Return of Organization Execution 501(c), 527, or 4947(a)(1) of the Internation Do not enter social security numbers on	empt From Income Tax al Revenue Code (except private foundations) this form as it may be made public.	
calendar year, or tax year beginning MAY 1, 2017 ame of organization		79493
oing business as	14-1731746 Room/suite E Jelephone number	33 =
٠	· · · · · · · · · · · · · · · · · · ·	
		_
2	Return of Organization Execusives Under section 501(c), 527, or 4947(a)(1) of the Internation Do not enter social security numbers on Go to www.irs.qov/Form990 for instruction Calendar year, or tax year beginning MAY 1, 2017 Name of organization CARES OF NY, INC. Doing business as Jumber and street (ncP () hox if mail is not delivered to street address.	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. Calendar year, or tax year beginning MAY 1, 2017 and ending APR 30, 2018 Name of organization CARES OF NY, INC. Doing business as 14-1731746 Room/siute E Jelenhone number

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	1 990 (2017) CARES_OF_NY, INC.	14-1731746	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	CARES, INC. PROMOTES THE PLANNING, IDENTIFICATION, DEVEL	LOPMENT,	
	IMPLEMENTATION, FUNDING, EVALUATION AND ADMINISTRATION O		AND
	SUPPORTIVE SERVICES FOR INDIVIDUALS AND FAMILIES LIVING		
	WITH SPECIAL NEEDS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	□v _a	s X No
	•		טוו ובב
^	If "Yes," describe these new services on Schedule O		s X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	те:	S LALINO
	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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses	, and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$2,037,759. including grants of \$571,081.) (Revenue)		<u>,060.</u>)
	IN THE LAST YEAR CARES PROVIDED HIV AND HOUSING RELATED	TECHNICAL	
	ASSISTANCE AND CONSULTING TO GOVERNMENTAL AND NOT-FOR-PE	COFIT AGENC	IES
	THAT SERVED PERSONS LIVING WITH HIV/AIDS.		
			_
	· · · · · · · · · · · · · · · · · · ·		
	200 055	400	F26 :
4b	(Code) (Expenses \$		<u>,536.</u>)
	AIDS HOUSING PROPERTY MANAGEMENT MAINTAINS OVER 24 APART		THAT
	ARE SERVING INDIVIDUALS AND FAMILIES WHO ARE HOMELESS AN	ID WHO ARE	
	LIVING WITH HIV/AIDS.		
		•	
4c	(Code) (Expenses \$) (Revenue)	e\$	
			
		-	
		-	
	Other program convices (Decaribe in Schedule O.)		
40	Other program services (Describe in Schedule O)	•	
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ► 2.437.016.		

Form **990** (2017)

Yes No

? (sithe_organization required to complete Schedule R. Schedule of Contributors	2 X
	
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2 · · · · · · · · · · · · · · · · · · ·	
<u> </u>	
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Form 990 (2017) CARES OF NY, INC.
Part IV Checklist of Required Schedules (continued)

Га	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ĺ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ĺ
	Schedule K If "No", go to line 25a	24a		X
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orm	990 (2017) CARES OF NY, INC. 14-1731	746	P	age \$
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
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			
Ū	(gambling) winnings to prize winners?	1c	х	
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 27			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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 as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	1		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1		ŀ
а	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		•	
	to file Form 8282?	7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year	_		ŀ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.	İ		İ
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	∤		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter	1		
а	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.)	1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	├	-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	-	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
	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 Enter the amount of reserves on hand	1		
_	Enter the amount of recences on hand	1		

Form **990** (2017)

14a

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

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 or note to any line in this Part VI			\mathbf{x}
<u>Sec</u>	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 5			
	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 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		_ X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1		
	of officers, directors, or trustees, or key employees to a management company or other person?	_3_		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_ 5_		Х
6	Did the organization have members or stockholders?	6		Х
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		_X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue 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 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	X	
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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	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 approval by independent			
	nersons comparability data and contemporaneous substantiation of the deliberation and decision?	<u> </u>		

Form 990 (2017) CARES OF NY, INC. 14-1731746 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C)
Position
(do not check more than one box, unless person is both an (B) (D) (F) Average Name and title Reportable Reportable Estimated hours per compensation compensation amount of

