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Internal Revenue Service

Department of the Treasury

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

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

Open to Public Inspection

<u>A</u>	For the	e 2012 calendar year, or tax year beginning JUL 1, 2012 and	ending (JUN 30, 2013							
В	Check if applicabl	C Name of organization		D Employer identific	cation number						
	Addre	alds partnership michigan, inc.									
一	Name chang	S S WELLNESS NETWORKS	**	38-2	464851						
一	Initial return	All I do DO hours formal to path delivered to advant address.	Room/suite	 							
F	Termii	· ·	301		466-9800						
F	ated Amen	ded City town or past effice state and 7ID code	1	G Gross receipts \$	2030571.						
F	return Applic			H(a) is this a group re							
_	tion pendii			for affiliates?	Yes X No						
		same as C above		H(b) Are all affiliates inc							
	Tax-ex	empt status: X 501(c)(3)) or 527	7	list (see instructions)						
		te: WWW.AIDSPARTNERSHIP.ORG	/ - <u>.</u>	H(c) Group exemptio							
		organization X Corporation Trust Association Other	L Year		A State of legal domicile MI						
	art I	Summary									
	1	Briefly describe the organization's mission or most significant activities: TO I	EAD M	ICHIGAN IN S	TOPPING HIV						
Activities & Governance		THROUGH PREVENTION, EDUCATION AND CARE S	SERVIC	ES AND PROVI	DING						
Ĩ.	2	Check this box ▶ ☐ if the organization discontinued its operations or disposition	osed of mor	e than 25% of its net as	ssets.						
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	12						
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	R	FRENCE 4	10						
es 2	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		OLIVEU 5	33						
ξ	6	Total number of volunteers (estimate if necessary)	12 000	V » I com	0						
Ć	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	₽ MA	1 & 1 2014 [Cal	0.						
_	b Net unrelated business taxable income from Form 990-T, line 34										
				GPrior Year	Current Year						
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		2.07/1765	1939282.						
≱ ₹	9	Program service revenue (Part VIII, line 2g)		16084	59025.						
. ∠U}∜ Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	_	5.	20802.						
₩.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)										
~	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2093636.	2019121.						
200	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
5	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1389900.	1325532.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
X	ь	Total fundraising expenses (Part IX, column (D), line 25)	028.		451406						
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	722627.	471486.						
1	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	_	2112527.	1797018.						
	19	Revenue less expenses. Subtract line 18 from line 12		-18891.	222103.						
Net Assets or	3		<u> </u>	eginning of Current Year	End of Year						
Sset	20	Total assets (Part X, line 16)		622163.	810181.						
₩.	21	Total liabilities (Part X, line 26)	<u> </u>	180408.	136658.						
		Net assets or fund balances Subtract line 21 from line 20		441755.	673523.						
	Part II Signature Block										
		alties of perjury, I declare that I have examined this return, including accompanying schedu			ly knowledge and belief, it is						
tru	true, correct, and complete Declaration of preparer (other) has based on all information of which preparer has any knowledge ·										
		Signature of officer		05-12 ·	· 2014						
Sig	-	WILLIAM VANHEMERT, CHIEF EXECUTIVE OF	PPT/PD								
He	re	Type or print name and title	FICER								
. —			//	Date / Check	PTIN						
D-	ıd	Print/Type preparer's name KATHLEEN NAUER Print/Type preparer's signature Talkleen G	Rauer	 √ / f							
Pa	o eparer		Cour	Firm's EIN >	38-2778525						
	e Only	Firm's name FINANCIAL ONE ACCOUNTING, INC. Firm's address 44744 HELM STREET		Firm's EIN	- 30 2110323						
US	5 UIIIY	PLYMOUTH, MI 48170		Phone no 7	34-453-8804						
N.4-	av tha l	RS discuss this return with the preparer shown above? (see instructions)		TAIIOII IIU 7	☐ Yes ☐ No						
			tions	·	Form 990 (2012)						
232	001 12-	10-16 CITC I OF I SPOINS IN FIGURATION PARTITIONS 300 THE SEPRINCE HISTORY			· OHH 000 (2012)						

1655125.

