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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)

OMB No. 1545-0047

2011

Open to Public  
Inspection

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

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable:

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization  
A C CENTER, INC. D/B/A AIDS CARE AND  
PLEASANT STREET APOTHECARY

Doing Business As AIDS CARE AND PLEASANT STREET

Number and street (or P.O. box if mail is not delivered to street address)  
259 MONROE AVENUE

Room/suite

City or town, state or country, and ZIP + 4  
ROCHESTER, NY 14607F Name and address of principal officer: JAY RUDMAN  
SAME AS ABOVE

D Employer identification number

16-1356734

E Telephone number

(585) 545-7200

G Gross receipts \$ 23,522,160.

H(a) Is this a group return

for affiliates?  Yes  NoH(b) Are all affiliates included?  Yes  No

If "No," attach a list. (see instructions)

H(c) Group exemption number ►

I Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

J Website: ► WWW.ACROCHESTER.ORG

K Form of organization  Corporation  Trust  Association  Other ►

L Year of formation 1989 M State of legal domicile NY

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>A C CENTER INC.'S MISSION IS TO PROMOTE POSITIVE, HEALTHY LIVING FOR THOSE WITH COMPLEX SOCIAL AND</b>	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 12
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 133
	6 Total number of volunteers (estimate if necessary)	6 300
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.

Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 239,417.	Current Year 330,798.
	9 Program service revenue (Part VIII, line 2g)	5,581,622.	5,927,143.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,667.	29,824.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,865,425.	5,667,664.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,714,131.	11,955,429.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	160,745.	639,323.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,995,553.	6,396,480.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 304,816.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,768,727.	3,017,863.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,925,025.	10,053,666.
	19 Revenue less expenses. Subtract line 18 from line 12	789,106.	1,901,763.

Net Assets or Fund Balances	RECEIVED	MAY 20 2013	Beginning of Current Year	End of Year
			7,361,159.	9,196,817.
			2,333,807.	2,226,097.

20 Total assets (Part X, line 16) 7,361,159. 9,196,817.

21 Total liabilities (Part X, line 26) 2,333,807. 2,226,097.

22 Net assets or fund balances. Subtract line 21 from line 20 5,027,352. 6,970,720.

## 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 ► *Amy Paul* Date *5/15/13*

Signature of officer

AMY PAUL, CHIEF FINANCIAL OFFICER

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name CRAIG M. STEVENS	Preparer's signature <i>Craig Stevens</i>	Date 5/15/13	Check <input type="checkbox"/> if self-employed	PTIN P00748583
	Firm's name ► BONADIO & CO., LLP		Firm's EIN ► 16-1131146		
	Firm's address ► 171 SULLY'S TRAIL, SUITE 201 PITTSFORD, NY 14534			Phone no. (585) 381-1000	

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

g16/19

A C CENTER, INC. D/B/A AIDS CARE AND  
PLEASANT STREET APOTHECARY

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**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

**A C CENTER INC.'S MISSION IS TO PROMOTE POSITIVE, HEALTHY LIVING FOR THOSE WITH COMPLEX SOCIAL AND MEDICAL ISSUES BY PROVIDING COMPREHENSIVE CARE AND SUPPORT IN A WELCOMING ENVIRONMENT.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  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  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 1,256,263. including grants of \$                   ) (Revenue \$ 5,524,742.)

**PHARMACY: PLEASANT STREET APOTHECARY IS A FULL-SERVICE, ON-SITE PHARMACY THAT SERVES A C CENTER, INC. PATIENTS AS WELL AS THE GENERAL PUBLIC. THE TWO FULL-TIME PHARMACISTS HAVE OVER 40 YEARS COMBINED EXPERIENCE IN DISPENSING HIV/AIDS MEDICATIONS. IN ADDITION, THE PHARMACY PROVIDES CONVENIENT ACCESS - WITH 24-HOUR PHONE AND INTERNET REFILL SERVICES, WEEKEND AND EVENING HOURS, AND FREE HOME DELIVERY - AND A WELCOMING AND FRIENDLY ATMOSPHERE.**

4b (Code                   ) (Expenses \$ 3,372,885. including grants of \$                   ) (Revenue \$ 2,170,836.)

