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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: TREATMENT ACTION GROUP, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) / Room/suite: 261 FIFTH AVENUE, #2110

City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10016

D Employer identification number: 13-3624785

E Telephone number: 212-253-7922

G Gross receipts $ 1,582,539.

F Name and address of principal officer: LAURA MORRISON
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.TREATMENTACTIONGROUP.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1992 **M** State of legal domicile: NY

Part I Summary

Activities & Governance

1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	18
6	Total number of volunteers (estimate if necessary)	6	16
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,115,228.	1,490,224.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,687.	2,815.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-76,955.	-34,468.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,042,960.	1,458,571.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	909,375.	1,415,311.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 158,831.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	963,289.	1,021,816.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,872,664.	2,437,127.
	19	Revenue less expenses. Subtract line 18 from line 12	170,296.	-978,556.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,851,951.	1,880,235.
	21	Total liabilities (Part X, line 26)	25,636.	41,213.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,826,315.	1,839,022.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ LAURA MORRISON, SECRETARY/TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ISRAEL TANNENBAUM				P01589203

Firm's name ▶ LOEB & TROPER LLP — Firm's EIN ▶ 13-1517563

Firm's address ▶ 655 THIRD AVENUE, 12TH FLOOR
NEW YORK, NY 10017 — Phone no. 212-867-4000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,206,632. including grants of $) (Revenue $)

SEE SCHEDULE O

4b (Code:) (Expenses $ 329,735. including grants of $) (Revenue $)

SEE SCHEDULE O

4c (Code:) (Expenses $ 242,159. including grants of $) (Revenue $)

SEE SCHEDULE O

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

(Expenses $ 319,183. including grants of $) (Revenue $)

4e Total program service expenses ▶ 2,097,709.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	11			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI ..... [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NY,CA,PA,FL

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

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

SCOTT MORGAN - 212-253-7922

261 FIFTH AVENUE, SUITE 2110, NEW YORK, NY 10016

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BARBARA HUGHES PRESIDENT	3.50	X		X				0.	0.	0.
(2) LAURA MORRISON SECRETARY/TREASURER	0.90	X		X				0.	0.	0.
(3) FRANK BUA DIRECTOR	0.20	X						0.	0.	0.
(4) JOY EPISALLA DIRECTOR	1.10	X						0.	0.	0.
(5) KEVIN GOETZ DIRECTOR	0.20	X						0.	0.	0.
(6) ROY M. GULICK, M.D. DIRECTOR	0.10	X						0.	0.	0.
(7) RICHARD LYNN, PH.D. DIRECTOR	0.10	X						0.	0.	0.
(8) ALBY P. MACCARONE, JR. DIRECTOR	0.30	X						0.	0.	0.
(9) ROBERT MONTELEONE DIRECTOR	0.60	X						0.	0.	0.
(10) JASON OSHER DIRECTOR	0.90	X						0.	0.	0.
(11) EARL L. PLANTE DIRECTOR	0.20	X						0.	0.	0.
(12) FRANK RAPPA DIRECTOR	0.70	X						0.	0.	0.
(13) FRANK R. SELVAGGI, CPA DIRECTOR	0.40	X						0.	0.	0.
(14) DAVID I. SIGAL DIRECTOR	0.30	X						0.	0.	0.
(15) WHITNEY M. SOGOL DIRECTOR	0.30	X						0.	0.	0.
(16) MONTE STEINMAN DIRECTOR	0.40	X						0.	0.	0.
(17) MARK HARRINGTON EXECUTIVE DIRECTOR	40.00			X				145,600.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) SCOTT W. MORGAN DEPUTY EXECUTIVE DIRECTOR	40.00			X				98,151.	0.	0.