4e

Total program service expenses

AIDS PARTNERSHIP MICHIGAN, INC. Form 990 (2012) AIDS PARTNER
Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(d) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule B, Schedule G, Contitutions' 2 Is the organization required to complete Schedule B, Schedule of Contitutions' 3 Dut the organization required to complete Schedule C, Part II 4 Section 501(c)(3) organizations. Did the organization engage in lobbying schivities, or have a section 501(t)) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 5 Is the organization as defined in Reviewe Procedule 8-197 If 'Yes,' complete Schedule C, Part III 6 Dut the organization as defined in Reviewe Procedule 8-197 If 'Yes,' complete Schedule C, Part III 7 Dut the organization and the analysis of an analysis of the organization on reversional organization and the organization and the organization or investment or animal amount. In such funds or accounts If 'Wes,' complete Schedule D, Part II 8 Dut the organization analysis of the organization or investment or investment or complete Schedule D, Part III 9 Dut the organization analysis of the organization organization and the organizat				Yes	No
2 Is the organization required to complete Schedule 6, Schedule 6 Continutions? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer if "Yes," complete Schedule C, Part I is section 501(e)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(e)(4) complete Schedule C, Part II is the organization as ection 501(e)(4), 501(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts if "Yes," complete Schedule O, Part II is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule O, Part III is the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule O, Part III is Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule O, Part III If the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, ine 197 If "Yes," complete Schedule D, Part V II If the organization report an amount for five structures? If Yes, complete Schedule D, Part V III If the organization report an amount for investments in the report of the storial assets reported in Part X, line 187 If "Yes," complete Schedule D, Part V III III III III III III III III III	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
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 was section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization as section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part III is the organization and program and process of the procedure 98-197 If "Yes," complete Schedule C, Part III is the organization marking any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II is Did the organization report and areas, or historic structures? If "Yes," complete Schedule D, Part III is Did the organization marking in the provide certific counseling, debt management, credit separ, or debt negotiation services? If "Yes," complete Schedule D, Part IV is Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV is Did the organization report an amount of land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV is Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV is Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV is Did the organization report an amount for criber sasets in Part X, line 10? If "Yes," complete Schedule D, Part IV is Did the organization report an amount for criber sasets in Part X, line 10? If "Yes," complete Schedule D, Part IV is Did the organization report an amount for other hasets in Part X, line 10? If "Yes," complete Schedule D, Part IV is Did the organization report an amount for other hasets in Part X, line 10? If "Yes," complete Schedule D, Part IV is Did the o		If "Yes," complete Schedule A			-
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Section 501(e)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(e)(4) election in effect during the tax year? If "Yes," complete Schedule C, Part II so the organization a section 501(e)(4), 501(e)(5), 501(e)(5), 670(e)(6), 670(e)(6), 670(e)(6), 670(e)(6), 670(e)(6). For 501(e)(6) organization that receives membership dues, assessments, or amiliar amounts as defined in Revenue Procedure 86-191 If "Yes," complete Schedule C, Part II but the organization maximal and yodinor adversed funds or any semilar 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 II Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historical areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maximal collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not isled in Part X, or provide credit counseling, debt imanagement, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV II If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV II	3				v
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Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 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 If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part VI, VIII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 187 If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 187 If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 187 If "Yes," complete Schedule D, Part X VIII Did the organization shallpit for uncertain tax, positions under EIN 8 (18C 740)? If "Yes," complete Schedule D, Part X VIII X 11th		(Λ.
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			19		Х
	20a	·			
					<u> </u>

38-2464851 Page 4 Form 990 (2012) AIDS PARTNERSHIP M

Part IV Checklist of Required Schedules (continued) Vos No

	,		res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			v
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			v
	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	00		Х
04-	Schedule J	23		Λ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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
ь	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	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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
ь	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, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		Х
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
50	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 50		
,	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		.	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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	<u></u>	<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	20	х	
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Page 5

