See Schedule O

See Schedule O

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000.. ► [X]
Use Schedule F-1 (Form 990) if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)

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2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ► 0

3 Enter total number of other organizations or entities. . . . . ► 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

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Part IV **Supplemental Information**

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

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: TREATMENT ACTION GROUP

Employer identification number: 13-3624785

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

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

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

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

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

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

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

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

		(a) Event #1 RESEARCH IN AC (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1 Gross receipts	159,151.			159,151.
	2 Less: Charitable contributions	144,920.			144,920.
	3 Gross revenue (line 1 minus line 2)	14,231.			14,231.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	31,078.			31,078.
	8 Direct expense summary. Add lines 4- through 7 in column (d) ►				31,078.
	9 Net income summary. Combine lines 3 and 8 in column (d) ►				-16,847.

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

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

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

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

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: TREATMENT ACTION GROUP

Employer identification number: 13-3624785

Form 990, Part VI, line 13

As of 2009, the Organization has a Whistleblower Policy.

Form 990, Part VI, line 14

As of 2009, the Organization has a written Document Destruction and Retention Policy.

Form 990, Part III, Line 1 - Organization Mission

Treatment Action Group, Inc. ("TAG") is a not-for-profit organization incorporated under the laws of the state of New York. Founded in January 1992, TAG is the only organization in the country dedicated solely to AIDS research advocacy. TAG focuses on the public and private AIDS research effort to improve the drug development process, speed the pace of medical advances in treating HIV disease and its opportunistic infections, and ensure that the government spends its AIDS research dollars wisely. Armed with keenly developed scientific and political expertise, TAG's full-time policy staff members meet with researchers, pharmaceutical companies and government officials to transform research policy.

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Form 990, Part III, Line 4a - Program Service Accomplishments

Antiretroviral Project: Treatment Action Group's Antiretroviral Project reviews the state of research on anti-HIV drug discovery, development, dissemination, and post-marketing surveillance; advocates for accelerated, better-focused efforts in this area; focuses on innovative treatments which are which are active against drug-resistant HIV easier to take, less toxic, and/or represent a major therapeutic breakthrough such as a new drug class. TAG advocates for better post- marketing research on approved antiretroviral drugs to improve standards of care; works on domestic and international treatment guidelines; and educates and mobilizes policymakers, researchers, and the HIV community on anti-HIV treatment research. TAG works with academic researchers, clinicians, Federal agencies such as the Food & Drug

Name of the organization: TREATMENT ACTION GROUP

Employer identification number: 13-3624785

Form 990, Part III, Line 4a - Program Service Accomplishments (continued)

Administration (FDA) and the National Institutes of Health (NIH), and with domestic and international community coalitions to achieve these ends.

Federal Policy Project: TAG works to secure additional funds for the U.S. and international AIDS research, treatment, and public education programs and seek to influence policymakers, researchers, and the HIV community so that the funds are spent effectively and efficiently. TAG closely monitors the AIDS research programs at the National Institutes of Health (NIH) to ensure that they are efficient, effective, and address the highest priority questions in AIDS research and treatment, both domestically and internationally; and advocates in Washington, D.C., for a strong and independent NIH Office of AIDS Research (OAR). To these ends, TAG works with coalitions such as the AIDS Treatment Activists Coalition (ATAC), the Coalition for Salvage Therapy (CST), the Fair Price Coalition (FPC), the Federal AIDS Policy Partnership (FAPP), the Research Working Group (RWG), and Save ADAP.

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Basic Science, Vaccines, and Prevention Project: TAG's Palm Project reviews the state of basic research on HIV/AIDS, including pathogenesis, immunology, vaccine, microbicide, and pre-clinical discovery and development, and advocates for better and faster research into the pathogenesis of HIV infection and the interactions between HIV and the immune system, for research on immune-based therapeutic approaches to HIV infection, for accelerated, scientifically rigorous HIV vaccine and microbicide research, and on projects to educate and mobilize policymakers, researchers, and the HIV community on basic science and vaccine development.