	(D)	(E)	(F)
1b Sub-total ▶	243,751.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶	0.	0.	0.
d Total (add lines 1b and 1c) ▶	243,751.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII **Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 192,401.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,297,823.				
	g Noncash contributions included in lines 1a-1f: $ 166,000.					
	h **Total.** Add lines 1a-1f ▶		1,490,224.			
Program Service Revenue		Business Code				
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		2,815.			2,815.
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6 a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
	7 a Gross amount from sales of assets other than inventory	(i) Securities / (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8 a Gross income from fundraising events (not including $ 192,401. of contributions reported on line 1c). See Part IV, line 18	a 89,500.				
	b Less: direct expenses	b 123,968.				
	c Net income or (loss) from fundraising events ▶		-34,468.			-34,468.
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11 a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶					
	12 **Total revenue.** See instructions. ▶		1,458,571.	0.	0.	-31,653.

332009 10-29-13

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	243,752.	214,501.	21,938.	7,313.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	875,544.	758,632.	80,250.	36,662.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	95,101.	81,824.	9,294.	3,983.
10 Payroll taxes	200,914.	172,863.	19,636.	8,415.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	16,000.		16,000.	
d Lobbying	1,019.	1,019.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	142,218.	114,649.	427.	27,142.
12 Advertising and promotion				
13 Office expenses	249,250.	212,657.	16,712.	19,881.
14 Information technology	8,007.	6,094.	1,673.	240.
15 Royalties				
16 Occupancy	100,688.	88,605.	9,062.	3,021.
17 Travel	289,305.	286,016.	3,266.	23.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	196,912.	145,062.	573.	51,277.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,456.	10,961.	1,121.	374.
23 Insurance	5,961.	4,826.	635.	500.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	2,437,127.	2,097,709.	180,587.	158,831.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	27,209.	1	137,365.
	2	Savings and temporary cash investments	1,372,450.	2	1,224,326.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,091,547.	4	118,793.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	20,523.	9	30,594.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 88,360.			
	b	Less: accumulated depreciation — 10b: 63,218.	41,707.	10c	25,142.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	298,515.	15	344,015.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,851,951.	16	1,880,235.
Liabilities	17	Accounts payable and accrued expenses	25,636.	17	41,213.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	25,636.	26	41,213.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,761,603.	27	1,422,192.
	28	Temporarily restricted net assets	1,064,712.	28	416,830.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2,826,315.	33	1,839,022.
	34	Total liabilities and net assets/fund balances	2,851,951.	34	1,880,235.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,458,571.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,437,127.
3	Revenue less expenses. Subtract line 2 from line 1	3	-978,556.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,826,315.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-8,737.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,839,022.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII [X]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization	Employer identification number
TREATMENT ACTION GROUP, INC.	13-3624785

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of monetary support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,913,155.	1,911,769.	1,992,591.	2,112,847.	1,490,224.	9,420,586.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,913,155.	1,911,769.	1,992,591.	2,112,847.	1,490,224.	9,420,586.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,037,946.
6 **Public support.** Subtract line 5 from line 4.						5,382,640.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,913,155.	1,911,769.	1,992,591.	2,112,847.	1,490,224.	9,420,586.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,330.	5,136.	5,851.	4,687.	2,815.	25,819.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						9,446,405.

12 Gross receipts from related activities, etc. (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 56.98 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | 58.83 %

16a **33 1/3% support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A **Identification of Excess Contributions Included on Part II, Line 5** **2013**

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
	3,431,030.	3,242,102.
BILL & MELINDA GATES FOUNDATION	963,312.	774,384.
OPEN SOCIETY INSTITUTE	210,388.	21,460.

Total Excess Contributions to Schedule A, Part II, Line 5 .... 4,037,946.

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

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at** *www.irs.gov/form990* .

OMB No. 1545-0047

2013

Name of the organization TREATMENT ACTION GROUP, INC.