Form	.,	10) (AD	ES OF NY,	INC				11-1	731746	Page 9
Par	t V	111			INC.	 _		<u> </u>	<u> </u>	731740	r age o
			Check if Schedule O.c.	ontains a response i	or note to any line in this	Part VIII					
	•			<u> </u>		(A) revenue	exemp	(B) ated or of function venue	(C) Unrelate busines revenue	_ I trom	(D) ue excluded tax under ections 2 - 514
Fir Amounts	1 :	a	Federated campaigns	1a							
iz a			Membership dues	1b				l			
اغن ق			Fundraising events	1c				l			
#2]			Natad arganizations	4.4	1.5:		1				
			<u>-</u>								
			functionally integrated, or	r Type III non-functio	onally integrated support	ing organi	zation				
f			the number of supported of	-							
<u>g</u>			de the following information			fiv) is the oros	inization lieted	T () A		() A (
		(1)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10		inization listed ing document?	(v) Amount of support (see in		(vi) Amount support (see ii	
			Organization		above (see instructions))	Yes	No	support (see in	Structions)	support (see II	

Form 990 (2017) CARES OF NY, INC. Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in	this 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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	549,155.	549,155.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	21,926.	21,926.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	119,203.	111,416.	7,787.	
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	1,038,677.	970,300.	68,377.	
8	Pension plan accruals and contributions (include	•			
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	123,894.	116,064.	7,830.	
10	Payroll taxes	95,411.	89,301.	6,110.	
11	Fees for services (non-employees)			7,	
	Management				
ь	Legal				
c	Accounting	8,115.	8,115.		
d	Lobbying	0,113.	0,113.		
_	Professional fundraising services. See Part IV, line 17			-	
e f	Investment management fees				
g	· · · · · · · · · · · · · · · · · · ·	68,852.	63,593.	5,259.	
40	column (A) amount, list line 11g expenses on Sch O.)	871.	675.	196.	·
12	Advertising and promotion	157,413.	140,040.	17,373.	
13	Office expenses	157,415.	140,040.	11,313.	
14	Information technology				
15	Royalties	F7 601	11 107	12 204	
16	Occupancy	57,691.	44,487.	13,204.	
17	Travel	53,502.	49,296.	4,206.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	40 500	27 007	4 000	
19	Conferences, conventions, and meetings	42,729.	37,827.	4,902.	
20	Interest				
21	Payments to affiliates	02.002	04 604	1 640	
22	Depreciation, depletion, and amortization	93,273.	91,624.	1,649.	
23	Insurance	19,686.	15,961.	3,725.	
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 0.)				
а	PROPERTY MANAGEMENT COS	64,076.	64,076.	-	
b	CAPRI PROGRAM EXPENSES	55,937.	55,937.		
c	EQUIPMENT	4,878.	2,762.	2,116.	
d	DUES	4,666.	1,472.	3,194.	
	All other expenses	3,573.	2,989.	584.	- · ·
25	Total functional expenses. Add lines 1 through 24e	2,583,528.	2,437,016.	146,512.	0.
26	Joint costs Complete this line only if the organization		_,,		<u></u>
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	. —				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2017)

<u>Par</u>	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	334,245.	_1_	436,732
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		_3	
	4	Accounts receivable, net	596,653.	4	591,538
	5	Loans and other receivables from current and former officers, directors,		- 1	
		trustees, key employees, and highest compensated employees. Complete		1	
		Part II of Schedule L		5_	
	6	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			
2		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
١ '	8	Inventories for sale or use		_ 8	
	9	Prepaid expenses and deferred charges	14,155.	9	16,792
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 3,221,321.	0 000 556		0 005 400
	b	Less: accumulated depreciation 10b 984,838.	2,329,756.	10c	2,236,483
	11	Investments - publicly traded securities	t.	11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments · program-related See Part IV, line 11		13	
	14	Intangible assets	242 000	14	310 555
	15	Other assets See Part IV, line 11	243,898. 3,518,707.	15	319,555 3,601,100
-	16	Total assets. Add lines 1 through 15 (must equal line 34)	203,870.	16	
	17	Accounts payable and accrued expenses	203,670.	17	258,677
	18 19	Grants payable Deferred revenue	28,113.	18 19	16,877
Ì	20	Tax-exempt bond liabilities	20,113.	20	10,011
	21	Escrow or custodial account liability Complete Part IV of Schedule D	724.	21	21,614
ا م	22	Loans and other payables to current and former officers, directors, trustees,	/41•	21	21,019
		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
ן בֿ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	14,154.	25	12,931
	26	Total liabilities. Add lines 17 through 25	246,861.	26	310,099
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ဖ္က		complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	3,271,846.	27	3,291,001
<u>a</u>	28	Temporarily restricted net assets		28	
8	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.			
ers	30	Capital stock or trust principal, or current funds		30	
155(31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets of Fund balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	3,271,846.	33	3,291,001
			3,518,707.	34	3,601,100