**HIV/AIDS PRIMARY AND SPECIALTY CARE: ACCI OFFERS AN INNOVATIVE MODEL OF CARE IN WHICH PATIENTS CAN GET ALL OF THEIR MEDICAL SERVICES UNDER ONE ROOF, INCLUDING THEIR PRIMARY CARE, MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT, NUTRITION EDUCATION, AND TREATMENT ADHERENCE COUNSELING. ACCI PROVIDERS HAVE YEARS OF BOTH PRIMARY CARE AND INFECTIOUS DISEASE EXPERIENCE, A MODEL THAT IS VERY ATTRACTIVE TO PATIENTS. ACCOMPLISHED MEDICAL PRACTITIONERS PROVIDE STATE-OF-THE-ART HIV SPECIALTY CARE, AND THE ACTIVE CLINICAL TRIALS RESEARCH PROGRAM OFFERS PATIENTS ACCESS TO PROMISING NEW TREATMENT THERAPIES.**

4c (Code                   ) (Expenses \$ 3,851,732. including grants of \$ 639,323.) (Revenue \$ 3,759,848.)

**HIV SUPPORT AND PREVENTION SERVICES: ACCI OFFERS PATIENTS A FULL RANGE OF SUPPORT SERVICES ON-SITE, INCLUDING CASE MANAGEMENT, SUPPORT GROUPS, PREVENTION EDUCATION, COMMUNITY-WIDE STREET OUTREACH, HIV COUNSELING & TESTING, HOUSING SUPPORT AND HEALTHY LIVING INITIATIVES. THE ACTIVE OUTREACH PROGRAM FOCUSES ON PROVIDING PREVENTION EDUCATION AND HIV TESTING TO THE COMMUNITY. PREVENTION SERVICES INCLUDE: COMMUNITY-WIDE STREET OUTREACH, HIV COUNSELING AND TESTING, AND PREVENTION EDUCATION.**

4d Other program services (Describe in Schedule O.)

(Expenses \$                    including grants of \$                   ) (Revenue \$                   )

4e Total program service expenses ► 8,480,880.

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**Part IV Checklist of Required Schedules**

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
*If "Yes," complete Schedule A*
- 2 Is the organization required to complete *Schedule B, Schedule of Contributors*?
- 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*
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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*
- 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*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*
- 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*
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
  - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*
  - b 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*
  - c 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*
  - d 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*
  - f 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 (ASC 740)? *If "Yes," complete Schedule D, Part X*
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*
  - b Was the organization included in consolidated, independent audited financial statements for the tax year?  
*If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
  - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*
  - 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, Parts II and IV*
  - 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, Parts III and IV*
  - 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*
  - 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*
  - 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*
  - 20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
    - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10		X
11a	X	
11b		X
11c		X
11d		X
11e	X	
11f	X	
12a	X	
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18	X	
19		X
20a		X
20b		

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**Part IV Checklist of Required Schedules (continued)**

	<b>Yes</b>	<b>No</b>
21		X
22	X	
23	X	
24a		X
24b		
24c		
24d		
25a	X	
25b	X	
26	X	
27		X
28a	X	
28b	X	
28c	X	
29	X	
30	X	
31	X	
32	X	
33	X	
34	X	
35a	X	
35b	X	
36	X	
37	X	
38	X	

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 146	
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 133	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 instructions for 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?	5b X	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a X	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6b	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a X	
7 <b>Organizations that may receive deductible contributions under section 170(c).</b>	7b X	
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?	7c X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e X	
d If "Yes," indicate the number of Forms 8282 filed during the year	7f X	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g X	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h X	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8 X	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a X	
8 <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b X	
9 <b>Sponsoring organizations maintaining donor advised funds.</b>		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 <b>Section 501(c)(7) organizations.</b> Enter:	10a	
a Initiation fees and capital contributions included on Part VIII, line 12	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 <b>Section 501(c)(12) organizations.</b> Enter:	11a	
a Gross income from members or shareholders	11b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12a	
12a <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12b	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13a	
13 <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13b	
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>	13c	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	14a X	
c Enter the amount of reserves on hand	14b	
14a Did the organization receive any payments for indoor tanning services during the tax year?		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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**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.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

1a Enter the number of voting members of the governing body at the end of the tax year **13**  
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

1b Enter the number of voting members included in line 1a, above, who are independent **12**

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**

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**

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4**

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5**

6 Did the organization have members or stockholders? **6**

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **7a**

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **7b**

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

a The governing body? **8a**

b Each committee with authority to act on behalf of the governing body? **8b**

9 Is there any officer, director, 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**

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates? **10a**

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? **10b**

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **11a**

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a**

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 **12b**

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12c**

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done **13**

13 Did the organization have a written whistleblower policy? **14**

14 Did the organization have a written document retention and destruction policy? **15**

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? **15a**

a The organization's CEO, Executive Director, or top management official **15b**

b Other officers or key employees of the organization  
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). **16a**

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? **16b**

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? **16b**

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► **NY**

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

Own website  Another's website  Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **AMY PAUL, CHIEF FINANCIAL OFFICER - (585) 545-7200**  
**259 MONROE AVENUE, ROCHESTER, NY 14607**

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

Check if Schedule O contains a response to any question in this Part VII

**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 organization's tax year.

- 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, if any. See instructions for definition of "key employee."
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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			
(1) JAY RUDMAN CEO	37.50	X		X			237,304.	0.	4,426.
(2) ANNE NENNEAU PRESIDENT	1.00	X		X			0.	0.	0.
(3) LESLIE MAURO, ESQ. VICE PRESIDENT	1.00	X		X			0.	0.	0.
(4) THOMAS MAHONEY, MD BOARD MEMBER	1.00	X					0.	0.	0.
(5) DAVID HIGGINS TREASURER	1.00	X		X			0.	0.	0.
(6) SAMUEL BRETT BOARD MEMBER	1.00	X					0.	0.	0.
(7) JOHN WIKIERA BOARD MEMBER	1.00	X					1,505.	0.	0.
(8) CATHERINE LONON BOARD MEMBER	1.00	X					0.	0.	0.
(9) JAMES WHALEN SECRETARY	1.00	X		X			0.	0.	0.
(10) CYNTHIA WOOLBRIGHT BOARD MEMBER	1.00	X					0.	0.	0.
(11) REV. MICHAEL HOPKINS BOARD MEMBER	1.00	X					0.	0.	0.
(12) REV. ROOSEVELT DIXON BOARD MEMBER	1.00	X					0.	0.	0.
(13) WILLIAM VALENTI, MD INTERIM MEDICAL OFFICER	1.00	X					63,080.	0.	0.
(14) MEG RUSSELL VP/CFO	37.50			X			119,529.	0.	2,056.
(15) MARK MALAHOSKY, R. PH. VP OF PHARMACY	37.50				X		188,447.	0.	3,070.
(16) ROBERTO CORALES, MD SR. DIR OF HIV MEDICINE & CLINICAL R	37.50					X	180,420.	0.	3,788.
(17) DOUG LINDKE, R. PH. PHARMACIST	37.50					X	192,238.	0.	2,971.

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**A C CENTER, INC. D/B/A AIDS CARE AND  
PLEASANT STREET APOTHECARY**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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			
(18) MICHAEL BEATTY VP OF PROGRAMS & SERVICES	37.50				X		124,053.	0.	2,271.
(19) MICHAEL MANCENIDO STAFF PHYSICIAN	37.50				X		140,426.	0.	2,804.
(20) DANIELE COLL-GONZALEZ VP/COO	37.50				X		126,288.	0.	2,210.
<b>1b Sub-total</b>							<b>1,373,290.</b>	<b>0.</b>	<b>23,596.</b>
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>d Total (add lines 1b and 1c)</b>							<b>1,373,290.</b>	<b>0.</b>	<b>23,596.</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

8

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

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	NONE	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