Speech S		Check if Schedule O contains a response to any question in this Part V								
be Enter the number of Forms W.GG included in line 1s. Enter 0-if not applicable Diff the organization comply with backup withfolding 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 filed for the calendar year ending with or within the year covered by this return by If I seaso one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2 is greater than 250, you may be required to e-infe (see instructions) 3a Dot the organization have unrelated business gross income of \$1.000 or more during the year? 4b A fary time during the calendar year, did the organization have an interest in, or a signalure or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 4c If Yes, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 5c If Yes, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c I Yes, a financial foreign country (such as a bank account, securities accounts, or other financial accounts? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax edeductibles form 88861? 5c If Yes, and the organization include with every solicitation an express statement that such contributions or grifts were not tax deductibles of tax deductibles? 5c If Yes, and the organization securities account of the value of the goods or services provided? 5c If Yes, and the organization received a contribution of across b						Yes	No			
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (a manipular organization comply) with backup withholding rules for reportable payments to vendors and reportable gaming (a manipular organization comply) with packet on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 1 to 1 to 1 to 1 to 1 to 1 to 2 to 1 to 1	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7						
(gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2 If all least one is reported on line 2a, did the organization line all required federal employment tax returns? 3 If all least one is reported on line 2a, did the organization line all required federal employment tax returns? 3 If all least one is reported on line 2a, did the organization line all required federal employment tax returns? 3 If all the organization have unrelated business gross income of \$1,000 or more during the year? 4 If 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?] 5 If 'Yes,' enter the name of the foreign country ▶	_	·	1b	0						
2e Enter the number of employees reported on Form W-3, Treasmitted of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return of the part of the	C	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eporta	ble gamıng						
filled for the calendary year ending with or within the year covered by this return 2a 33 33 34 34 35 35 35 35		(gambling) winnings to prize winners?	_		1c	Х				
b If at least one is reported on line 2e, did the organization file all required federal employment tax returns? 3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ļ							
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Y'es', and it filed a Form 990-7 for this year? If 'No," provide an explanation in Schedule O 4a At any time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (when as a bank account, securities account, or other financial account)? 4b If 'Yes,' enter the name of the foreign country ▶ 5e les instructions for filing requirements for Form 7D F 90-21, Report of Foreign Bank and Financial Accounts. 5b Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was 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 as charitable contributions? 6c X 5c V 5c Deside the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If 'Yes,' did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822? 8d If 'Yes,' did the organization necesses any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9d If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co		filed for the calendar year ending with or within the year covered by this return	2a	_33						
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х				
the if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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)? 4b 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. 5c Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax sheller transaction? 6c If "Yes," the line face 55, old the organization file Form 8886-7? 6c 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 as charatable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6d If "Yes," did the organization notify the donor of the value of the goods or services provided? 6d If "Yes," did the organization notify the donor of the value of the goods or services provided? 6d If "Yes," did the organization ontify the donor of the value of the goods or services provided? 7d If "Yes or this explanation of the value of the goods or services provided? 7d If "Yes," did the organization received any funds, directly, to pay premiums on a personal benefit contract? 7d If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7e Speasaring organization maintaining denia artisef lines and services business holdings at any time during the year? 7d Speasaring organization maintaining denia artisef lines and services business holdings at any time during the year? 9a Speasaring organization maintaining denia a		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
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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? 9b	_		any tin	ne during the year?	в		······			
b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a X		•								
a initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a X		•								
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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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year?		· · · · · · · · · · · · · · · · · · ·			isa					
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 13c 14a X	h	-								
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	~		136							
14a Did the organization receive any payments for indoor tanning services during the tax year?	c									
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				<u> </u>	14a	······	X			
			еΟ							

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 C	. S ee i	nstructions					
	Check if Schedule O contains a response to any question in this Part VI						X	
Sec	tion A. Governing Body and Management							
						Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		_1 <u>_2</u> _				
	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							
b	Enter the number of voting members included in line 1a, above, who are independent	1b		10				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				,	
	officer, director, trustee, or key employee?				2		X	
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	t supervision	Γ				
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	Γ	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		X	
6	6 Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or	Γ	·			
	more members of the governing body?				7a		X	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or					
	persons other than the governing body?				7b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following	Γ				
а	The governing body?	-			8a	X		
b	Each committee with authority to act on behalf of the governing body?				8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х	
Sec	t ion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)					
		-		_		Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?				10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,	1				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10ь			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	re filing the forr	nº [11a	Х		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			L	12a	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	L	12b	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe					
	ın Schedule O how this was done			L	12c	X		
13	Did the organization have a written whistleblower policy?			L	13		X	
14	Did the organization have a written document retention and destruction policy?				14	X		
15	Did the process for determining compensation of the following persons include a review and approv	al by ır	ndependent	Ï			•	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official				15a	X		
b	Other officers or key employees of the organization				15b	X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			ľ				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a					
	taxable entity during the year?			Ĺ	16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its p	participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements are safeguard to safeguard the organical statements.	nızatıo	n's					
	exempt status with respect to such arrangements?				16b	<u></u>		
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶MI							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Sect	ion 501(c)(3)s c	only) av	/ailab	le		
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website X Another's website X Upon request Other (explain	ın Sc	hedule O)					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	of interest polic	y, and	finar	ıcıal		
	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 a WILLIAM VANHEMERT - 313-446-9800		ords of the org	anızatı	on: ▶		_	
	2751 EAST JEFFERSON, SUITE 301, DETROIT, MT 48207	,						

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.