	990 (2017) CARES OF NY, INC.	14-17	31746	Pag	_{je} 12
Paı	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,602		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>2,583</u>		
3	Revenue less expenses Subtract line 2 from line 1	3		9,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,27	<u>1,8</u>	<u>46.</u>
5	Net unrealized gains (losses) on investments	5			
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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,293	1,0	01.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line 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	O.			
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 reviewe	d on a			
	separate basis, consolidated basis, or both	, ,			
	Separate basis Consolidated basis Both consolidated and separate basis		li		
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 separa	e basis,			
	consolidated basis, or both			1	
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		- 1	
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form 9	9 90 (2017)

SCHEDULE A (Form 990 or 990-EZ)

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.

2017

	Schedule A Part II	(Form 990 or 990-EZ) 2017 CARES Support Schedule for Organ (Complete only of you checked the book	OF NY, INC. izations Described in So ex on line 5-7 or 8 of Part For if	ections 170(b)(1)(A)(iv) and the organization failed to qualify	14-1731746 Page 2 d 170(b)(1)(A)(vi) under Part III If the organization
		71_			
				A '	
			E		
			1		
		\$ 			
		Kir.			
Brown Land on the Control of the Con					
			h-		

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

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A	. All	Supporting (Organizations
-----------	-------	--------------	---------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		
	2		
	3a		
	- Ou		
	3b		
	3c		
	4a		
	46		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
		,	
	7		
	8		<u> </u>
	9a		
	9b		
	9с		
	10a		
	401		
<u> </u>	10b 90 or 99	10-F7	2017
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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

	dule A (Form 990 or 990-EZ) 2017 CARES OF NY, INC.			L4-1731746 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on f	Nov 20, 1970 (explain in	Part VI) See instructions. All
	, other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E	-,-·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		<u> </u>
7	Other expenses (see instructions)	7	_	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
<u>c</u>	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other		,	
	factors (explain in detail in Part VI)		<u> </u>	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1.		
2	Enter 85% of line 1	2		
3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		,
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions)

е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 \$	· · · · · · · · · · · · · · · · · · ·	<u></u>	
a	Applied to underdistributions of prior years	······································		
b	Applied to 2017 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			•
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
a	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016		<u></u>	
<u>е</u>	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 CARES	OF NY	, INC.		14-1731746 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1, Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8, and Part	rovide the ex b, 4c, 5a, 6, 3, Part IV, Se	oplanations require 9a, 9b, 9c, 11a, 11 ction E, lines 1c, 2a	b, and 11c, Part IV, Section B, a, 2b, 3a, and 3b, Part V, line 1	: 17a or 17b, Part III, line 12, lines 1 and 2, Part IV, Section C, , Part V, Section B, line 1e, Part V,
	(See instructions)				
		·	-		
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					14-11
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-		 			
					
 					- 189
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Schedule D (Form 990) 2017

Maili	CARES OF NY, INC.				14-1731746
Pai		ed Funds or	Other Similar Fund	ds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir				·
			nor advised funds	(1	b) Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of 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 adv	rised fun	ds
	are the organization's property, subject to the organization's	exclusive lega	l control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writ	ing that grant funds can b	e used c	only
	for charitable purposes and not for the benefit of the donor	or donor adviso	or, or for any other purpos	e confer	rıng
	impermissible private benefit?				Yes No
Pai	t II Conservation Easements. Complete if the or	ganization ans	wered "Yes" on Form 990	, Part IV,	line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all t	hat apply)		
	Preservation of land for public use (e.g., recreation or	education)	Preservation of a his	storically	important land area
	Protection of natural habitat		Preservation of a ce	ertified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	ified conservat	ion contribution in the forr	n of a co	
	day of the tax year				Held at the End of the Tax Year
a	Total number of conservation easements				2a
ь	Total acreage restricted by conservation easements		4 - (-)		2b
С.	Number of conservation easements on a certified historic st		• •		2c
ď	Number of conservation easements included in (c) acquired	aπer //25/06,	and not on a historic struc	cture	ایما
2	listed in the National Register Number of conservation easements modified, transferred, re	leased exting	ushed or terminated by t	ho organ	2d
3	year	eleased, extilig	dished, or terminated by the	ne organ	ization during the tax
4	Number of states where property subject to conservation ea	seament is loca	ted		
5	Does the organization have a written policy regarding the pe			- of	
Ū	violations, and enforcement of the conservation easements		ng, mopodion, nanamig o	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		olations, and enforcing co	nservatio	
	>	,			- · · · · · · · · · · · · · · · · · · ·
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violatio	ns, and enforcing conserv	vation ea	sements during the year
	▶ \$	Ū	•		•
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the r	equirements of section 17	70(h)(4)(B	3)(1)
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements	in its revenue and expens	se stater	nent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial	statements that describe	s the org	ganization's accounting for
_	conservation easements				
Pai	t III Organizations Maintaining Collections of	•	•	Other :	Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV,	line 8		
1a	If the organization elected, as permitted under SFAS 116 (A		·		
	historical treasures, or other similar assets held for public ex			rance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri				
b	If the organization elected, as permitted under SFAS 116 (A	-			
	treasures, or other similar assets held for public exhibition, e	education, or re	search in furtherance of p	oublic ser	vice, provide the following amounts
	relating to these items				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
_	(ii) Assets included in Form 990, Part X				5
2	If the organization received or held works of art, historical tre			iai gain,	provide
	the following amounts required to be reported under SFAS	1 10 (ASC 958)	relating to these items		L ¢
a	Revenue included on Form 990, Part VIII, line 1				▶ \$
b	Assets included in Form 990, Part X				▼ 3