Employer identification number 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 boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total 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 ▶ $ ____________

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ELTON JOHN AIDS FOUNDATION 584 BROADWAY, SUITE 906 NEW YORK, NY 10012	$ 150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	FRANK SELVAGGI CPA 565 FIFTH AVE NEW YORK, NY 10017	$ 36,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	GENENTECH INC. PO BOX 9030 SOUTH SAN FRANCISCO, CA 94080	$ 45,770.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	GILEAD SCIENCES INC. 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	$ 105,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	GLAXOSMITHKLINE 5 CRESCENT DRIVE PHILADELPHIA, PA 19112	$ 55,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	JANSSEN SERVICES / PHARMACEUTICALS 1125 TRENTON-HARBOURTON ROAD TITUSVILLE, NJ 08560	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: TREATMENT ACTION GROUP, INC.

Employer identification number: 13-3624785

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JOHN M. LLOYD FOUNDATION 11777 SAN VINCENTE BOULEVARD SUITE 745 LOS ANGELES, CA 90049	$ 37,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	LEVI STRAUSS FOUNDATION 1155 BATTERY STREET SAN FRANCISCO, CA 94111	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	MERCK & CO. INC. 351 NORTH SUMNEYTOWN PIKE NORTH WALES, PA 19454	$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	OPEN SOCIETY INSTITUTE 224 W 57TH STREET, FRNT 1 NEW YORK, NY 10019	$ 210,388.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	VETERANS AFFAIRS MEDICAL CENTER OF WASHINGTON DC 50 IRVING STREET NW WASHINGTON, DC 20422	$ 123,315.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	WORLD HEALTH ORGANIZATION 20 AVENUE APPIA 1211 27 GENEVA, SWITZERLAND	$ 73,242.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	NAN GOLDIN C/O TAG, 261 FIFTH AVE #2110 NEW YORK, NY 10016	$ 130,000.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
13	TWENTY (20) ART PRINTS - "APOCALYPSE NYC 1990 / 2000, 2013"	$ 130,000.	09/20/13

(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
		$	

(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, INC.

Employer identification number: 13-3624785

Part III *Exclusively* **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(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

(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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

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If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures ▶ $
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
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.
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.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2010	**(b)** 2011	**(c)** 2012	**(d)** 2013	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		1,019.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			1,019.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

EXPLANATION: MET WITH STAFFERS OF VARIOUS SENATORS OR REPRESENTATIVES TO EDUCATE AND INFLUENCE SPENDING ON HIV/AIDS AND TB RESEARCH, DOMESTICALLY AND GLOBALLY.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

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Name of the organization: TREATMENT ACTION GROUP, INC.
Employer identification number: 13-3624785

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ 130,000.

b Assets included in Form 990, Part X ▶ $ 301,000.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☒ Yes ☐ No

Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶ ____%

b Permanent endowment ▶ ____%

c Temporarily restricted endowment ▶ ____%

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI **Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		81,258.	56,116.	25,142.
e Other		7,102.	7,102.	0.

Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ 25,142.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DONATED INVENTORY	301,000.
(2) SECURITY DEPOSITS	43,015.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	344,015.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,458,571.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	1,458,571.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	1,458,571.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	2,437,127.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	2,437,127.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	2,437,127.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4:

EXPLANATION: THE ART PRINTS ARE TO BE GIVEN TO MAJOR DONORS OF THE "RESEARCH IN ACTION AWARDS" EVENT.

PART X, LINE 2:

EXPLANATION: TAG HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. PERIODS ENDING DECEMBER 31, 2010 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

Part XIII **Supplemental Information** *(continued)*

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization: TREATMENT ACTION GROUP, INC.
Employer identification number: 13-3624785