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**A C CENTER, INC. D/B/A AIDS CARE AND  
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**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
<b>Contributions; Gifts, Grants and Other Similar Amounts</b>					
1 a	Federated campaigns	1a 144,066.			
1 b	Membership dues	1b			
1 c	Fundraising events	1c			
1 d	Related organizations	1d			
1 e	Government grants (contributions)	1e			
1 f	All other contributions, gifts, grants, and similar amounts not included above	1f 186,732.			
g	Noncash contributions included in lines 1a-1f \$				
h	Total. Add lines 1a-1f	► 330,798.			
<b>Program Service Revenue</b>					
2 a	GRANT FEES FOR SERVICE	Business Code 900099	4374427.	4374427.	
2 b	PATIENT REVENUE	900099	943,950.	943,950.	
2 c	ADULT DAY HEALTH	900099	544,524.	544,524.	
2 d	CLINICAL RESEARCH	900099	64,242.	64,242.	
e					
f	All other program service revenue				
g	Total. Add lines 2a-2f	► 5927143.			
<b>Other Revenue</b>					
3	Investment income (including dividends, interest, and other similar amounts).		► 26,411.		26,411.
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
6 a	Gross rents	(i) Real	(ii) Personal		
6 b	Less: rental expenses				
6 c	Rental income or (loss)				
6 d	Net rental income or (loss)				
7 a	Gross amount from sales of assets other than inventory	(i) Securities 24,128.	(ii) Other		
7 b	Less: cost or other basis and sales expenses	20,715.			
7 c	Gain or (loss)	3,413.			
7 d	Net gain or (loss)				
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a 207511.			
8 b	Less: direct expenses	b 68,130.			
8 c	Net income or (loss) from fundraising events				
8		► 139,381.			139,381.
9 a	Gross income from gaming activities. See Part IV, line 19	a			
9 b	Less: direct expenses	b			
9 c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a 17,002,628.			
10 b	Less: cost of goods sold	b 11,477,886.			
10 c	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue	Business Code			
11 a	MISCELLANEOUS	900099	3,541.	3,541.	
b					
c					
d	All other revenue				
e	Total. Add lines 11a-11d	► 3,541.			
12	Total revenue. See instructions		► 11,955,429.	11,455,426.	0. 169,205.

**A C CENTER, INC. D/B/A AIDS CARE AND  
PLEASANT STREET APOTHECARY**

Form 990 (2011)

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**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).

Check if Schedule O contains a response to any question in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	639,323.	639,323.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	554,832.	191,517.	363,315.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,531,293.	4,085,548.	283,510.	162,235.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	921,266.	780,971.	110,525.	29,770.
10 Payroll taxes	389,089.	327,196.	49,482.	12,411.
11 Fees for services (non-employees):				
a Management				
b Legal	41,012.	5,845.	35,167.	
c Accounting	28,050.	583.	27,467.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	440,832.	354,430.	70,174.	16,228.
12 Advertising and promotion	68,090.	44,402.	4,893.	18,795.
13 Office expenses	470,079.	404,182.	47,217.	18,680.
14 Information technology	13,449.	13,449.		
15 Royalties				
16 Occupancy	935,973.	780,623.	123,947.	31,403.
17 Travel	166,655.	114,458.	48,327.	3,870.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	21,608.		21,608.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	233,803.	218,817.	14,986.	
23 Insurance	101,616.	91,108.	6,521.	3,987.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	202,631.	202,631.		
b BAD DEBT EXPENSE	163,441.	163,231.		210.
c MISCELLANEOUS	130,624.	62,566.	60,831.	7,227.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,053,666.	8,480,880.	1,267,970.	304,816.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

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Form 990 (2011)

**A C CENTER, INC. D/B/A AIDS CARE AND  
PLEASANT STREET APOTHECARY**

Form 990 (2011)

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**Part X Balance Sheet**

		<b>(A) Beginning of year</b>		<b>(B) End of year</b>
	<b>1</b> Cash - non-interest-bearing	1		
	<b>2</b> Savings and temporary cash investments	1,089,331.	2	1,628,460.
	<b>3</b> Pledges and grants receivable, net	1,080,346.	3	1,956,739.
	<b>4</b> Accounts receivable, net	1,114,978.	4	1,431,602.
			5	
	<b>6</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
	<b>7</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	<b>8</b> Notes and loans receivable, net		7	
	<b>9</b> Inventories for sale or use	488,746.	8	486,896.
	<b>10</b> Prepaid expenses and deferred charges	114,359.	9	109,093.
<b>Assets</b>	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,884,159.		
	<b>b</b> Less: accumulated depreciation	10b 764,278.	10c 1,103,125.	1,119,881.
	<b>11</b> Investments - publicly traded securities	2,314,436.	11	2,404,635.
	<b>12</b> Investments - other securities. See Part IV, line 11		12	
	<b>13</b> Investments - program-related. See Part IV, line 11		13	
	<b>14</b> Intangible assets		14	
	<b>15</b> Other assets. See Part IV, line 11	55,838.	15	59,511.
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	7,361,159.	16	9,196,817.
		1,708,982.	17	1,549,800.
	<b>17</b> Accounts payable and accrued expenses		18	
	<b>18</b> Grants payable			19
	<b>19</b> Deferred revenue			20
	<b>20</b> Tax-exempt bond liabilities			21
<b>Liabilities</b>	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D			22
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			23
	<b>23</b> Secured mortgages and notes payable to unrelated third parties			24
	<b>24</b> Unsecured notes and loans payable to unrelated third parties			
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	624,825.	25	676,297.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	2,333,807.	26	2,226,097.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	4,920,505.	27	6,910,392.
	<b>28</b> Temporarily restricted net assets	106,847.	28	60,328.
	<b>29</b> Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		30	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		31	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		32	
	<b>33</b> Total net assets or fund balances	5,027,352.	33	6,970,720.
	<b>34</b> Total liabilities and net assets/fund balances	7,361,159.	34	9,196,817.

Form 990 (2011)

A C CENTER, INC. D/B/A AIDS CARE AND  
PLEASANT STREET APOTHECARY

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**Part XI: Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	11,955,429.
2	10,053,666.
3	1,901,763.
4	5,027,352.
5	41,605.
6	6,970,720.

**Part XII: Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
b Were the organization's financial statements audited by an independent accountant?  
c If "Yes" to line 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?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

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?  
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2011)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

## Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

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

<b>Name of the organization</b>	A C CENTER, INC. D/B/A AIDS CARE AND PLEASANT STREET APOTHECARY	<b>Employer identification number</b>
---------------------------------	--------------------------------------------------------------------	---------------------------------------

**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.)**

1	<input type="checkbox"/> A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/> A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3	<input checked="" type="checkbox"/> A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/> 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	<input type="checkbox"/> A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9	<input type="checkbox"/> 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	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11	<input type="checkbox"/> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 <input type="checkbox"/> Type I      b <input type="checkbox"/> Type II      c <input type="checkbox"/> Type III - Functionally integrated      d <input type="checkbox"/> Type III - Other
e	<input type="checkbox"/> 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 it 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?
	(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?
	(ii) A family member of a person described in (i) above?
	(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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	
<b>Total</b>							

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule A (Form 990 or 990-EZ) 2011**

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc. (see instructions)</b>					<b>12</b>	
<b>13 First five years.</b> 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						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
► <input type="checkbox"/>		
<b>b 33 1/3% support test - 2010.</b> 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		
► <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2011.</b> 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		
► <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2010.</b> 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		
► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2011

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> 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 ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** If the organization did not check a box on line 14 or line 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**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2011**Open to Public  
Inspection

Name of the organization **A C CENTER, INC. D/B/A AIDS CARE AND  
PLEASANT STREET APOTHECARY** Employer identification number **16-1356734**

**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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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 education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 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 Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements  
b Total acreage restricted by conservation easements  
c Number of conservation easements on a certified historic structure included in (a)  
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 section 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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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.

1b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_  
b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**A C CENTER, INC. D/B/A AIDS CARE AND  
PLEASANT STREET APOTHECARY**

Schedule D (Form 990) 2011

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

3 Using the organization's acquisition, 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 Escrow and Custodial Arrangements.** Complete if the 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:

	Amount
1c	
1d	
1e	
1f	

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 the organization answered "Yes" to Form 990, Part IV, line 10.

1a Beginning of year balance  
b Contributions  
c Net investment earnings, gains, and losses  
d Grants or scholarships  
e Other expenditures for facilities and programs  
f Administrative expenses  
g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Temporarily restricted endowment ► \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations  
(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	921,420.	221,439.	699,981.	
d Equipment	602,380.	304,793.	297,587.	
e Other	360,359.	238,046.	122,313.	
<b>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)</b>				<b>► 1,119,881.</b>

Schedule D (Form 990) 2011

A C CENTER, INC. D/B/A AIDS CARE AND  
PLEASANT STREET APOTHECARY

Schedule D (Form 990) 2011

16-1356734 Page 3

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ►

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ►

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must 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) Book value
(1) Federal income taxes	
(2) LINE OF CREDIT	500,000.
(3) DEFERRED COMPENSATION	91,562.
(4) EMPLOYEE BENEFITS PAYABLE	84,735.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

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

676,297.

FIN 48 (ASC 740) 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  
2. FIN 48 (ASC 740)

132053  
01-23-12

Schedule D (Form 990) 2011

A C CENTER, INC. D/B/A AIDS CARE AND  
PLEASANT STREET APOTHECARY

16-1356734 Page 4

Schedule D (Form 990) 2011

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,955,429.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	10,053,666.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,901,763.
4 Net unrealized gains (losses) on investments	4	41,605.
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV.)	8	
9 Total adjustments (net). Add lines 4 through 8	9	41,605.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,943,368.

**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	23,543,050.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	41,605.
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	68,130.
e Add lines 2a through 2d	2e	109,735.
3 Subtract line 2e from line 1	3	23,433,315.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	<11477886. >
c Add lines 4a and 4b	4c	<11477886. >
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,955,429.

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

1 Total expenses and losses per audited financial statements	1	21,599,682.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	68,130.
e Add lines 2a through 2d	2e	68,130.
3 Subtract line 2e from line 1	3	21,531,552.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	<11477886. >
c Add lines 4a and 4b	4c	<11477886. >
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,053,666.

**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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: AS OF JUNE 30, 2012, ACCI DOES NOT HAVE A LIABILITY**

**FOR UNRECOGNIZED TAX BENEFITS. ACCI FILES RETURNS IN THE U.S. FEDERAL**

**JURISDICTION AND NEW YORK STATE. ACCI IS NO LONGER SUBJECT TO U.S.**

**FEDERAL AND STATE TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE**

**2008.**

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**SPECIAL EVENT EXPENSE** 68,130.

Schedule D (Form 990) 2011

132054  
01-23-12

**Part XIV Supplemental Information (continued)**

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

COST OF GOODS SOLD -11,477,886.

**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

SPECIAL EVENT EXPENSE 68,130.

**PART XIII, LINE 4B - OTHER ADJUSTMENTS:**

COST OF GOODS SOLD -11,477,886.

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

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

ENTERING INC. D/B/A AIDS CARE AND

ENTER, INC. D/B/A AIDS CARE AND

Name of the organization	A C CENTER, INC. D/B/A AIDS CARE AND PLEASANT STREET APOTHECARY	Employer identification number 16-1356734
--------------------------	--------------------------------------------------------------------	----------------------------------------------

**Employer identification number**  
**16-1356734**

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a 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.

**Total** . . . . .

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

**A C CENTER, INC. D/B/A AIDS CARE AND  
PLEASANT STREET APOTHECARY**

16-1356734 Page 2

**Schedule G (Form 990 or 990-EZ) 2011** **Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1 <b>KEEPING PACE WITH AIDS</b> (event type)	(b) Event #2 <b>WHITE PARTY</b> (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
1 Gross receipts	137,503.	17,710.	52,298.	207,511.
2 Less: Charitable contributions				
3 Gross income (line 1 minus line 2)	137,503.	17,710.	52,298.	207,511.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	36,611.	161.	31,358.	68,130.
10 Direct expense summary. Add lines 4 through 9 in column (d)				► ( 68,130,
11 Net income summary. Combine line 3, column (d), and line 10				► 139,381.

**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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue					
2 Cash prizes					
3 Noncash prizes					
4 Rent/facility costs					
5 Other direct expenses					
6 Volunteer labor		<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					► ( )
8 Net gaming income summary. Combine line 1, column d, and line 7					►

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?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

A C CENTER, INC. D/B/A AIDS CARE AND  
PLEASANT STREET APOTHECARY

16-1356734 Page 3

11 Does the organization operate gaming activities with nonmembers?  Yes  No

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?  Yes  No

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

13a	%
13b	%

Name ► \_\_\_\_\_

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

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 of the third party:

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?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).



A C CENTER, INC. D/B/A AIDS CARE AND  
PLEASANT STREET APOTHECARY

Schedule I (Form 990) (2011)  
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

16-1356734 Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HOUSING ASSISTANCE	231	521,209.	0	CASH PAYMENT	
UTILITIES ASSISTANCE	20	27,219.	0	CASH PAYMENT	
TRANSPORTATION ASSISTANCE	1624	30,627.	0	CASH PAYMENT	
FOOD ASSISTANCE	211,32	60,268.	0	CASH PAYMENT	

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

SCHEDULE I, PART I, LINE 2: A C CENTER, INC. FOLLOWS ALL GRANT GUIDELINES  
FOR DETERMINING RECIPIENTS AND MONITORING THE ORGANIZATION'S COMPLIANCE.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

A C CENTER, INC. D/B/A AIDS CARE AND  
PLEASANT STREET APOTHECARY

Employer identification number  
16-1356734

**Part I Questions Regarding Compensation**

**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.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

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.**

**5** 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?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** 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?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons 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

**8** 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a	X	
6b		X
7	X	
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