Hepatitis / HIV Co-Infection Project: Treatment Action Group's Hepatitis/HIV Coinfection Project reviews the state of research on the opportunistic complications,

Name of the organization: TREATMENT ACTION GROUP

Employer identification number: 13-3624785

Form 990, Part III, Line 4a - Program Service Accomplishments (continued)

infections, cancers, and co-infections related to HIV/AIDS and coinfections with viral hepatitis diseases such as hepatitis B and C viruses, and advocates for greater efforts in this area while working to educate and mobilize policymakers, researchers, and the HIV community. In 2007 TAG's efforts focused on hepatitis C virus (HCV) infection, which co-infects up to a quarter of all people with HIV in the United States and often leads to end-stage liver disease. TAG works to improve research, treatment, and community awareness of these co-infections.

Tuberculosis (TB) / HIV Advocacy Project: TAG's TB/HIV Advocacy Project seeks to educate and empower communities affected by HIV/AIDS domestically and internationally to understand, mobilize, and respond effectively to the challenges posed by the intersecting epidemics of tuberculosis (TB) and HIV. Worldwide, TB is the leading opportunistic infection and a leading cause of death among people living with HIV. To educate, mobilize, and empower HIV communities, TAG works to increase community understanding of TB/HIV co-infection and to increase the quality and quantity of research, treatment and resources to combat the two epidemics.

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TAG Publications and Website: TAG publishes periodic issues of the research and treatment policy newsletter, TAGline, the Annual Report, What's in the Pipeline?, and updates on website www.treatmentactiongroup.org.

Form 990, Part VI, Line 10 - Form 990 Review Process

A draft of form 990 was sent to members of the finance committee for review.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

All Directors and Officers shall disclose in writing, to the best of their knowledge, any interest such Director or Officer may have in any corporation, organization, partnership or other entity which provides professional or other goods

Name of the organization: TREATMENT ACTION GROUP

Employer identification number: 13-3624785

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (contin

or services to the Corporation for a fee or other compensation, and any position or other material relationship such Director or Officer may have with any other not-for-profit corporation with which the Corporation has an attorney-client or other business relationship (collectively, a "Conflict of Interest"). A copy of each disclosure statement shall be available to any Director or Officer of the Corporation on request.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees

Compensation of all employees except Executive Director is reviewed and approved by the Executive Director. Executive Director's compensation is reviewed and approved by the Board of Directors.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The Organization's government documents are available upon request. Annual reports are available on the Organizatino's webiste.

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Form **8868**
(Rev April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only . . . . . ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization TREATMENT ACTION GROUP	**Employer identification number** 13-3624785
	Number, street, and room or suite number. If a P.O. box, see instructions. 611 BROADWAY #308	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10012	

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

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

- The books are in the care of ► TREATMENT ACTION GROUP

Telephone No. ► 212-253-7922 FAX No. ►

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- If the organization does not have an office or place of business in the United States, check this box . . . . . ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . ► [ ] . If it is for part of the group, check this box . . ► [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 09, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [X] calendar year 20 08 or

► [ ] tax year beginning _____, 20 ___, and ending _____, 20 ___.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	**3a**	$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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

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

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

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

Type or print	Name of Exempt Organization TREATMENT ACTION GROUP	**Employer identification number** 13-3624785
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. Dinowitz & Bove, CPAs 150 Broadway RM 1105	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. New York, NY 10038	

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

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

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

- The books are in care of ► TREATMENT ACTION GROUP
  Telephone No. ► 212-253-7922 FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box . . . . . ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . _____ . If this is for the whole group, check this box. . . . ► [ ] . If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15 , 20 09.

5 For calendar year 2008 , or other tax year beginning _____ , 20 __ , and ending _____ , 20 __ .

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

7 State in detail why you need the extension . . . INFORMATION NEEDED TO COMPLETE FORM 990 NOT YET AVAILABLE.

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

Signature and Verification

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

Signature ► Title ► Date ►

FORM TO FILE:

Form CHAR500 - Annual Financial Report for Charitable Organizations

SIGNATURE:

Sign and date Form CHAR500, page 1. Two distinct officials of the organization must sign.

PAYMENT:

There is a balance due of $275 which is payable by November 16, 2009. Attach a check or money order for the full amount payable to "New York State Department of Law", and write the New York state registration number, the tax period to which it applies and "Form CHAR500" on the payment.

WHEN TO FILE:

On or before November 16, 2009.

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WHERE TO FILE:

New York State Department of Law
Charities Bureau - Registration Section
120 Broadway
New York, NY 10271

Form **CHAR500** This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)	**Annual Filing for Charitable Organizations** New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.oag.state.ny.us/charities/charities.html	**2008** **Open to Public Inspection**

1. General Information

a. For the fiscal year beginning (mm/dd/yyyy) 1/01 / **2008** and ending (mm/dd/yyyy) 12/31/2008

b. Check if applicable for NYS:
- ___ Address change
- ___ Name change
- ___ Initial filing
- ___ Final filing
- ___ Amended filing
- ___ NY registration pending

c. Name of organization: TREATMENT ACTION GROUP

d. Fed. employer ID no. (EIN) (##-#######): 13-3624785

e. NY State registration no. (##-##-##): 05-00-64

Number and street (or P.O. box if mail is not delivered to street address): 611 BROADWAY

Room/suite: 308

f. Telephone number: 212-253-7922

City or town, state or country and zip + 4: NEW YORK, NY 10012

g. Email:

2. Certification - Two Signatures Required

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

a. President or Authorized Officer/Trustee ▶ Signature | Printed Name | Title | Date

b. Chief Financial Officer or Treasurer ▶ Signature | Printed Name | Title | Date

3. Annual Report Exemption Information

a. **Article 7-A** annual report exemption (Article 7-A registrants and dual registrants)

Check ➡ ___ if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed $25,000 **and** the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.

NOTE: An organization may also check the box to claim this exemption if no PFR or FRC was used **and** either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal **and** contributions from all sources did not exceed $25,000 **or** 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).

b. **EPTL** annual report exemption (EPTL registrants and dual registrants)

Check ➡ ___ if total gross receipts for this fiscal year did not exceed $25,000 **and** the assets (market value) of the organization did not exceed $25,000 at any time during this fiscal year.

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For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.

Do not *submit a fee,* **do not** *complete the following schedules and* **do not** *submit any attachments to this form.*

4. Article 7-A Schedules

If you did **not** check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ..... ___ **Yes*** X **No**

*** If "Yes", complete Schedule 4a.**

b. Did the organization receive government contributions (grants)? ..... X **Yes*** ___ **No**

*** If "Yes", complete Schedule 4b.**

5. Fee Submitted: See last page for **summary of fee requirements.**

Indicate the filing fee(s) you are submitting along with this form:

a. Article 7-A filing fee ..... $ 25.

b. EPTL filing fee ..... $ 250.

c. **Total fee** ..... $ 275.

Submit only one check or money order for the total fee, payable to "NYS Department of Law"

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see page 4 for **required attachments** ▶

TREATMENT ACTION GROUP 13-3624785

Schedule 4b: Government Contributions (Grants)

If you checked the box in question **4.b.** on page 1, complete the following schedule for **each** government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

Government Agency Name	Grant Amount
	$ 32,000.
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
Total Government Contributions (Grants)	$ 32,000.

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5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
• **Article 7-A**	Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is $0.
• **EPTL**	Calculate the EPTL filing fee using the table in **part b** below. the Article 7-A filing fee is $0.
• **Dual**	Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a **single** check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than $250,000	$25
up to $250,000 *	$10

* *Any organization that contracted with or used the services of a professional fund raiser (PFR) of fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of $25, regardless of total support and revenue.*

b) ETPL filing fee

Net Worth at End of Year	EPTL Fee
Less than $50,000	$25
$50,000 or more, but less than $250,000	$50
$250,000 or more, but less than $1,000,000	$100
$1,000,000 or more, but less than $10,000,000	$250
$10,000,000 or more, but less than $50,000,000	$750
$50,000,000 or more	$1500

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6. Attachments — Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

X Single check or money order payable to 'NYS Department of Law'

Copies of Internal Revenue Service Forms

X **IRS Form 990**	___ **IRS Form 990-EZ**	___ **IRS Form 990-PF**
X Schedule A to IRS Form 990	___ Schedule A to IRS Form 990-EZ	
X Schedule B to IRS Form 990	___ Schedule B to IRS Form 990-EZ	___ Schedule B to IRS Form 990-PF
___ IRS Form 990-T	___ IRS Form 990-T	___ IRS Form 990-T

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

X Audit Report *(total support & revenue more than $250,000)*
___ Review Report *(total support & revenue $100,001 to $250,000)*
___ No Accountant's Report Required *(total support & revenue not more than $100,000)*