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
KENYA	0	0	KHAIRUNISA SULEIMAN: STIPEND/EXPENSES FOR GENEXPERT HBC PROJECT	TB	8,315.
SWITZERLAND	0	0	ERICA LESSEM: TB BEDAQUILINE REVIEW WHO GENEVA	TB	1,557.
CANADA	0	0	COCO JERVIS: BC LUNG HEALTH VANCOUVER UNION NA MEETING	TB	2,550.
SPAIN	0	0	PLANETA SALUD SPAIN FOR SPANISH TRANSLATION TB R&D REPORT	TB	294.
SOUTH AFRICA	0	0	MIKE FRICK: SOUTH AFRICA VACCINE FORUM 02/12/13	TB	1,394.
SWITZERLAND	0	0	MARK HARRINGTON: GENEVA (& FRANKFURT) TB TARGETS POST 2015 MTG	TB	2,022.
ITALY	0	0	COLLEEN DANIELS CHILDHOOD TB MTG PADUA	TB	3,463.
RUSSIA/NETHERLANDS	0	0	DENIS GODLEVSKIY: RUSSIA TO AMSTERDAN FOR EASL	HCV	690.
3 a Sub-total	0	0			20,285.
b Total from continuation sheets to Part I	0	0			313,982.
c **Totals** (add lines 3a and 3b)	0	0			334,267.

Part I **Continuation of Activities per Region.** (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AFRICA	0	0	WIM VANDEVELDE PER DIEM ATTEND GLOBAL FORUM TBVX CAPETOWN MARCH 25>28	TB	458.
NETHERLANDS	0	0	TRACY SWAN& KARYN KAPLAN: AMSTERDAM 04/21/13 EASL	HCV	7,685.
NETHERLANDS	0	0	USB MEMORY DIRECT USB CARDS FOR EASL INCL CUSTOMS	HCV	3,219.
AUSTRALIA/NETHERLAND	0	0	JIMMY DORABJEE: AUSTRALIA TO AMSTERDAM FDOR EASL > NOTE: REFUNDED 06/0613	HCV	3,890.
INDIA	0	0	TAG TB INDIA ADVOCACY TRAINING	TB	83,914.
SWITZERLAND	0	0	COLLEEN DANIELS WHO GLI MEETING GENEVA	TB	2,517.
SPAIN	0	0	GTT BARCELONA SPAIN FOR TRANSLATION OF HCV DRUG FACT SHEETS	HCV	184.
FRANCE/SWITZERLAND	0	0	MARK HARRINGTON GENEVA WHO STOPTB NEW TOOLS - PARIS 2013 PIPELINE W/POLLY CLAYDEN	TB/HIV	6,268.
SA/MOZAMBIQUE	0	0	WIM VANDEVELDE ATTEND EATG/WHO 18TH CG MTH MAPUTO APRIL 10-12	TB	1,607.
LITHUANIA	0	0	KARYN KAPLAN: LITHUANIA 06/07/13	HCV	4,276.
Totals .... ▶					

Part I **Continuation of Activities per Region.** (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CANADA	0	0	KHAIRUNISA SULEIMAN (CAPE TOWN SOUTH AFRICA): TO MONTREAL FOR TB TRAINING COURSE	TB	4,851.
BELGIUM/SWITZERLAND	0	0	TRACY SWAN: ECAB BRUSSELS 06/17 - WHO/GENEVA 06/24	HCV	2,954.
MALAYSIA	0	0	MIKE FRICK: AIDS 2013 CONFERENCE KUALA LUMPUR	TB	3,109.
MALAYSIA	0	0	TIM HORN: AIDS 2013 CONFERENCE KUALA LUMPUR	HIV/COM	3,936.
MALAYSIA	0	0	JOE MCCONNELL: AIDS 2013 CONFERENCE KUALA LUMPUR	COM	3,067.
MALAYSIA	0	0	TAG COSTS > BOOTH & REPORTS/PRINTING, DISTRIBUTION, USB CARDS: AIDS 2013 CONFERENCE KUALA	COM	17,074.
SWITZERLAND	0	0	COLLEEN DANIELS WHO TB STAG GENEVA	TB	4,142.
GENEVA/MALAYSIA	0	0	IAC REGISTRATIONS AIDS 2013 WORLD CONF MALAYSIA	HCV	2,720.
PERU	0	0	LINDSAY MCKENNA: TRAININGS & SITE VISITS IN LIMA ON MDR-TB	TB	1,106.
FRANCE/GERMANY	0	0	TRACY SWAN & KARYN KAPLAN: PARIS SEPT MEDECINESDUMONDE - MUNICH INHSU SYMPOSIUM SPT 5/6	HCV	8,081.
Totals ▶					

Part I **Continuation of Activities per Region.** (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CANADA	0	0	MARK HARRINGTON: TORONTO CTAC 09/16		462.
KENYA	0	0	KHAIRUNISA SULEIMAN: STIPEND/EXPENSES FOR GENEXPERT HBC PROJECT (BALANCE)	TB	10,049.
CHINA	0	0	COLLEEN DANIELS TB MAC MODELING BEIJING	TB	674.
U.K.	0	0	ERICA LESSEM INTERTB 2013 U.K.	TB	1,193.
SPAIN	0	0	TRACY SWAN: ECAB STIGES	HCV	670.
FRANCE	0	0	TB CAB AND IUATLD PARIS	TB	119,934.
SWITZERLAND	0	0	COLLEEN DANIELS EXPAND TB WORKSHOP MTGS GENEVA	TB	271.
THAILAND	0	0	TTAG BANGKOK TAG CO-SPONSOR HCV/HIV ICAAP WORKSHOP NOV'13	HCV	2,195.
BARBADOS	0	0	KENYON FARROW: BARBADOS HIV ADVOCACY TRAININGS	POLICY	1,435.
THAILAND	0	0	KARYN KAPLAN: THAILAND 11/07 ICAAP	HCV	3,424.
Totals ▶					

Part I **Continuation of Activities per Region.** (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
U.K.	0	0	TRACY SWAN: UK HAART OC	HCV	392.
FRANCE	0	0	FEDEX RETURN SHIP TAG MATERIALS TO NYC 11/18	TB	618.
FRANCE	0	0	SHIP TAG MATERIALS TO IUATLD PARIS	TB	254.
THAILAND	0	0	KARYN KAPLAN: THAILAND 02/18/14	HCV	1,403.
THAILAND	0	0	TRACY SWAN: THAILAND 02/18/14	HCV	1,390.
FRANCE/BELGIUM	0	0	TRACY SWAN: FRANCE PENTA NETWORK - ECAB BRUSSELS	HCV	2,224.
SWITZERLAND	0	0	FEDEX TAG TB MATERIALS TO WHO GENEVA 12/24	TB	251.
BRAZIL	0	0	TB CRAG ADVOCACY SMALL GRANT TO EZIO TAVORA DOS SANTOS FILHO	TB	1,040.
KENYA	0	0	TB CRAG ADVOCACY SMALL GRANT TO FRANCIS GEORGE APINA	TB	1,045.
Totals ▶					313,982.

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Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated 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)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3 Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated 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)

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* ☐ Yes ☒ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☒ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* ☐ Yes ☒ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* ☐ Yes ☒ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047
2013
Open To Public Inspection

Name of the organization: TREATMENT ACTION GROUP, INC.
Employer identification number: 13-3624785

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [ ] Yes [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.

(i) Name and address 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 ▶						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		RIAA	PDC	NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	266,501.	15,400.		281,901.
	2 Less: Contributions	177,001.	15,400.		192,401.
	3 Gross income (line 1 minus line 2)	89,500.			89,500.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	93,272.			93,272.
	6 Rent/facility costs	8,644.			8,644.
	7 Food and beverages	13,942.	7,861.		21,803.
	8 Entertainment				
	9 Other direct expenses		249.		249.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				123,968.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-34,468.

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 Noncash 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. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities: ____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: ____

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

b If "Yes," explain: ____

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

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter 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 contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ________ and the amount of gaming revenue retained by the third party ▶ $ ________ .

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at** www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: TREATMENT ACTION GROUP, INC.

Employer identification number: 13-3624785

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1	130,000.	SELLING VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EVENT SUPPLIE)	X	6	36,000.	SELLING VALUE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: THIS REFERS TO THE NUMBER OF CONTRIBUTORS.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization	Employer identification number
TREATMENT ACTION GROUP, INC.	13-3624785

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

TREATMENT ACTION GROUP ("TAG") IS A NOT-FOR-PROFIT ORGANIZATION INCORPORATED UNDER THE LAWS OF THE STATE OF NEW YORK. FOUNDED IN 1992, TAG IS AN INDEPENDENT AIDS RESEARCH AND POLICY THINK TANK FIGHTING FOR BETTER TREATMENT, A VACCINE, AND A CURE FOR AIDS.

FORM 990, PART III, LINE 1

EXPLANATION: TAG WORKS TO ENSURE THAT ALL PEOPLE WITH HIV RECEIVE LIFESAVING TREATMENT, CARE, AND INFORMATION. WE ARE SCIENCE-BASED TREATMENT ACTIVISTS WORKING TO EXPAND AND ACCELERATE VITAL RESEARCH AND EFFECTIVE COMMUNITY ENGAGEMENT WITH RESEARCH AND POLICY INSTITUTIONS. TAG CATALYZES OPEN COLLECTIVE ACTION BY ALL AFFECTED COMMUNITIES, SCIENTISTS, AND POLICY MAKERS TO END AIDS.

FORM 990, PART III, LINE 4A

EXPLANATION: TB/HIV PROJECT:

TUBERCULOSIS (TB) KILLS ROUGHLY 1.3 MILLION PEOPLE EACH YEAR. DESPITE BEING CURABLE, IT IS THE LEADING CAUSE OF DEATH FOR HIV-POSITIVE PEOPLE GLOBALLY. HIV SIGNIFICANTLY INCREASES THE RISK OF DEVELOPING TUBERCULOSIS DISEASE. PEOPLE AT RISK FOR BOTH DISEASES REQUIRE TUBERCULOSIS AND HIV SERVICES THAT WORK TOGETHER TO ADDRESS THEIR NEEDS. THE TREATMENT ACTION GROUP⊘ TB/HIV PROJECT STRENGTHENS COMMUNITY-DRIVEN ADVOCACY FOR BETTER TB/HIV RESEARCH, HIGH-QUALITY

Name of the organization: TREATMENT ACTION GROUP, INC.

Employer identification number: 13-3624785

PROGRAMS, AND TB POLICIES WORLDWIDE. THE TB/HIV COINFECTION PROJECT EDUCATES, MOBILIZES AND EMPOWERS HIV COMMUNITIES TO INCREASE COMMUNITY UNDERSTANDING OF TB/HIV COINFECTION AND TO TAKE ACTION TO REDUCE TB/HIV COINFECTION. THE PROGRAM WORKS WITH RESEARCHERS, COMMUNITY ADVOCATES, POLICYMAKERS AND GLOBAL COALITIONS TO INCREASE THE QUANTITY AND IMPROVE THE QUALITY OF RESEARCH THAT CAN LEAD TO IMPROVED TREATMENT; BETTER TB PREVENTION; NEW AND PRECISE TB DIAGNOSTICS; AND VACCINES THAT MAY PREVENT TB INFECTION.