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

	dule D (Form 990) 2017							<u> 1731746</u>	
Par	313								
3	Using the organization's acquisition, accession	n, and oth	er records, o	heck any of the	following that	t are a sign	ficant use of	its collection	ıtems
	(check all that apply).		_						
а	Public exhibition		d L	Loan or exc	change progra	ams			
þ	Scholarly research		e	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections ai	nd explain h	ow they further t	the organizati	on's exemp	t purpose in f	Part XIII.	
5	During the year, did the organization solicit or			•	-	er sımılar as	sets		
_	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		. Complete	if the organization	on answered '	'Yes" on Fo	rm 990, Part	IV, line 9, or	
 1a	Is the organization an agent, trustee, custodia		intermedian	for contribution	ns or other as	sets not inc	:luded		
	on Form 990, Part X?	0. 0101		,				Yes	X No
ь	If "Yes," explain the arrangement in Part XIII a	nd comple	ete the follow	ung table.					
_	· · · · · · · · · · · · · · · · · · ·			9 1				Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fo	rm 990, Pa	art X, line 21,	, for escrow or c	ustodial acco	unt liability?	>	X Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	Check her	e if the expla	nation has beer	n provided on	Part XIII			\mathbf{X}
Par									
		(a) Currer	nt year	(b) Prior year	(c) Two year	s back (d)	Three years ba	ick (e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs				1				
f	Administrative expenses								
g	End of year balance				<u> </u>				
2	Provide the estimated percentage of the curre	ent year er	nd balance (li	ne 1g, column (a)) held as				
а	Board designated or quasi-endowment > _		%	•					
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶		%						
	The percentages on lines 2a, 2b, and 2c should	ıld equal 1	00%	٠,	. ,.	•			
За	Are there endowment funds not in the posses	ssion of the	e organizatio	n that are held a	and administe	red for the	organization	_	
	by							\	res No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(iı)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed	as required	on Schedule R)			3b	
4	Describe in Part XIII the intended uses of the		on's endown	nent funds					
Pai	t VI , Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	l "Yes" on	Form 990, P	art IV, line 11a	See Form 990), Part X, line	e 10		
	Description of property	1	Cost or othe		t or other	(c) Accu	1	(d) Book	value
		bası	s (investmen	<u> </u>	(other)	depre	ciation		
1a	Land				28,833.				,833.
b	Buildings			2,99	96,320.	92	2,104.	2,074	,216.
С	Leasehold improvements			1			0 50 1		
d	Equipment				96,168.	6	2,734.	33	,434.
	Other	1						0 000	400
<u>Tota</u>	. Add lines 1a through 1e (Column (d) must ed	qual Form !	990, Part X, o	column (B), line	10c.)		•		<u>,483.</u>
							Sched	lule D (Form	990) 2017

Schedule D (Form 990) 2017 CARES OF NY	, INC.	14-	1731746 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b 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)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000. Bort IV. line	a 11a Saa Farm 000 Bart V lina 12	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-	of-vear market value
	(b) Book value	(c) Wellied of Valdation Cost of End	51 year market value
(1)			
(2)	<u> </u>		
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	5 000 5 . 11/.	444.0 5 000 5	
Complete if the organization answered "Yes"	-	e 11d See Form 990, Part X, line 15	# 1 D = -1 1
	Description		(b) Book value
(1) BUILDING AND OPERATING RE	SERVES		319,555
(2)			
(3)			
(4)			
(5)			
(6)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	<u>= 15)</u>		319,555

| Part X | Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TENANTS' SECURITY DEPOSITS	12,931.
(3)	
(4)	
(5)	
(6)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	▶ 12,931.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

