigns1ab Membership dues1bc Fundraising events1c	\$ **	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		***
IONS, GIFTS R SIMILAR A	d Related organizations e Government grants (contributions) 1 d 1 e 3,661,02	5.	ĵ.s.	***	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribus included in lns 1a-1f h Total. Add lines 1a-1f	1. 3,662,846.			
	Business Code		· 		* * * * * * * * * * * * * * * * * * * *
REVENU	2a SUNDRY PROGRAMS b	37,027.	37,027.		
PROGRAM SERVICE REVENUE	d				
Ž.	e				
PROG	f All other program service revenue g Total. Add lines 2a-2f	► 37,027.			
	3 Investment income (including dividends, interest and other similar amounts)	▶ 696.	696.		
	· ·		030.		
	4 Income from investment of tax-exempt bond proceeds	· [
	5 Royalties		ļ ,	3.5	
	(i) Real (ii) Personal		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	∰t y∛.	<u> </u>
	6a Gross Rents 178, 927.		l' . '		- * *
	b Less rental expenses				
	c Rental income or (loss) 178, 927.		and a management of the latest and t		
	d Net rental income or (loss)	► 178,927.	178,927.		
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other	3.2			
	b Less cost or other basis and sales expenses				3
	c Gain or (loss)				*** 25
	d Net gain or (loss)	•			
/ENUE	8a Gross income from fundraising events (not including \$,	**	**************************************
	of contributions reported on line 1c)	*	* '	,	ĺ
OTHER RE	See Part IV, line 18 a		. , .	(,) ;	
Ĭ	b Less direct expenses b	. , ,		* ** ** ****************	
U	c Net income or (loss) from fundraising events	>			
	9a Gross income from gaming activities See Part IV, line 19		:	· · · · · · · · · · · · · · · · · · ·	****
	b Less direct expenses b	*****	,		
	c Net income or (loss) from gaming activities	•			
	10a Gross sales of inventory, less returns and allowances a	.j			*
	b Less cost of goods sold b			and a found a summer	**********
	c Net income or (loss) from sales of inventory	>			
	Miscellaneous Revenue Business Code				, , , , , , , , , , , , , , , , , , , ,
	11a INSURANCE REIMBURSEMENTS	92,677.			
	b RENOVATION REVENUE	58,466.			
	c PROPERTY MANAGEMENT	9,433.	9,433.		· ·
	d All other revenue		1, 130.		
	e Total. Add lines 11a-11d	► 160,576.			
	12 Total revenue. See instructions	► 4,040,072.	377,226.	0.	0.
	12 Total revenuel occ moractions	1,040,012.	3,7,220.	1 0.	<u> </u>

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).

	All other organizations must com	Diete Column (A) but are	 		· · · · · · · · · · · · · · · · · · ·
Do 1 6b, 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				,
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			, .	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	637,766.	584,615.	53,151.	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)	1,147,467.	1,051,849.	95,618.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	324,827.	295,334.	29,493.	
10	Payroll taxes	146,373.	134,175.	12,198.	
11	Fees for services (non-employees)				
а	Management				
t	Legal	1,030.		1,030.	
c	Accounting	36,600.	18,300.	18,300.	
c	Lobbying				
e	Prof fundraising svcs. See Part IV, In 17		· · ·		
f	Investment management fees				•
ç	Other	1,600.		1,600.	
12	Advertising and promotion				
13	Office expenses.	273,041.	157,353.	115,688.	
14	Information technology				
15	Royalties				
16	Occupancy	239,343.	185,058.	54,285.	
17	Travel	109,256.	101,422.	7,834.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,475.	6,475.		
20	Interest	18,337.	8,323.	10,014.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	64,322.	16,080.	48,242.	
	Insurance	23,497.	15,304.	8,193.	
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.)			, ,	
9	PROGRAM SUPPLIES	292,576.	292,576.		···
	SUBCONTRACTORS	208,958.	187,258.	21,700.	
	: PROPERTY MGMT RENTS FORWARDED	122,904.	101,230.	122,904.	
	COMMUNICATIONS	43,014.	38,713.	4,301.	
	OTHER EXPENSES	34,874.	30,113.	34,874.	
	All other expenses	J=, U/=.		34,0/4.	
	Total functional expenses. Add lines 1 through 24f	3,732,260.	3,092,835.	639,425.	0.
	Joint costs. Check here ► If following	3,732,200.	3,052,055.	037,423.	<u>U.</u>
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

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Part X **Balance Sheet (B)** End of year (A) Beginning of year 119,157. 173,590. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 523,913 3 618,000. Pledges and grants receivable, net 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Notes and loans receivable, net 7 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 18,667 9 26,334. 10a Land, buildings, and equipment cost or other basis. 10a 1,839,370. Complete Part VI of Schedule D 1,344,817 10b 231,686 1,607,684. b Less accumulated depreciation 10c 11 11 Investments - publicly-traded securities 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 2,006,554 2,425,608. 16 Total assets Add lines 1 through 15 (must equal line 34) 16 302,950. 17 383,057. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 25 d 22 487,828 23 518,963 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 2,035 25 2,035. 792,813 26 Total liabilities. Add lines 17 through 25 26 904,055. Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34. 213,741 27 ,521,553. 27 Unrestricted net assets 28 Temporarily restricted net assets 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 1,213,741 33 1,521,553. Total net assets or fund balances 2,006,554 2,425,608 Total liabilities and net assets/fund balances 34 Form 990 (2009)

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Form 9 !	90 (2009)	AIDS	CARE	GROUP

23-2965785

Page **12**

Part XI Financial Statements and Reporting				
		Y	'es	No
1 Accounting method used to prepare the Form 990 Cash X Accrual	Other			y
If the organization changed its method of accounting from a prior year or checked in Schedule O	I 'Other,' explain	,	š .	
2a Were the organization's financial statements compiled or reviewed by an independ	dent accountant?	2a		Х
b Were the organization's financial statements audited by an independent accountai	nt?	b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes reservely, or compilation of its financial statements and selection of an independent		2c		Х
If the organization changed either its oversight process or selection process during in Schedule O	g the tax year, explain			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial stater consolidated basis, separate basis, or both	ments for the year were issued on a		~	
Separate basis Consolidated basis X Both consolidated and s	separate basis	.].		<u>.</u> 3
3a As a result of a federal award, was the organization required to undergo an audit Audit Act and OMB Circular A-133?		а	х	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization audits, explain why in Schedule O and describe any steps taken to undergo such as the contract of the contract o		ь	х	

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Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545 0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number AIDS CARE GROUP 23-2965785 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 (For lines 1 through 11, check only one box) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's Δ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). 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) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 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). 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 11 | Type III - Functionally integrated | Type II Type III- Other C 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 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No 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? 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations (i) Name of Supported Organization (v) Did you notify the organization in col (i) of your support? (iii) Type of organization (described on lines 1.9 above or IRC section (see instructions)) (i) EIN (iv) is the (vi) Is the organization in col (vii) Amount of Support (i) listed in your (i) organized in the Yes No Yes No Yes No ģ

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

Schedule A (Form 990 or 990-EZ) 2009

AIDS CARE GROUP Schedule A (Form 990 or 990-EZ) 2009 23-2965785 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 2,326,893 2,528,400. 2,906,028. 3,130,895. 3,662,846. 14,555,062. 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 2,906,028 Total. Add lines 1-through 3 326,893 2,528,400. 3,130,895 3,662,846 14,555 062. 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. Public support. Subtract line 5 14,555,062. from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 2,326,893 2,528,400 2,906,028 ,130,895 7 Amounts from line 4 3,662,846 14,555,062. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 784 382 305 712 696 2,879. Net income from unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART I 144,487 201,462 270,325 215, 103 376,530 1,207,907. Total support. Add lines 7 through 10 15,765,848. 12 Gross receipts from related activities, etc. (see instructions) 12 0. 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 2009 (line 6, column (f) divided by line 11, column (f). 92.3% 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 93.3% 15 16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box b 33-1/3 support test – 2008. 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 - 2009 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 - 2008. 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

Schedule A (Form 990 or 990-EZ) 2009

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

18

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23-2965785 Schedule A (Form 990 or 990-EZ) 2009 AIDS CARE GROUP Page 3 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 (c) 2007 (a) 2005 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal yr beginning in)► **(b)** 2006 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 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 amount on line 13 for the vear 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) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (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) Total cupport (adding 0.10s.11. and 12)

13	Total Support. (and ins 9, 100, 11, and 12)		<u></u>		_			
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 2009 (line 8, column (f) divided by line 13, column (f))	15		%	,			

16	16 Public support percentage from 2008 Schedule A, Part III, line 15		
Sec	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%

17	investment income percentage for 2009 (line 10c, column (1) divided by line 13, column (1))	17		
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	<u> </u>	9
	33-1/3 support tests — 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line		ot	⊾ [
	more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	1		- 1

ŀ	33-1/3 support tests – 2008. 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 A	(Form 990, or	990-EZ) 2009	AIDS CARE	GROUP			23-2965785	Page 4
Part IV	Supplemen	ital Informat	ion. Complete	this part	to provide the e	xplanations rec	uired by Part II, Iir	ne 10;
	Part II, line	17a or 17b;	and Part III,	lıne 12. Pr	ovide any other	additional infor	juired by Part II, lir mation. See instru	ctions.
	•			_				
ADD	ITIONAL EX	PLANATION	OF OTHER I	NCOME		•		
								
PART	II, LINE	10 - OTH	ER INCOME I	S PRIMA	RILY COMPOSED	OF PROPERT	Y MANAGEMENT A	ND
RENT	AL INCOME	, INSURANC	CE REIMBURS	SEMENT IN	NOME AND OTH	HER MISCELLA	NEOUS INCOME.	
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SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

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23-2965785

PART II.	LINE 1	0 - OTHER	INCOME
----------	--------	-----------	---------------

NATURE AND SOURCE		2009	2008	2007	2006	2005
OTHER INCOME	TOTAL \$	376,530. 376,530. \$	270,325. 270,325. §	215,103. \$ 215,103.	201,462. \$ 201,462.	\$\frac{144,487.}{144,487.}

SCHEDULE D (Form 990).

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No 1545-0047 2009

Open to Public

Inspection Employer Identification number

AIDS CARE GROUP	23-2965785
Part I Organizations Maintaining Donor Advised Funds or Other Similar Fund 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 doi funds are the organization's property, subject to the organization's exclusive legal control?	nor advised Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant fund- used only for charitable purposes and not for the benefit of the donor or donor advisor or for a purpose conferring impermissible private benefit??	
Part II Conservation Easements Complete if the organization answered 'Yes' to	o Form 990. Part IV. line 7.
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
	f an historically important land area
	f certified historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in tast day of the tax year	the form of a conservation easement on the
	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 terminate	ed by the organization during the tax
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, han and enforcement of the conservation easement it holds?	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease during the year ►	ments
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement during the year ►	\$
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of sec 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	tion Yes No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expensionclude, if applicable, the text of the footnote to the organization's financial statements that deconservation easements	se statement, and balance sheet, and escribes the organization's accounting for
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' to Form 990, Part IV, line 8	Other Similar Assets 3.
1a If the organization elected, as permitted under SFAS 116, not to report in its revenue stateme treasures, or other similar assets held for public exhibition, education, or research in furtherar the text of the footnote to its financial statements that describes these items	ent and balance sheet works of art, historical nce of public service, provide, in Part XIV,
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement a treasures, or other similar assets held for public exhibition, education, or research in furtherar amounts relating to these items	and balance sheet works of art, historical nee of public service, provide the following
(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 fo amounts required to be reported under SFAS 116 relating to these items	or financial gain, provide the following
a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	> \$

Schedule D (Form 990) 2009 AIDS Part III Organizations Maintai	CARE GROUP	s of Art Histo	orical Treasures or	23-296 Other Similar Ass		
3 Using the organization's acquisition items (check all that apply)	on accession and ot	ner records, che	ck any of the following i	inat are a significant us	e of its collection	
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Other				
c Preservation for future genera	ations	_				
4 Provide a description of the organ Part XIV	nization's collections	s and explain ho	w they further the organ	ization's exempt purpo	se in	
5 During the year, did the organizat assets to be sold to raise funds ra	ion solicit or receive	e donations of ar intained as part	t, historical treasures, o of the organization's col	r other similar llection?	Yes No	
Part IV Escrow and Custodial	Arrangements	Complete if c	organization answer	ed 'Yes' to Form 9	90, Part IV, line	
9, or reported an amou	ınt on Form 990	, Part X, line	21.			
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or of	ther intermediary	y for contributions or oth	ner assets not	Yes No	
b If 'Yes,' explain the arrangement	in Part XIV and con	nplete the follow	ing table		 	
					Amount	
c Beginning balance				1 c		
d Additions during the year					<u>-</u>	
e Distributions during the year	= .					
f Ending balance						
2a Did the organization include an ai	Yes No					
b If 'Yes,' explain the arrangement	ın Part XIV.				— —	
Part V Endowment Funds Cor		ation answer	ed 'Yes' to Form 99	0. Part IV, line 10.		
	(a) Current year	(b) Prior yea			(e) Four years back	
1 a Beginning of year balance			, ,	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	100001128	
b Contributions				9 g 143 /0/ 📆 👫	₩. ** * y. ¥	
			· · · · · · · · · · · · · · · · · · ·	* 1, 05 0 1	183 38.00	
c Net Investment earnings, gains, and losses					***	
d Grants or scholarships		-				
Other expenditures for facilities and programs						
f Administrative expenses.	· · · · · · · · · · · · · · · · · · ·		;	, ,		
g End of year balance.		<u> </u>			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2 Provide the estimated percentage	of the year end ba	lance held as				
a Board designated or quasi-endow	ment ►	용				
b Permanent endowment ►	8					
c Term endowment ►	*					
3a Are there endowment funds not in organization by	n the possession of	the organization	that are held and admi	nistered for the	Yes No	
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(ii), are the related o	rganizations listed :	as required on S	chedule R?		3b	
4 Describe in Part XIV the intended	•	•			L <u></u>	
Part VI Investments-Land, B				, line 10.	- :	
Description of investment	(a) Cos	st or other basis nvestment)		(c) Accumulated Depreciation	(d) Book Value	
1a Land		.,	288,600.	,*	288,600.	
b Buildings			555,352.	89,622.	465,730.	
c Leasehold improvements			314,712.	36,793.	277,919.	
			240,020	101 100	147 760	

d Equipment 101,169. 147,763. 427,672. Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

BAA e Other 431,774. 4,102. 1,607,684.

Schedule **D** (Form 990) 2009

Schedule D (Fgrm 990) 2009 AIDS CARE GROUP		23-29	65785 Page 3
Part VII Investments-Other Securities See Fo	rm 990, Part X, lin	e 12. N/A	
(a) Description of security or category . (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	ation rket value
Financial derivatives			
Closely-held equity interests			
Other			
			
			······································
Total. (Column (b) must equal Form 990 Part X, col (B) line 12)		a×€	
Part VIII Investments—Program Related (See F	orm 990. Part X. II	ne 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of value	ation
	(.,	Cost or end-of-year ma	rket value
	-		
		-	
Total (Column (b) must equal Form 990, Part X, Col (B) line 13)			*
Part IX Other Assets (See Form 990, Part X,	line 15) N/A		· · · · · · · · · · · · · · · · · · ·
(a) De	scription		(b) Book value
			
			
		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col (B), In	ne 15)	>	
Part X Other Liabilities (See Form 990, Part).			
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
TENANT SECURITY DEPOSIT	2,03	5.	*.
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2,035.

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

^{2.} FIN 48 Footnote 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

Sche	edule D (Form 990) 2009 AIDS CARE GROUP 23	-2965785	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)	4,	040,072.
2	Total expenses (Form 990, Part IX, column (A), line 25)		732,260.
3	Excess or (deficit) for the year Subtract line 2 from line 1		307,812.
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 through 8		
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		307,812.
Pa	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re		
1	Total revenue, gains, and other support per audited financial statements	1 4,	040,072.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	***	
	Net unrealized gains on investments	·	
	Donated services and use of facilities 2b	1	
	: Recoveries of prior year grants 2c		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3 4,	040,072.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investments expenses not included on Form 990, Part VIII, line 7b	1 1	
	Other (Describe in Part XIV)	J	
	Add lines 4a and 4b.	4c	040 070
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		040,072.
	tXIII Reconciliation of Expenses per Audited Financial Statements With Expenses per		722 260
1	Total expenses and losses per audited financial statements	1 3,	732,260.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	£	
	Donated services and use of facilities 2a	1 1	
	Prior year adjustments 2b	1 4	
	COther losses 2c	<u> </u>	
	d Other (Describe in Part XIV)	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	e Add lines 2a through 2d Subtract line 2e from line 1	2e 3,	732,260.
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3,	132,200.
4	a Investments expenses not included on Form 990, Part VIII, line 7b		
	O Other (Describe in Part XIV)	- ,	
	c Add lines 4a and 4b .	4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)		732,260.
	rt XIV Supplemental Information	1 57	,
line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this parmation	, lines 1b and 2t art to provide an	o, Part V, y additional
			
			- -

Schedule D (Form 990),2009 AIDS CARE GROUP Part XIV Supplemental Information (continued)	23-2965785	Page 5
Part XIV Supplemental Information (continued)		
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SCHEDULE'J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2009

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization ► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
► Attach to Form 990.
► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

23-2965785 AIDS CARE GROUP Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1 b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, 2 trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. a The organization? 5b b Any related organization? If 'Yes' to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a 6Ь X b Any related organization? If 'Yes' to line 6a or 6b, describe in Part III For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If 'Yes,' describe in Part III 8 Х If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2009

23-2965785

Page 2

AIDS CARE GROUP Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breakdown ((B) Breakdown of W-2 and/or 1099-MISC	99-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(f) Base compensation	(ii) Bonus and incentive compensation	(ii) Other reportable compensation	other deferred compensation	benefits	(D)-(I)(B)	Form 990-EZ
DR HOWELL STRAUSS ((i) 166,200.	0	0	0	101	166, 200.	
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Schedule J (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Name of the organization	Employer identification number
AIDS CARE GROUP	23-2965785
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
MISSION IS TO PROVIDE MEDICAL AND DENTAL CARE AND VARIOUS SOCIA	L SERVICES FOR
UNINSURED_AND_UNDERINSURED_INDIVIDUALS_WHO_ARE_INFECTED_OR_AFFE	CTED BY HIV/AIDS.
SERVICES ARE PROVIDED AT MULTIPLE CLIENT SERVICE FACILITIES IN	DELAWARE COUNTY,
PENNSYLVANIA	
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS	DIRECT
KEVIN STRAUSS AND HOWELL STRAUSS ARE BROTHERS.	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
A COPY OF THE FORM 990 WAS SENT TO THE ORGANIZATION'S GOVERNING	BODY PRIOR TO
FILING.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEM	ENT OF CONFLICTS
THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCE	ES COMPLIANCE WITH
THE CONFLICT OF INTEREST POLICY.	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS	FOR OFFICERS & KEY EMPLOYEE
THE COMPENSATION WAS REVIEWED AND APPROVED BY THE CFO & CEO OF	THE ORGANIZATION
PRIOR TO ISSUANCE.	

Schedule O (Form 990), 2009	Page 2
Name of the organization	Employer identification number
AIDS CARE GROUP	23-2965785
·	
	

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

If you are	filing for an Automatic 3-Month	Extension, complete only Part I and check this box			<u>► X</u>
If you are	filing for an Additional (Not Aut	omatic) 3-Month Extension, complete only Part II (c	on page 2 of the	is form)	
	lete Part II unless you have alrea	ady been granted an automatic 3-month extension of	n a previously f	filed Form 8868	
Part I	Automatic 3-Month Extens	ion of Time. Only submit original (no copi	es needed).		
					. \Box
A corporation	required to file Form 990-T and	requesting an automatic 6-month extension - check	k this box and o	complete Part I only	′ ▶ ∐
All other corp income tax re), partnerships, REMICS, and trusts must use Form	7004 to reques	t an extension of tir	ne to file
the additional Form 990-T	l (not automatic) 3-month extens	electronically file Form 8868 if you want a 3-month at on required to file Form 990-T) However, you canno non or (2) you file Forms 990-BL, 6069, or 8870, gro by completed and signed page 2 (Part II) of Form 886 e-file for Charities & Nonprofits	up returns, or a	a composite or cons	olidated
	Name of Exempt Organization		<u>-</u>	Employer identification	number
Type or					
print	AIDS CARE GROUP			23-2965785	
File by the due date for	Number, street, and room or suite number	If a P O box, see instructions			
filing your return See	2304 EDGMONT AVENUE		<u> </u>		
instructions	City, town or post office, state, and ZIP cod	de For a foreign address, see instructions			
	CHESTER, PA 19013				
	of return to be filed (file a separa	¬ ''			
X Form 990	—	Form 990-T (corporation)	Form 472		
Form 990	· ·	Form 990-T (section 401(a) or 408(a) trust)	Form 522		
Form 990	 	Form 990-T (trust other than above)	Form 606		
Form 990)-PF	Form 1041-A	Form 887	/0	
Telephone If the organized		FAX No Fa		this is for the whole	► □
	·	the group, check this box	· ——		-
	sion will cover	and attach a list wi	iai aic names e	and Envisor an intern	0013
		ths for a corporation required to file Form 990-T) extended	ension of time		
•		the exempt organization return for the organization			
	ension is for the organization's r				
▶ □	calendar year 20 or				
► <u>X</u>	tax year beginning _ 7/01_	, 20 <u>09</u> _, and ending <u>6/30</u> , 20	<u>10</u>		
	ax year is for less than 12 month			Change in accountin	g period
3a If this a nonrefu	pplication is for Form 990-BL, 99 indable credits. See instructions.	90-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any	3a \$	0.
	pplication is for Form 990-PF or include any prior year overpayme	990-T, enter any refundable credits and estimated to ent allowed as a credit	ax payments	3ь \$	0.
deposit	e Due. Subtract line 3b from line with FTD coupon or, if required, tructions	3a Include your payment with this form, or, if required by using EFTPS (Electronic Federal Tax Payment S	red, System)	3c \$	0.
Caution. If yo payment inst		nic fund withdrawal with this Form 8868, see Form 84	453-EO and For	rm 8879-EO for	
BAA For Pri	vacy Act and Paperwork Reduct	ion Act Notice, see instructions.		Form 8868 (F	Rev 4-2009)

Form 8868	(Rev 4-2009)				Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check	this box	<u>-</u>	▶ X
Note. Only	complete Part II if you have already been granted an automatic 3-month exte	ension on a previou	sly filed Foi	m 8868	_
_	are filing for an Automatic 3-Month Extension, complete only Part I (on page		-		
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only		(no copie	s needed).	
	Name of Exempt Organization			ntification numbe	
		, M.,			
Type or print	AIDS CARE GROUP	* , '	23-2965	5785	
Print	Number, street, and room or suite number. If a P.O. box, see instructions	, * .	For IRS use o		
File by the			i oi ii o abo o	,	
extended due date for	ADEPTUS PARTNERS LLC		٤ .		
filing the return See	6 EAST 45TH STREET City, town or post office, state, and ZIP code For a foreign address, see instructions		\$, \$**	*	4
instructions		A		*	
	NEW YORK, NY 10017	<u> </u>			
	e of return to be filed (File a separate application for each return)				
X Form 9		Form 1041-A		Form 6	6069
Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720		Form 8	870
Form 9	· · · · · · · · · · · · · · · · · · ·	Form 5227			
STOP! Do	not complete Part II if you were not already granted an automatic 3-month ex	xtension on a previ	ously filed	Form 8868.	
The boo	oks are in care of KEVIN STRAUSS			-	
Teleph	one No ► 610-220-8058 FAX No ►				
•	irganization does not have an office or place of business in the United States,	check this box			▶ □
	s for a Group Return, enter the organization's four digit Group Exemption Nur			If this	is for the
	ip, check this box If it is for part of the group, check this box		th the name		
•	he extension is for	and attach a list wi	tir the name	LS and Ents C	n an
	Lest an additional 3-month extension of time until $5/15$, 20 1	1	*** •	-	
•			<i>C</i> /20	20 1	1.0
	alendar year, or other tax year beginning				
				in accountin	
	in detail why you need the extensionTAXPAYER_ RESPECTFULLY				·
<u>GA</u> I	<u> HER INFORMATION NECESSARY TO FILE A COMPLETE AND </u>	ACCURATE TA	X RETUR	<u>N</u>	
	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta efundable credits. See instructions.	ative tax, less any	8a	\$	
	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable of	redits and estimate	d tax		-
paym	nents made Include any prior year overpayment allowed as a credit and any a	amount paid previou	ــــّـــا ∨اءيـ	1	
	Form 8868		8b	\$	
c Balar	nce Due. Subtract line 8b from line 8a Include your payment with this form, o	r, if required, depos	sit	_	
with	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment		s. 8c	<u> </u> \$	
	Signature and Verification				
correct, and co	es of perjury, I declare that I have examined this form, including accompanying schedules and statements omplete, and that I am authorized to prepare this form	s, and to the best of my ki	nowledge and b	eliet, it is true,	
_	_			_	
Signature -	Title ▶		D	ate -	
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