FORM 990, PART III, LINE 4B

EXPLANATION: HEPATITIS C VIRUS (HCV) PROJECT:

HEPATITIS C VIRUS (HCV) RELATED LIVER DISEASE HAS BECOME A LEADING CAUSE OF DEATH AMONG HIV-POSITIVE PEOPLE IN THE UNITED STATES AND EUROPE. GLOBALLY, FIVE MILLION HIV-POSITIVE PEOPLE ARE CO-INFECTED WITH HCV. HIV WORSENS HCV DISEASE PROGRESSION AND OUTCOMES. THE TREATMENT ACTION GROUP® HCV PROJECT REVIEWS THE STATE OF RESEARCH ON HCV MONO-INFECTION AND COINFECTION, AND ADVOCATES FOR BETTER AND SAFER TREATMENTS. THE HCV PROJECT ADVOCATES FOR BETTER CLINICAL TRIAL DESIGNS, ACCESS TO TREATMENT FOR ALL AFFECTED COMMUNITIES, AND CONTINUALLY MONITORS STANDARDS OF CARE FOR PEOPLE WITH HCV MONO- AND COINFECTION. THE PROJECT WORKS IN COLLABORATION WITH HCV AND HIV COMMUNITY, SCIENTISTS, GOVERNMENT, AND DRUG COMPANIES TO MAKE LIFESAVING INFORMATION AND SAFER, MORE TOLERABLE, AND MORE EFFECTIVE HEPATITIS TREATMENT AVAILABLE TO ALL PEOPLE WHO NEED IT. IN 2012 THE HCV PROJECT EXPANDED ITS SCOPE TO TAKE ON THE CHALLENGE OF ACCELERATING INTERNATIONAL ACCESS TO CUTTING-EDGE DIAGNOSIS AND TREATMENT FOR HCV,

Name of the organization: TREATMENT ACTION GROUP, INC.
Employer identification number: 13-3624785

AND IS WORKING WITH PARTNERS GLOBALLY TO IMPLEMENT THIS WORK, WHILE CONTINUING TO WORK TO ACCELERATE THE DEVELOPMENT AND APPROPRIATE TESTING OF NEW SHORT-COURSE COMBINATION ALL-ORAL CURES FOR HCV.

FORM 990, PART III, LINE 4C

EXPLANATION: HIV PROJECT:

EACH DAY, MORE THAN 4,000 PEOPLE WORLDWIDE DIE OF HIV DISEASE. THIS IMMENSE PUBLIC HEALTH FAILURE CAN BE ATTRIBUTED TO A DENSE WEB OF MEDICAL, POLITICAL, AND ECONOMIC PROBLEMS. THE VAST MAJORITY OF THE WORLD? 35 MILLION HIV-POSITIVE PEOPLE LIVE IN POOR COUNTRIES WHERE MANY OBSTACLES PREVENT THE WIDESPREAD DISTRIBUTION OF HIV DRUGS. BUT EVEN THE MOST EFFECTIVE EXISTING DRUGS HAVE MAJOR SHORTCOMINGS, AND HIV-POSITIVE PEOPLE EVERYWHERE NEED BETTER TREATMENT STRATEGIES. TAG? HIV PROJECT REVIEWS THE STATE OF RESEARCH ON ANTI-HIV DRUG DISCOVERY, DEVELOPMENT, DISSEMINATION, AND POST-MARKETING SURVEILLANCE. THE HIV PROJECT ADVOCATES FOR ACCELERATED ACCESS TO TREATMENTS; INNOVATION IN THE DEVELOPMENT OF TREATMENTS WHICH ARE ACTIVE AGAINST DRUG-RESISTANT HIV; DEVELOPMENT OF HIV TREATMENTS THAT ARE EASIER TO TAKE, THAT ARE 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 HIV TREATMENT RESEARCH.

TAG WORKS WITH HIV COMMUNITY MEMBERS, SCIENTISTS, AND POLICY MAKERS TO

Name of the organization: TREATMENT ACTION GROUP, INC.