132111  
01-23-12

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAY RUDMAN	169,579.	58,125.	9,600.	4,426.	0.	241,730.	0.
2 MARK MALAHOSKY, R. PH.	0.	0.	0.	0.	0.	0.	0.
3 ROBERTO CORALES, MD	115,347.	73,100.	0.	3,070.	0.	191,517.	0.
4 DOUG LINDKE, R. PH.	175,420.	5,000.	0.	3,788.	0.	184,208.	0.
5	119,138.	73,100.	0.	2,971.	0.	195,209.	0.
6	0.	0.	0.	0.	0.	0.	0.
7	0.	0.	0.	0.	0.	0.	0.
8	0.	0.	0.	0.	0.	0.	0.
9	0.	0.	0.	0.	0.	0.	0.
10	0.	0.	0.	0.	0.	0.	0.
11	0.	0.	0.	0.	0.	0.	0.
12	0.	0.	0.	0.	0.	0.	0.
13	0.	0.	0.	0.	0.	0.	0.
14	0.	0.	0.	0.	0.	0.	0.
15	0.	0.	0.	0.	0.	0.	0.
16	0.	0.	0.	0.	0.	0.	0.

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART 1, LINE 6:** THE TWO PHARMACISTS RECEIVE BONUSES BASED ON A SCHEDULE WHICH IS PART OF THEIR CONTRACT. THE BONUSES ARE BASED ON THE CASH BASIS OF CHANGES IN NET ASSETS OF THE PHARMACY AND START AT 5% OF A \$500,000 NET INCOME AND ARE CAPPED AT \$73,100 FOR NET INCOME OF \$2,100,000 OR GREATER.

**PART 1, LINE 7:** THE PRESIDENT IS ELIGIBLE TO RECEIVE AN ANNUAL BONUS AS PART OF HIS CONTRACT, WHICH IS DETERMINED BY THE BOARD OF DIRECTORS. IN 2012, STAFF MEMBERS ALSO RECEIVED BONUSES DETERMINED BY THE PRESIDENT THAT WERE BASED ON GENERAL AGENCY NET INCOME.

\* The 2011 W-2 includes bonus amounts for 2 years.

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization **A C CENTER, INC. D/B/A AIDS CARE AND  
PLEASANT STREET APOTHECARY** Employer identification number  
**16-1356734**

**FORM 990, PART I, DOING BUSINESS AS:**

**AIDS CARE AND PLEASANT STREET APOTHECARY**

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**MEDICAL ISSUES BY PROVIDING COMPREHENSIVE CARE AND SUPPORT IN A  
WELCOMING ENVIRONMENT.**

**FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE COMMITTEE OF THE  
BOARD OF DIRECTORS REVIEWS THE 990 IN DETAIL. COPIES OF THE 990 ARE MADE  
AVAILABLE TO ALL BOARD MEMBERS.**

**FORM 990, PART VI, SECTION B, LINE 12C: THE POLICIES ARE REGULARLY AND  
CONSISTENTLY MONITORED BY HAVING OFFICERS, DIRECTORS AND KEY EMPLOYEES  
STATE ANY CONFLICTS ANNUALLY. IF A CONFLICT PRESENTS ITSELF, THE PERSON  
WITH THE CONFLICT IS ASKED TO RECUSE THEMSELVES FROM THE PROCESS.**

**FORM 990, PART VI, SECTION B, LINE 15: FOR THE PRESIDENT, THE PROCESS IS  
MANAGED BY THE BOARD OF DIRECTORS. FOR ALL OTHER POSITIONS, THE HR  
COMMITTEE OF THE BOARD ANNUALLY REVIEWS THE COMPENSATION PLAN. COMPARABLE  
SALARY DATA IS REVIEWED AT LEAST EVERY THREE YEARS AS SUPPLIED BY THE NYS  
DEPARTMENT OF LABOR.**

**FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS AND THE  
CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. FINANCIAL  
STATEMENTS ARE INCLUDED IN THE ANNUAL REPORT WHICH IS POSTED ON THE  
WEBSITE.**

Name of the organization	A C CENTER, INC. D/B/A AIDS CARE AND PLEASANT STREET APOTHECARY	Employer identification number 16-1356734
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FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:NET UNREALIZED GAINS ON INVESTMENTS: 41,605.FORM 990, PART XII, LINE 2C:PROCESS HAS NOT BEEN CHANGED IN THE CURRENT YEAR.