SCHEDULEI (Form 990)

Internal Revenue Service

Department of the Treasury

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public OMB No 1545-0047 Inspection

► Go to www.irs.gov/Form990 for the latest information.

							cation nui
Part General Information on Grants and Assistance	IN Y , LINC.						1 /10/1-
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selec	,
criteria used to award the grants or assistance?	stance?	•					. X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use	ocedures for moni	toring the use of grant	of grant funds in the United States	d States			
Part II Grants and Other Assistance to Domestic Organizations and I	Domestic Organi	zations and Domesti	c Governments. C	omplete if the orga	nization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if addit	ional space is need	led.	3 - 1 - 17 - 4 - 63		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							FLOW THROUGH FUNDING FROM
AIDS COUNCIL OF NORTHEASTERN NEW							THE DEPARTMENT OF HOUSING
YORK, INC 927 BROADWAY -							AND URBAN DEVELOPMENT
ALBANY, NY 12207	22-2684595	501(C)(3)	111,595.	0			(HUD) UNDER THE HOUSING
							FLOW THROUGH FUNDING FROM
MOHAWK OPPORTUNITIES INC.							THE DEPARTMENT OF HOUSING
201 NOTT TERRACE							AND URBAN DEVELOPMENT
SCHENECTADY NY 12307	14-1672130	501(C)(3)	113,854,	0			(HUD) UNDER THE HOUSING
							FLOW THROUGH FUNDING FROM
SUPPORT MINISTRIES, INC.							THE DEPARTMENT OF HOUSING
28 DELAWARE TERRACE					•		AND URBAN DEVELOPMENT
ALBANY, NY 12209	22-2940575	501(C)(3)	174,094,	0			(HUD) UNDER THE HOUSING
							FLOW THROUGH FUNDING FROM
UNITY HOUSE OF TROY, INC.							THE DEPARTMENT OF HOUSING
2431 6TH AVENUE		~ *					AND URBAN DEVELOPMENT
TROY, NY 12180	23-2378930	501(C)(3)	126,344.	0,			(HUD) UNDER THE HOUSING
		111 m					
		-					
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ind government or	ganizations listed in th	e line 1 table				4.
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2017)

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2017)

14-1731746 CARES OF NY, Schedule I (Form 990) (2017)

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount or cash grant	(d) Amount of non- cash assistance	(e) Method of Valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS FOR EDUCATION/OBTAIN SPECIAL SKILLS	, 15	21,926,	0	·	
	-				
-					•
	-		,		•
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information PART I, LINE 2:	ured in Part I, lin	e 2; Part III, column	(b), and any other ac	dditional information	
THE ORGANIZATION REVIEWS APPLICATIONS	ONS BASED	NO	PRE-ESTABLISHED	SELECTION	
CKITEKIA.	٠.,				

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

AIDS COUNCIL OF NORTHEASTERN NEW YORK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FLOW THROUGH FUNDING FROM THE

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) UNDER THE HOUSING

732102 11-01-17

SCHEDULE 0 (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.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

CARES OF NY TNC Employer identification number 14-1731746

CARED OF NI, INC.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CARES OF NY, INC. PROMOTES THE PLANNING, IDENTIFICATION, DEVELOPMENT,
IMPLEMENTATION, FUNDING, EVALUATION AND ADMINISTRATION OF HOUSING AND
SUPPORTIVE SERVICES FOR INDIVIDUALS AND FAMILIES LIVING IN POVERTY OR
WITH SPECIAL NEEDS.
CARES ALSO COORDINATES THE COMMUNITY AIDS PARTNERSHIP FOR THE CAPITAL
REGION, WHICH HELPS THE CAPITAL REGION NOT-FOR-PROFIT AGENCIES THAT
PROVIDE HIV-RELATED SERVICES TO RAISE FUNDS FOR THEIR HIV-RELATED
PROGRAMS.
FORM 990, PART VI, SECTION A, LINE 8B:
THE BOARD DOES KEEP MINUTES OF THE MEETINGS. THE FINANCE COMMITTEE (AUDIT
COMMITTEE) DOES NOT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING
BOARD. THE AUDIT COMMITTEE'S SOLE PURPOSE IS TO REVIEW, REPORT AND MAKE
RECOMMENDATIONS TO THE BOARD.
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FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY FOR REVIEW AND
DISCUSSION BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
INDEPENDENT BOARD MEMBERS HANDLE CONFLICT OF INTEREST MATTERS. THE
CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY.