Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt from Income Tax

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

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

OMB No. 1545-0047

2002

Open to Public Inspection

A For the 2002 calendar year, or tax year beginning , 2002, and ending ,

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See specific instructions.

TREATMENT ACTION GROUP
611 BROADWAY #612
NEW YORK, NY 10012

D Employer Identification Number: 13-3624785

E Telephone number: 212-253-7922

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ►

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? . . . [ ] Yes [X] No

H (b) If 'Yes,' enter number of affiliates ►

H (c) Are all affiliates included? . . . . . [ ] Yes [ ] No
(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Enter 4-digit GEN . . . . . ►

M Check ► [ ] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: ► N/A

J Organization type (check only one) . . . . . ► [X] 501(c) 3 ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here ► [ ] if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 712,062.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

REVENUE	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	612,948.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c	87,750.		
	d Total (add lines 1a through 1c) (cash $ 697,882. noncash $ 2,816.)			1d	700,698.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3 Membership dues and assessments			3	
	4 Interest on savings and temporary cash investments			4	3,682.
	5 Dividends and interest from securities			5	
	6a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7 Other investment income (describe ►)			7	

	(A) Securities		(B) Other
8a Gross amount from sales of assets other than inventory	3,032.	8a	
b Less: cost or other basis and sales expenses	2,816.	8b	
c Gain or (loss) (attach schedule) Statement 1	216.	8c	

	d Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	216.
	9 Special events and activities (attach schedule)				
	a Gross revenue (not including $ 88,378. of contributions reported on line 1a)	9a	4,650.		
	b Less: direct expenses other than fundraising expenses	9b	10,320.		
	c Net income or (loss) from special events (subtract line 9b from line 9a) Statement 2			9c	-5,670.
	10a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11 Other revenue (from Part VII, line 103)			11	
	12 **Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	698,926.
EXPENSES	13 Program services (from line 44, column (B))			13	455,882.
	14 Management and general (from line 44, column (C))			14	100,288.
	15 Fundraising (from line 44, column (D))			15	53,264.
	16 Payments to affiliates (attach schedule)			16	
	17 **Total expenses** (add lines 16 and 44, column (A))			17	609,434.
NET ASSETS	18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	89,492.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	299,363.
	20 Other changes in net assets or fund balances (attach explanation) See Statement 3			20	-202.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	388,653.

COPY

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		**(A) Total**	**(B)** Program services	**(C)** Management and general	**(D)** Fundraising
22 Grants and allocations (att sch) (cash $ non-cash $)	**22**				
23 Specific assistance to individuals (att sch)	**23**				
24 Benefits paid to or for members (att sch)	**24**				
25 Compensation of officers, directors, etc	**25**				
26 Other salaries and wages	**26**	224,259.	172,794.	44,906.	6,559.
27 Pension plan contributions	**27**				
28 Other employee benefits	**28**				
29 Payroll taxes	**29**	16,756.	12,911.	3,355.	490.
30 Professional fundraising fees	**30**				
31 Accounting fees	**31**				
32 Legal fees	**32**				
33 Supplies	**33**	5,547.	2,601.	1,904.	1,042.
34 Telephone	**34**	16,507.	13,731.	2,206.	570.
35 Postage and shipping	**35**	2,623.	1,110.	323.	1,190.
36 Occupancy	**36**				
37 Equipment rental and maintenance	**37**				
38 Printing and publications	**38**	19,932.	13,117.	661.	6,154.
39 Travel	**39**	69,372.	62,138.	4,247.	2,987.
40 Conferences, conventions, and meetings	**40**				
41 Interest	**41**				
42 Depreciation, depletion, etc (attach schedule)	**42**	5,804.	4,472.	1,162.	170.
43 Other expenses not covered above (itemize):					
a See Statement 4	**43a**	248,634.	173,008.	41,524.	34,102.
b	**43b**				
c	**43c**				
d	**43d**				
e	**43e**				
44 **Total functional expenses** (add lines 22 - 43). **Organizations completing columns (B) - (D), carry these totals to lines 13 - 15**	**44**	609,434.	455,882.	100,288.	53,264.

COPY

Joint Costs. Check ► ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ► ☐ **Yes** ☒ **No**

If 'Yes,' enter **(i)** the aggregate amount of these joint costs $ _____; **(ii)** the amount allocated to program services $ _____; **(iii)** the amount allocated to management and general $ _____; and **(iv)** the amount allocated to fundraising $.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ► See Statement 5

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a See Statement 6 (Grants and allocations $)	455,882.
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), program services) ►	455,882.

Part IV Balance Sheets (See Instructions)

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
ASSETS					
45 Cash – non-interest-bearing			41,786.	**45**	99,348.
46 Savings and temporary cash investments			181,083.	**46**	229,906.
47a Accounts receivable	**47a**				
b Less: allowance for doubtful accounts	**47b**			**47c**	
48a Pledges receivable	**48a**	52,074.			
b Less: allowance for doubtful accounts	**48b**		47,240.	**48c**	52,074.
49 Grants receivable				**49**	
50 Receivables from officers, directors, trustees, and key employees (attach schedule)				**50**	
51a Other notes & loans receivable (attach sch)	**51a**				
b Less: allowance for doubtful accounts	**51b**			**51c**	
52 Inventories for sale or use				**52**	
53 Prepaid expenses and deferred charges				**53**	
54 Investments – securities (attach schedule) ► ☐ Cost ☐ FMV			4,889.	**54**	4,687.
55a Investments – land, buildings, & equipment: basis	**55a**				
b Less: accumulated depreciation (attach schedule)	**55b**			**55c**	
56 Investments – other (attach schedule)				**56**	
57a Land, buildings, and equipment: basis	**57a**	78,731.			
b Less: accumulated depreciation (attach schedule) Statement 7	**57b**	62,326.	19,430.	**57c**	16,405.
58 Other assets (describe ► See Statement 8)			16,174.	**58**	3,576.
59 **Total assets** (add lines 45 through 58) (must equal line 74)			310,602.	**59**	405,996.
LIABILITIES					
60 Accounts payable and accrued expenses			11,239.	**60**	17,343.
61 Grants payable				**61**	
62 Deferred revenue				**62**	
63 Loans from officers, directors, trustees, and key employees (attach schedule)				**63**	
64a Tax-exempt bond liabilities (attach schedule)				**64a**	
b Mortgages and other notes payable (attach schedule)				**64b**	
65 Other liabilities (describe ►)				**65**	
66 **Total liabilities** (add lines 60 through 65)			11,239.	**66**	17,343.
NET ASSETS OR FUND BALANCES					
Organizations that follow SFAS 117, check here ► [X] and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			208,760.	**67**	388,653.
68 Temporarily restricted			90,603.	**68**	
69 Permanently restricted				**69**	
Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 70 through 74.					
70 Capital stock, trust principal, or current funds				**70**	
71 Paid-in or capital surplus, or land, building, and equipment fund				**71**	
72 Retained earnings, endowment, accumulated income, or other funds				**72**	
73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21)			299,363.	**73**	388,653.
74 **Total liabilities and net assets/fund balances** (add lines 66 and 73)			310,602.	**74**	405,996.

COPY

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	**a**	709,044.
b	Amounts included on line **a** but not on line 12, Form 990:		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify): See Stm 9 $ -202.		
	Add amounts on lines **(1)** through **(4)**	**b**	-202.
c	Line **a** minus line **b**	**c**	709,246.
d	Amounts included on line 12, Form 990 but not on line **a:**		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): See Stm 10 $ -10,320.		
	Add amounts on lines **(1)** and **(2)**	**d**	-10,320.
e	Total revenue per line 12, Form 990 (line **c** plus line **d**)	**e**	698,926.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	**a**	619,754.
b	Amounts included on line **a** but not on line 17, Form 990:		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify): See Stmt 11 $ 10,320.		
	Add amounts on lines **(1)** through **(4)**	**b**	10,320.
c	Line **a** minus line **b**	**c**	609,434.
d	Amounts included on line 17, Form 990 but not on line **a:**		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): $		
	Add amounts on lines **(1)** and **(2)**	**d**	
e	Total expenses per line 17, Form 990 (line **c** plus line **d**)	**e**	609,434.

COPY

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(if not paid, enter -0-)**	**(D)** Contributions to employee benefit plans and deferred compensation	**(E)** Expense account and other allowances
See Statement 12		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ☐ **Yes** ☒ **No**

If 'Yes,' attach schedule — see instructions.

Part VI **Other Information** (See instructions.)

			Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		**76**		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		**77**		X
78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		**78a**		X
b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?		**78b**	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		**79**		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?		**80a**		X
b If 'Yes,' enter the name of the organization ► N/A and check whether it is ☐ exempt **or** ☐ nonexempt.				
81a Enter direct or indirect political expenditures. See line 81 instructions	**81a** 0.			
b Did the organization file **Form 1120-POL** for this year?		**81b**		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		**82a**		X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	**82b** N/A			
83a Did the organization comply with the public inspection requirements for returns and exemption applications?		**83a**	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		**83b**	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		**84a**		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**84b**	N/A	
85 *501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?		**85a**	N/A	
b Did the organization make only in-house lobbying expenditures of $2,000 or less?		**85b**	N/A	
If 'Yes' was answered to either 85a or 85b**, do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c Dues, assessments, and similar amounts from members	**85c** N/A			
d Section 162(e) lobbying and political expenditures	**85d** N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	**85e** N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	**85f** N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		**85g**	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		**85h**	N/A	
86 *501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12	**86a** N/A			
b Gross receipts, included on line 12, for public use of club facilities	**86b** N/A			
87 *501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders	**87a** N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**87b** N/A			
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		**88**		X
89a *501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.				
b *501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		**89b**		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.				
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ► 0.				
90a List the states with which a copy of this return is filed ► NEW YORK, PENNSYLVANIA				
b Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)		**90b**	0	

91 The books are in care of ► TREATMENT ACTION GROUP Telephone number ► 212-253-7922

Located at ► 611 BROADWAY, SUITE 612 NEW YORK, NY ZIP + 4 ► 10012

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041** — Check here N/A ► ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ► **92** N/A

COPY

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	3,682.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					216.
101 Net income or (loss) from special events			1	-5,670.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				-1,988.	216.
105 **Total** (add line 104, columns (B), (D), and (E)) ►					-1,772.

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

COPY

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ **Yes** ☒ **No**

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ **Yes** ☒ **No**

Note: *If 'Yes' to* **(b),** *file Form 8870* **and** *Form 4720 (see instructions).*

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

► Signature of officer | Date

► Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► | Date | Check if self-employed ► ☒ | Preparer's SSN or PTIN (see General Instruction W) 094-64-7506

Firm's name (or yours if self-employed) address, and ZIP + 4 ► Dinowitz & Bove, CPAs, 370 Lexington Avenue, Ste 905, New York, NY 10017

EIN ► 02-0632187

Phone no. ► 212-973-0935

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2002

Name of the organization: TREATMENT ACTION GROUP

Employer identification number: 13-3624785

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than $50,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account and other allowances
MARK HARRINGTON 611 EAST 11TH ST. NY NY 10009	POLICY DIRECTOR 40	78,860.	0.	0.
RICHARD JEFFREYS 204 WEST 21ST ST., NY NY 10011	PROJECT DIR. 40	57,996.	0.	0.
Total number of other employees paid over $50,000 ►	0			

COPY

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		0.
Total number of others receiving over $50,000 for professional services ► 0		

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

Part III Statements About Activities (See instructions.)

		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ► $ N/A **(Must equal amounts on line 38,** Part VI-A, or line **i** of Part VI-B.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)*			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e Transfer of any part of its income or assets?	2e		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See **Note** below.)	3		X
4 Do you have a section 403(b) annuity plan for your employees?	4		X

Note: *Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments.*

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ►

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

COPY

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ►	**(a)** 2001	**(b)** 2000	**(c)** 1999	**(d)** 1998	**(e)** Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	609,161.	787,226.	605,256.	441,881.	2,443,524.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	6,180.	39,015.	29,635.		74,830.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,368.	1,210.	483.	2,285.	8,346.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	619,709.	827,451.	635,374.	444,166.	2,526,700.
24 Line 23 minus line 17	613,529.	788,436.	605,739.	444,166.	2,451,870.
25 Enter 1% of line 23	6,197.	8,275.	6,354.	4,442.	

COPY

26 Organizations described on lines 10 or 11: **a** Enter 2% of amount in column (e), line 24 ► **26a** 49,037.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ► **26b** 450,305.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ► **26c** 2,451,870.

d Add: Amounts from column (e) for lines: **18** 8,346. **19** _____ **22** _____ **26b** 450,305. **26d** 458,651.

e Public support (line 26c minus line 26d total) ► **26e** 1,993,219.

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ► **26f** 81.29 %

27 Organizations described on line 12: N/A

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2001) _____ (2000) _____ (1999) _____ (1998) _____

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2),** enter the sum of these differences (the excess amounts) for each year:

(2001) _____ (2000) _____ (1999) _____ (1998) _____

c Add: Amounts from column (e) for lines: **15** _____ **16** _____ **17** _____ **20** _____ **21** _____ **27c**

d Add: Line 27a total _____ and line 27b total _____ **27d**

e Public support (line 27c total minus line 27d total) ► **27e**

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ► **27f**

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ► **27g** %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ► **27h** %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V **Private School Questionnaire** (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	**29**		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	**30**		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	**31**		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
32 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	**32a**		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	**32b**		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	**32c**		
d Copies of all material used by the organization or on its behalf to solicit contributions?	**32d**		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
33 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?	**33a**		
b Admissions policies?	**33b**		
c Employment of faculty or administrative staff?	**33c**		
d Scholarships or other financial assistance?	**33d**		
e Educational policies?	**33e**		
f Use of facilities?	**33f**		
g Athletic programs?	**33g**		
h Other extracurricular activities?	**33h**		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a Does the organization receive any financial aid or assistance from a governmental agency?	**34a**		
b Has the organization's right to such aid ever been revoked or suspended?	**34b**		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	**35**		

COPY

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ► **a** ☐ if the organization belongs to an affiliated group. Check ► **b** ☐ if you checked '**a**' and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		**(a)** Affiliated group totals	**(b)** To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	**36**		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	**37**		
38 Total lobbying expenditures (add lines 36 and 37)	**38**		
39 Other exempt purpose expenditures	**39**		
40 Total exempt purpose expenditures (add lines 38 and 39)	**40**		
41 Lobbying nontaxable amount. Enter the amount from the following table —			
If the amount on line 40 is— / **The lobbying nontaxable amount is—**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	**41**		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	**42**		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	**43**		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	**44**		
Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*			

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

	Lobbying Expenditures During 4 -Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	**(a)** 2002	**(b)** 2001	**(c)** 2000	**(d)** 1999	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

COPY

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	**Yes**	**No**	**Amount**
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines **c** through **h.**)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	**51 a (i)**		X
(ii) Other assets	**a (ii)**		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b (i)**		X
(ii) Purchases of assets from a noncharitable exempt organization	**b (ii)**		X
(iii) Rental of facilities, equipment, or other assets	**b (iii)**		X
(iv) Reimbursement arrangements	**b (iv)**		X
(v) Loans or loan guarantees	**b (v)**		X
(vi) Performance of services or membership or fundraising solicitations	**b (vi)**		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

COPY

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ► ☐ Yes ☒ No

b If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2002

Name of organization	Employer identification number
TREATMENT ACTION GROUP	13-3624785

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** *Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule — see instructions.)*

General Rule —

[ ] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules —

[X] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than $1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of $5,000 or more during the year.) . . . . . ► $ _____

COPY

Caution: *Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but* **must** *check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).*

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2002)

Name of organization: TREATMENT ACTION GROUP

Employer identification number: 13-3624785

Part I **Contributors** (See Instructions.)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THE ROYAL S. MARKS FOUNDATION 375 PARK AVENUE, SUITE 3303 NEW YORK, NY 10036	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	PFIZER INC 235 EAST 42ND STREET NEW YORK, NY 10017	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	AGOURON PHARMACEUTICALS 10350 NORTH TORREY PINES ROAD LA JOLLA, CA 92037-1020	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	BRISTOL-MEYERS SUIBB CO P.O. BOX 4500 PRINCETON, NJ 08543-4500	$ 68,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	MERCK & CO., INC. P.O. BOX 4 WEST POINT, PA 19486-0004	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	ROCHE PHARMACEUTICALS 340 KINGSLAND ST. BLDG 85-4 NUTLEY, NJ 07110-1199	$ 60,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

COPY

Name of organization: TREATMENT ACTION GROUP

Employer identification number: 13-3624785

Part I **Contributors** (See Instructions.)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	PAUL NEWMAN FOUNDATION 246 POST ROAD WESTPORT, CT 06880	$ 23,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8	BOEHRINGER INGELHEIM PHARMACEU 900 RIDGEBURY ROAD, PO BOX 368 RIDGEFIELD, CT 06877-0368	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
9	GLAXOSMITHKLINE One Franklin Plaza Philadelphia, PA 19102	$ 34,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
10	JP MORGAN CHASE New York, NY	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
11	OFFICE OF AIDS RESEARCH 9000 ROCKVILLE PIKE BETHESDA MD 20892	$ 87,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

COPY

Name of organization	Employer identification number
TREATMENT ACTION GROUP	13-3624785

Part II **Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

COPY

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization TREATMENT ACTION GROUP

Employer identification number 13-3624785

Part III **Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year** (Complete cols **(a)** through **(e) and** the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **$1,000 or less** for the year. (Enter this information once — see instructions.) ► $ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

COPY

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Form **8868**
(December 2000)

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).

Note: 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)

Note: Form 990-T corporations *requesting an automatic 6-month extension — check this box and complete Part I only* . . . . . ► [ ]

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

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 #612	
	City, town or post office. For a foreign address, see instructions. state ZIP code: 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

- 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-month, for **990-T corporation**) extension of time until 11/15, 20 03, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [X] calendar year 20 02 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 . . . . . $ 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 . . . . . $ 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 . . . . . $ 0.

COPY

Signature and Verification

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

Signature ► Title ► Date ►

BAA For 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 — Must File Original and One Copy.

Type or print

File by the extended due date for filing the return. See instructions.

Name of Exempt Organization: TREATMENT ACTION GROUP

Number, street, and room or suite number. If a P.O. box, see instructions.: 611 BROADWAY #612

City, town or post office, state, and ZIP code. For a foreign address, see instructions.: NEW YORK, NY 10012

Employer identification number: 13-3624785

For IRS Use Only

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

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

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

- 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 organizations four digit Group Exemption Number (GEN) . . . . _____ . If this is for the **whole** group, check this box . . . ► [ ] . If it is **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 03.

5 For calendar year 2002 , 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.

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 . . . . . $

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 . . . . . $

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 instructions . . . . . $

COPY

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 ►

Notice to Applicant — To be Completed by the IRS

[ ] We **have** approved this application. Please attach this form to the organization's return.

[ ] We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.

[ ] We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

[ ] We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.

[ ] Other: _____

Director By: _____ Date

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print

Name: Dinowitz & Bove, CPAs

Number and street (include suite, room, or apartment number) or a P.O. box number: 370 Lexington Avenue, Ste 905

City or town, province or state, and country (including postal or ZIP code): New York, NY 10017

Statement 1
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price:	3,032.
Cost or Other Basis:	2,816.
Total Gain (Loss) Publicly Traded Securities	$ 216.
Total Net Gain (Loss) From Noninventory Sales	$ 216.

Statement 2
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contri-butions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
RESEARCH AND ACTION AWARDS	81,906.	79,656.	2,250.	10,320.	-8,070.
KEY WEST	11,122.	8,722.	2,400.	0.	2,400.
Total	$ 93,028.	$ 88,378.	$ 4,650.	$ 10,320.	$ -5,670.

COPY

Statement 3
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Unrealized loss on marketable securities	$ -202.
Total	$ -202.

Statement 4
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Advertising	1,937.	377.	1,272.	288.
Bank charges	2,064.	305.	1,691.	68.
Consultants	73,806.	42,221.	16,410.	15,175.
Direct mail expense	16,898.			16,898.
Dues	12,030.	9,974.	1,420.	636.
Insurance	22,022.	9,951.	11,651.	420.
Payroll services	2,241.		2,241.	
Rent	17,212.	9,866.	6,766.	580.
Workshop	100,424.	100,314.	73.	37.
Total	$ 248,634.	$ 173,008.	$ 41,524.	$ 34,102.

Statement 5
Form 990 , Part III
Organization's Primary Exempt Purpose

Founded in January 1992, The Treatment Action Group is the only organization in the country dedicated solely to AIDS research advocacy. TAG focuses on the public and private AIDSresearch effort to improve the drug development process, speed the pace of medical advances in treating HIV disease andits 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.

Statement 6
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
Antivirals project:		
TAG staff and volunteers review the state of AIDS research on HIV antivirals and advocate for greater efforts in this area, specifically focusing on research to develop drugs that attack new HIV targets; are active against drug-resistant HIV strains; are easier to take (i.e., once-daily dosing); and have reduced toxicity profiles. TAG also advocates for the design and implementation of studies that will clarify when to start, interrupt and switch regimens in chronic HIV infection; for post-marketing studies that answer ingerine questions about newly-approved agents; and to educate and mobilize policymakers, researchers, and the HIV community on antiviral research.		
Federal Affairs / OAR project:		
TAG staff and consultants work 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 that are allocated are spent most effectively and efficiently.		
Basic Science project [formerly Pathogenesis]:		
TAG staff and consultants review the state of basic research on HIV/AIDS, including vaccine, microbicide, and pre-clinical drug discovery and development; indentify impediments to such research and make recommendations for addressing them; advocate for better and faster research into pathogenesis of HIV infection and the interactions between the virus and the immune system; and work to educate and mobilize policymakers, researchers, and the HIV community on basic science and vaccine development.		
Oncology / Infections project:		
TAG staff and volunteers review the state of research on the		

COPY

Statement 6 (continued)
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
opportunistic complications, infections, cancers, and co-infections related to HIV/AIDS, and advocate for greater efforts in this area while working to educate and mobilize policymakers, researchers, and the HIV community. Currently we have particular foci on tuberculosis (TB), the leading opportunisic infection and killer among PWAs worldwide, and hepatitis C virus (HVC), which may co-infect up to a quarter of all people with HIV in the U.S. and often leads up to end-stage liver disease.		
Community outreach program:		
TAG staff and consultants work locally, regionally, and nationally to educate communities affected by HIV about the latest developments in research and treatment and to train and mentor individuals to advocate on their own behalf. These activities include co-sponsoring periodic treatment education forums in New York City, playing a leadership role in the North American AIDS Treatment Action Forum (NATAF) and helping to organize trainings for the AIDS Treatment Activists Coalition (ATAC).		
TAGline / Website:		
TAG staff and consultants publish ten to twelve edtitions each year of the English/Spanish treatment policy newsletter, TAGline, as well as the bi-annual TAG Update, Annual Report, and frequent updates on the TAG world wide web site, www.treatmentactiongroup.org.		
International projects:		
TAG staff and consultants work with individuals and organizations in New York, in Washington, D.C., and around the world to catalyze more effective global interventions against the HIV pandemic. In 2002 TAG helped organize the first International Treatment Preparedness summit (ITPS), which was held in Cape Town, South Africa, in March 2003. TAG works to mobilize more effective international programs from the Global Fund to Fight AIDS, TB & Malaria (GFATM), UNAIDS, the U.S. government, the World Bank, the World Health Organization (WHO), and others.		455,882.
	$ 0.	$ 455,882.

COPY

Statement 7
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Machinery and Equipment	$ 78,731.	$ 62,326.	$ 16,405.
Total	$ 78,731.	$ 62,326.	$ 16,405.

Statement 8
Form 990, Part IV, Line 58
Other Assets

Prepaid expenses	$ 820.
Security deposits	2,756.
Total	$ 3,576.

Statement 9
Form 990, Part IV-A, Line b(4)
Other Amounts

Unrealized loss on investments	$ -202.
Total	$ -202.

COPY

Statement 10
Form 990, Part IV-A, Line d(2)
Other Amounts

Event expenses reported on line 9b	$ -10,320.
Total	$ -10,320.

Statement 11
Form 990, Part IV-B, Line b(4)
Other Amounts

Event expenses reported on line 9b	$ 10,320.
Total	$ 10,320.

Statement 12
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen-sation	Contri-bution to EBP & DC	Expense Account/ Other
ALBY P. MACCARONE, JR. c/o TAG, 611 BROADWAY NEW YORK, NY 10012	Director None	$ 0.	$ 0.	$ 0.
SALLY MORRISON c/o TAG, 611 BROADWAY NEW YORK, NY 10012	Director None	0.	0.	0.
MARK O'DONNELL c/o TAG, 611 BROADWAY NEW YORK, NY 10012	Director None	0.	0.	0.
LYNDA DEE, ESQ c/o TAG, 611 BROADWAY NEW YORK, NY 10012	DIRECTOR None	0.	0.	0.
BARBARA HUGHES c/o TAG, 611 BROADWAY NEW YORK, NY 10012	PRESIDENT None	0.	0.	0.
GREG THOMPSON c/o TAG, 611 BROADWAY NEW YORK, NY 10012	Director None	0.	0.	0.
LAURA MORRISON c/o TAG, 611 BROADWAY NEW YORK, NY 10012	SECRETARY/TREAS None	0.	0.	0.
BRUCE R. SHACKMAN, Ph.D. c/o TAG, 611 BROADWAY NEW YORK, NY 10012	DIRECTOR None	0.	0.	0.
RICHARD LYNN, Ph.D. c/o TAG, 611 BROADWAY NEW YORK, NY 10012	DIRECTOR None	0.	0.	0.
	Total	$ 0.	$ 0.	$ 0.

COPY