oxdot Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per	box,	officer and a director/trustee)		Reportable compensation	Reportable compensation	Estimated amount of			
	week (list any hours for related organizations below line)	stee or director			-	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) BARBARA MURRAY	43.00									
EXECUTIVE DIRECTOR (Thru 2/2013)		Х		X				78232.	0.	16960.
(2) HENRY MILLBOURNE	43.00								_	
ASSOC EXEC DIRECTOR		Х		Х				67939.	0.	16931.
(3) TOM VERWEST	1.00					1				
PRESIDENT/TREASURER		Х		X			ļ	0.	0.	0.
(4) LISA RUTLEDGE	1.00								0	
VICE PRESIDENT	1 00	X		Х				0.	0.	0.
(5) LAURA MARBLE	1.00	.,							0	^
SECRETARY	1 00	X	-	X			-	0.	0.	0.
(6) TOM WILCZAR	1.00	Х						0.	0.	^
DIRECTOR	1.00	^				 	-	0.	· · · · · · · · · · · · · · · · · · ·	0.
(7) STACY JENKINS, MD	1.00	Х						0.	0.	0.
DIRECTOR (8) RHONDA ROMAN-MILLER DIRECTOR	1.00	X						0.	0.	0.
(9) ADAM DRESCHER DIRECTOR	1.00	X						0.	0.	0.
(10) JAN HARRINGTON-DAVIS DIRECTOR	1.00	Х						0.	0.	0.
(11) KATHY MACKI DIRECTOR	1.00	x						0.	0.	0.
(12) CHRISTINE SAUVE DIRECTOR	1.00	х			ļ			0.	0.	0.
(13) WILLIAM VANHEMERT	43.00						i		_	
CHIEF EXECUTIVE OFFICER (Begin 3/201		X	_	Х				47785.	0.	13314.
		_		_	_	_	-			
					<u> </u>	<u> </u>	L			F 000 (0040)

	、 (A) Name and title	(B) Average hours per week (list any	box offi	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organization	no t	an	(F) timate nount o other	of
		hours for related organizations below line)	Individual trustae or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		compensation from the organization and related organization		e Ion ed
							-				-			
						-								<u> </u>
				_			-							
		-												
			ļ											
	Sub-total	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	>		193956.		0.		472	
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A					>		0. 193956.		0.		472	0. 05.
2	Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	ed al	bove	e) wh	o re	eceived more than \$100	,000 of reportab	le			0
3	Did the organization list any former officer			e, ke	ey er	nplo	yee,	or I	highest compensated ei	mployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si	um of reportab	le co							the organization		3		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	irom	any	unr/			dual for services		4		X
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors			_								5		Х
1	Complete this table for your five highest co the organization. Report compensation for	•									npens	ation f	rom	
	(A) Name and business	address	N	INC	Ξ				(B) Description of s	ervices	С	(Compe		n
						,								
	AND .													
					_		_	_						
	Total number of independent contractors (including but s	ot li	mite	d to	the	eo lu	ated	above) who received m	nore than				
_	\$100,000 of compensation from the organ					(0					Form	000 /	

Form 990 (2012) AIDS PA

		Check if Schedule O conta	ns a response	to any question i	n this Part VIII			
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e f	Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants similar amounts not included above	, and 1f	1551956. 387326.	1939282.			
Program Service Revenue	2 a b c	FEE FOR SERVICE		Business Code 624190	59025.	59025.		
Progra Re	d e f g		ue	>	59025.			
	3	Investment income (including dother similar amounts) Income from investment of tax-		•	12.			12.
	5 6 a b	Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
,	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
Other Revenue	d 8 a	Gain or (loss) Net gain or (loss) Gross income from fundraising including \$ contributions reported on line 1 Part IV, line 18 Less: direct expenses	of	32215. 11450.				-
0	9 a b	Net income or (loss) from fundr Gross income from gaming act Part IV, line 19 Less: direct expenses	ıvıtıes. See a b		20765.			20765.
	10 a b	Net income or (loss) from gamin Gross sales of inventory, less re and allowances Less: cost of goods sold Net income or (loss) from sales	eturns a b					
		Miscellaneous Revenue GARNISHMENT FEES	S	Business Code 900099	37.			37.
	d e 12	All other revenue Total. Add lines 11a-11d Total revenue. See instructions		>	37. 2019121.	59025.	0	20814.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respon	se to any question in thi (A)	s Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
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				·····
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	191742.	105425.	69054.	17263.
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	815999.	815999.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	22829.	21890.	751.	188
9	Other employee benefits	194389.	184220.	8135.	2034
10	Payroll taxes	100573.	91111.	7570.	1892
11	Fees for services (non-employees):			}	
а	Management				
b	Legal				
c	Accounting	48924.	45302.	2898.	724
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)	- ·			
12	Advertising and promotion	61924.	60387.	310.	1227.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	110598.	101298.	7440.	1860
17	Travel	84981.	83235.	1746.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6780.	3193.	2039.	1548
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3530.	15154	2824.	706
23	Insurance	16253.	15154.	879.	220
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)				
а	amount, list line 24e expenses on Schedule 0) OTHER	32885.	32152.	733.	0
a b	CONSULTING EXPENSES	32400.	32300.	80.	20
_	SUPPLIES	27670.	23778.	3892.	0
q	EQUIPMENT LEASES	20934.	19355.	1263.	316
d		24607.	20326.	4251.	310
e 25	Total functional expenses. Add lines 1 through 24e	1797018.	1655125.	113865.	28028
<u>25</u> 26	Joint costs Complete this line only if the organization	17770101	1000120.	113003.	20020
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here Inf following SOP 98-2 (ASC 958-720)				
	0.13.10.13				Form 990 (2012

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X Beginning of year End of year 445. 447811. 1 1 Cash · non-interest-bearing 2 2 Savings and temporary cash investments 471053. 208004. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other 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 instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 37358. 38446. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 93972. 10a basis. Complete Part VI of Schedule D 86734. 10767. 7238. b Less: accumulated depreciation 10b 10c 95190. 101682. 11 investments · publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 7350. 7000. 15 Other assets. See Part IV, line 11 15 622163. 810181. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 167638. 117975. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 12770. 18683. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 25 180408. 136658. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 423303. 390104. 27 Unrestricted net assets 18452. 283419. 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 441755. 673523. 33 Total net assets or fund balances 33 622163. 810181. Total liabilities and net assets/fund balances

	990 (2012) AIDS PARTNERSHIP MICHIGAN, INC.	<u> 38-</u>	<u>-2464851</u>	Pa	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		 		X
_			20	101	2.1
1	Total revenue (must equal Part VIII, column (A), line 12)	1			21.
2	Total expenses (must equal Part IX, column (A), line 25)	2			18.
3	Revenue less expenses Subtract line 2 from line 1	3			03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4		55.
5	Net unrealized gains (losses) on investments	5		96	63.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			2.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6	<u>735</u>	23.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.	.	•	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	İ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil				
	Act and OMB Circular A-133?		3a	ĺ	X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red au			
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	50 00	3ь		
	1		, , , , , ,		1

Form **990** (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

AIDS PARTNERSHIP MICHIGAN, INC. Employer identification number 38-2464851

Part I	Reason	for Public Cha	rity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions				
he organ	zation is not a	private foundation	because it is: (For lines 1	through 1	11, check o	only one b	ox.)					
1 🔲	A church, cor	nvention of churche	es, or association of churc	ches desci	ribed in se	ction 170	(b)(1)(A)(i)					
2			70(b)(1)(A)(ii). (Attach Sci									
з 🔲			ortal service organization of	-	n section	170(b)(1)	(A)(iii).					
4	•	•	operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospital	's nan	ne,
	city, and state								•	•		
5 🔲	• -		benefit of a college or ur	iversity ov	vned or or	erated by	a governr	mental uni	t describ	ed in		-
- —	-	(b)(1)(A)(iv). (Comp					J					
6 🔲			ment or governmental unit	described	d in sectio	n 170/h)/1	νανω					
7 X		•	ceives a substantial part (r from the	general	nublic desc	ribad	ın
* [•	b)(1)(A)(vi). (Compl	·	oi ita aupp	on nom a	governine	intai unit o	/ 110111 tille	general	public desc	11000	
8 🔲			section 170(b)(1)(A)(vi). (Complete	Dart II \							
9 🗔	•					rom contri	hutiana m	aomhomhi	n foon o	nd aross ro	oointo	from
8	•	•	ceives: (1) more than 33 1 unctions - subject to certa							-		
			taxable income (less sect	ion o i i ta	x) HOIII DU	511165565	icquired b	y tile orga	inzation	aitei Julie C)U, 19	, J.
		509(a)(2). (Complet	,	الماديم مع الماد	a anfatur C	` - i-	- E00/-)//	• •				
	-	-	operated exclusively to tes								• • • • • • • • • • • • • • • • • • •	
ייו בייו	=	•	operated exclusively for th									OI
	•	· · · · · ·	zations described in section) See sec	etion 509(a)(3). On	eck the box	tnat	
			g organization and comple				ند.	. — T	- III - NI-	- 6 4	h	
	a Type I				nctionally i					n-functional		
e		•	at the organization is not		-	•	-		-	•		
_		-	than one or more publicly						∌(a)(1) or	section 508	a(a)(2).	
f			ntten determination from t	he IRS tha	atitisa ly	pe I, Type	II, or Type)				
		rganization, check t		. .					_			Ц
9	_		organization accepted ar									T
	(i) A persor	n who directly or in	directly controls, either al	one or tog	ether with	persons o	lescribed i	in (ii) and (III) below		Yes	No
	-	• •	supported organization?							11g(i)	 	
		·	on described in (i) above?							11g(ii)		
	• •	•	a person described in (i) o							11g(iii)	1	
h	Provide the fo	ollowing information	n about the supported or	ganızatıon	(s).							
_			· · · · · · · · · · · · · · · · · · ·	· · · · · · · ·								
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organization	the on in col	(vii) Amoun	t of mo	netary
orga	anization		(described on lines 1-9		sted in your document?		r support?	(ı) organız	ed in the	sup	port	
			above or IRC section (see instructions))					US				
				Yes	No	Yes	No	Yes	No			
					ļ. <u></u>			1				
_			<u> </u>					_				
]						1		
				ļ	ļ							
					1							
				ļ			ļ	<u> </u>				
				ļ	ļ		ļ	<u> </u>				
_												
lotal .		l	1	1	£	1	}	1	E	1		

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.)

Sec	tion A. Public Support						···
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and					-	
	membership fees received. (Do not						
	include any "unusual grants.")	1694413.	1803880.	2116307.	2071765.		7686365.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						4,
	the organization without charge						
4	Total. Add lines 1 through 3	1694413.	1803880.	2116307.	2071765.		7686365.
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)						
6	Public support. Subtract line 5 from line 4		•				7686365.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1694413.	1803880.	2116307.	2071765.		7686365.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1299.	584.	797.	5.		2685.
9	Net income from unrelated business						
	activities, whether or not the						j
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						7689050.
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	p here					<u>▶</u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage			T	
14	Public support percentage for 2012 (line 6, column (f) d	ivided by line 11, o	column (f))		14	99.97 %
	Public support percentage from 201	·				15	99.95 %
16a	a 33 1/3% support test - 2012. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this b	oox and
	stop here. The organization qualifies		_				$\triangleright [X]$
t	33 1/3% support test - 2011. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check	this box
	and stop here. The organization qua						▶□
178	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac-	cts-and-circumstan	ces" test, check t	his box and stop i	nere. Explain in Pa	rt IV how the orga	anization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		▶□
t	10% -facts-and-circumstances tes	it - 2011. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	s 10% or
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	n in Part IV how th	ne
	organization meets the "facts-and-cir						▶∐
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Cah.	adula A (Earm 00	0 Ar 000-E7\ 2012

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1				}	
	include any "unusual grants.")	<u> </u>	_				
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	1					
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the organization without charge			_			
6	Total. Add lines 1 through 5						-
7 e	Amounts included on lines 1, 2, and						**
	3 received from disqualified persons						
t	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						
•	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)				1		
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŧ	Unrelated business taxable income						
	(less section 511 taxes) from businesses		,				
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 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 support. (Add lines 9, 10c, 11, and 12)		<u> </u>		i	1	<u> </u>
14	First five years. If the Form 990 is fo	r the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here			<u> </u>			<u> </u>
	ction C. Computation of Publ					T T	
	Public support percentage for 2012 (column (f))		15	<u>%</u>
	Public support percentage from 201					16	<u>%</u>
	ction D. Computation of Inve					11	
	Investment income percentage for 20			ne 13, column (f))		17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19	a 33 1/3% support tests - 2012. If the	_					17 is not
	more than 33 1/3%, check this box a	=			• • •		▶∟
ı	b 33 1/3% support tests - 2011. If the	-					. —
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	<u> </u>

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

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.

2012 Open to Public Inspection

Name of the organization

AIDS PARTNERSHIP MICHIGAN, INC.

Employer identification number 38-2464851

Par	TI Organizations Maintaining Donor Advisor	ed Funds or Other Similar Fund	s or Accounts. Complete if the			
	organization answered "Yes" to Form 990, Part IV, lir	ne 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 advi	sed funds			
	are the organization's property, subject to the organization's exclusive legal control?					
6	Did the organization inform all grantees, donors, and donor		e 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			
Par		rganization answered "Yes" to Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organizar	tion (check all that apply).				
	Preservation of land for public use (e.g., recreation or	education) Preservation of an hi	storically important land area			
	Protection of natural habitat	Preservation of a cei	tified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qual	lified 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			
а	Total number of conservation easements		2a			
ь	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic st	tructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture			
	listed in the National Register					
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax			
	year ▶					
4	Number of states where property subject to conservation ea	asement is located ►				
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it holds?					
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	d enforcing conservation easements during	g the year ► \$			
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 17				
	and section 170(h)(4)(B)(ii)?		L Yes			
9	In Part XIII, describe how the organization reports conserva	· ·				
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	s the organization's accounting for			
Ď.	conservation easements.	of Art Historical Transcript	Other Cimilar Accets			
Pal	rt III Organizations Maintaining Collections		Jiner Similar Assets.			
	Complete if the organization answered "Yes" to Form					
ıa	If the organization elected, as permitted under SFAS 116 (A	•				
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,			
the text of the footnote to its financial statements that describes these items						
D	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, history					
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of p	ublic 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	and the second s				
2	If the organization received or held works of art, historical tr		iai gain, provide			
	the following amounts required to be reported under SFAS	110 (ASC 930) relating to these items:	. .			
a	Revenues included in Form 990, Part VIII, line 1		~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
р	Assets included in Form 990, Part X		> \$			

		RINERSHIP		INC.			64851	
Par	t III Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, or Oth	<u>er Simil</u>	<u>ar Asse</u>	ts (continu	red)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant	use of Its	collection	ıtems
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's ex	empt purp	ose in Par	t XIII.	_
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simila	ar assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes	No_
Par	Escrow and Custodial Arran reported an amount on Form 990, Par	•	ete if the organizatio	n answered "Yes" to	Form 990), Part IV, I	line 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets no	t included			
	on Form 990, Part X?		•				Yes	No No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table.					
_							Amount	
С	Beginning balance				1c			
	Additions during the year				1d			_
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fe	orm 990. Part X. line	21?		<u> </u>		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.			provided in Part XII				
Par								
نستستا		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	vears back	(e) Four	years back
1a	Beginning of year balance	95190.	98349.	86201.	1.1	82730.		108421.
	Contributions	-						
c	Net investment earnings, gains, and losses	9663.	2128.	15269.		12197.		-19336.
	Grants or scholarships	2269.	4576.	2307		7765.		5560.
	Other expenditures for facilities			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
•	and programs	902.	711.	814.	ļ	961.		795.
f	Administrative expenses		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
	End of year balance	101682.	95190.	98349.		86201.		82730.
2	Provide the estimated percentage of the curr			· · · · · · · · · · · · · · · · · · ·	!			
a	Board designated or quasi-endowment	100.00	%	a)) Held as:				
	Permanent endowment	%	_′°					
	Temporarily restricted endowment ▶	% %						
Ŭ	The percentages in lines 2a, 2b, and 2c shou							
За	Are there endowment funds not in the posse		ation that are held a	and administered for	the organi	zation		
-	by.	oolon or the organiz			e trga		Ţ-	Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	•						
-	t VI Land, Buildings, and Equipm							
	Description of property	(a) Cost or o		or other (c)	Accumulat	ed	(d) Book	value
	Bosonption of property	basis (investr	1	1	epreciation		(0) 500.	Value
12	Land		000.	. ,			•	4000.
	Buildings			•				
6	Leasehold improvements	5	826.	<u> </u>	30	18.		2808.
d	Equipment		146.		837			430.
	Other							
	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. column (B). line	10(c))				7238.

Schedule D (Form 990) 2012

AIDS PARTNERSHIP MICHIGAN,

Schedule D (Form 990) 2012

INC.

38-2464851 Page 3

Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012 AIDS PARTNERSHIP MICHIGAN,	INC.	_	38-	-2464851	Page 4
Pa	TXI Reconciliation of Revenue per Audited Financial Statemer	nts Wi	th Revenue per R	etur	n	
1	Total revenue, gains, and other support per audited financial statements			1	206	3932.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	9663.			
b	Donated services and use of facilities	2b	35147.		1	
c	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	1.			
е	Add lines 2a through 2d			2e		4811.
3	Subtract line 2e from line 1			3	201	9121.
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 XIII)	4b				
c	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	201	9121.
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per		ب	7 1 1 1 1
	Total expenses and losses per audited financial statements	31163 44	THI Experience per	1		2165.
1	Amounts included on line 1 but not on Form 990, Part IX, line 25.			····	+ 103	21031
2		2a	35147.			
a	Donated services and use of facilities		33147			
b	Prior year adjustments	2b			}	
C	Other losses	2c				
d	Other (Describe in Part XIII.)	2d		_	,	5117
е	Add lines 2a through 2d			2e		5147.
3	Subtract line 2e from line 1			3	1/9	7018.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		ŀ		,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				_
C	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	179	7018.
	rt XIII Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	l, lines 1	a and 4; Part IV, lines 1	b and	2b; Part V, line	e 4; Part
	e 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to					
<u>Pa:</u>	rt V, line 4: Grow and provide distribution	ns fo	or operating	su	ipport.	
					·	
_						
Pa:	rt XI, Line 2d - Other Adjustments:					
DO	INDING					
RO	JNDING					
TH:	E ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX I	POSI	rions, if an	Υ,	IN	
					740 -	
AC	CORDANCE WITH FASB ACCOUNTING STANDARDS COL	DIFIC	CATION SECTI	ON	/40. I	N
ΔC	CORDANCE WITH THESE PROFESSIONAL STANDARDS,	יות ב	E ORGANZATTO	NF	RECOGNIZ	ES
	Jenestics Hill Index The Bostonia Citibento	,			edule D (Form	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

2012

Open To Public Inspection

Name of the organization

AIDS PARTNERSHIP MICHIGAN, INC.

Employer identification number

38-2464851

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Ь Special fundraising events Phone solicitations c d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No **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.

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

Schedule G (Form 990 or 990-EZ) 2012

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events VIRTUAL (add col (a) through SOLSTICE AIDS WALK col. (c)) (event type) (event type) (total number) 6050. 15810. 10355. 32215. Gross receipts 2 Less: Contributions 15810. 10355. 6050. 32215. Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 1700. 9750 11450. 9 Other direct expenses 11450, 10 Direct expense summary. Add lines 4 through 9 in column (d) 20765. 11 Net income summary Combine line 3, column (d), and line 10 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % Yes No 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities: Yes a is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? __ Yes **b** If "Yes," explain:

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

Schedule G (Form 990 or 990-EZ) 2012 AIDS PARTNERSHIP MICHIGAN, INC.

38-2464851 Page 2

<u>Sch</u>	edule G (Form 990 or 990 EZ) 2012 AIDS PARTNERSHIP MICHIGAN, INC. 38	<u>-24648</u>	51 Page 3
11	Does the organization operate gaming activities with nonmembers?	Ye	s 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?	Ye	s No
13	Indicate the percentage of gaming activity operated in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	<u> </u>	
	Name		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	es No
ь	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:		
Ĭ	The foot of the first addition of the first party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Garming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Y6	s No
	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 \$	•	
Pa	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(III) and (v).	and Part III.
<u> </u>	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		
			<u> </u>
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SCHEDULE O (Form 990 or 990-EZ)

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.

2012 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

AIDS PARTNERSHIP MICHIGAN, INC.

Employer identification number 38-2464851

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Form 990, Part I, Line 1, Description of Organization Mission:
SUPPORT SERVICES AND PROGRAMS FOR THOSE INFECTED AND AFFECTED BY
HIV/AIDS
Form 990, Part III, Line 1, Description of Organization Mission:
INFECTED AND AFFECTED BY HIV/AIDS
Form 990, Part VI, Section B, line 11: ORGANIZATION'S PROCESS USED TO
REVIEW FORM 990 INCLUDES A FINAL RETURN IS PROVIDED TO BOARD FOR REVIEW AND
APPROVAL PRIOR TO ISSUANCE AND FILING.
Form 990, Part VI, Section B, Line 12c: REGULAR REVIEW BY EXECUTIVE
DIRECTOR, BOARD PRESIDENT AND BOARD MEMBERS.
Form 990, Part VI, Section B, Line 15: REVIEW AND APPROVAL BY BOARD BASED
UPON COMPARABLE DATA, DELIBERATION AND DISCUSSION.
Form 990, Part VI, Section C, Line 19: INFORMATION IS MADE AVAILABLE UPON
REQUEST. ADDITIONALLY, AGENCY TAX RETURN, AUDIT AND OTHER KEY AGENCY
INFORMATION AND DOCUMENTS ARE ALSO AVIALABLE AT WWW.GUIDESTAR.ORG
Form 990, Part XI, line 9, Changes in Net Assets:
ROUNDING 2.