Employer identification number: 13-3624785

ENHANCE PUBLIC UNDERSTANDING OF THE SCIENCE OF HIV INFECTION, ADDRESS GAPS IN HIV RESEARCH, CRITIQUE RESEARCH EFFORTS, AND FOSTER CROSS-DISCIPLINARY COLLABORATIONS WITH THE AIM OF ACCELERATING RESEARCH INTO HIV PATHOGENESIS AND SPEEDING THE DEVELOPMENT OF EFFECTIVE IMMUNE-BASED THERAPIES, PREVENTIVE TECHNOLOGIES, WITH A PARTICULAR FOCUS RESEARCH ADVOCACY AROUND A CURE FOR HIV.

IN 2013, TAG HIRED A HIV PREVENTION RESEARCH AND POLICY COORDINATOR TO TAKE ON THE TASK OF TRACKING AND ANALYZING RESOURCES DEVOTED TOWARD HIV PREVENTION AND COMBINED PREVENTION TECHNOLOGIES. WE ADVOCATE FOR ENSURING LOCAL, STATE AND NATIONAL AGENCIES AND AIDS SERVICE ORGANIZATIONS HAVE INCREASED AWARENESS AND KNOWLEDGE OF UP-TO-DATE PREVENTION TOOLS IN AN EFFORT TO SET THE GROUNDWORK FOR THE EVENTUAL END OF THE HIV EPIDEMIC. ALSO, IN 2013, TAG INITIATED A PROJECT TO REVITALIZE THE U.S. NATIONAL HIV/AIDS STRATEGY, WORKING WITH ACTIVISTS, RESEARCHERS, PUBLIC HEALTH AND GOVERNMENT OFFICIALS TO CAPITALIZE ON NEW SCIENCE AND POLICY DEVELOPMENTS TO CREATE A MORE AMBITIOUS U.S. HIV/AIDS STRATEGY IN ORDER TO HASTEN THE END OF THE HIV EPIDEMIC IN THE UNITED STATES.

TAG® BSVC PROJECT BRINGS TOGETHER BASIC AND CLINICAL SCIENTISTS, GOVERNMENT OFFICIALS, REGULATORS, RESEARCHERS, AND COMMUNITY RESEARCH ADVOCATES TO WORK TOGETHER TO INCREASE FUNDING, ATTENTION, AND BASIC AND CLINICAL SCIENCE TO IDENTIFY STRATEGIES WHICH WILL LEAD TO AN HIV CURE.

FINALLY, TAG WORKS WITH GLOBAL AND DOMESTIC PARTNERS FOR UNIVERSAL ACCESS TO HIGH-QUALITY AIDS PREVENTION, TREATMENT, AND CARE PROGRAMS.

Name of the organization: TREATMENT ACTION GROUP, INC. | Employer identification number: 13-3624785

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CURE PROJECT:

A BETTER UNDERSTANDING OF HOW HIV CAUSES DISEASE (HIV PATHOGENESIS) IS ESSENTIAL TO DISCOVER BETTER TREATMENTS, INCLUDING IMMUNE-BASED THERAPIES FOR PEOPLE WHOSE IMMUNE SYSTEMS ARE NOT FULLY RESTORED BY ANTIRETROVIRAL THERAPY; PREVENTIVE TECHNOLOGIES SUCH AS VACCINES, MICROBICIDES, POST-EXPOSURE PROPHYLAXIS AND PRE-EXPOSURE PROPHYLAXIS (PEP AND PREP); AND A CURE FOR HIV/AIDS. TAG© ACCELERATING RESEARCH TO CURE AIDS CAMPAIGN AIMS TO ACCELERATE BASIC AND CLINICAL SCIENCE TO DISCOVER, DEVELOP, AND DISSEMINATE GLOBALLY A CURE FOR HIV INFECTION - DEFINED EITHER AS A STERILIZING CURE (ELIMINATE HIV COMPLETELY FROM THE BODY) OR A FUNCTIONAL CURE (LIFELONG REMISSION WITHOUT DISEASE PROGRESSION, VIREMIA, OR TRANSMISSION).

AS PART OF THE CURE PROJECT, TAG COSPONSORED THE INTERNATIONAL AIDS SOCIETY (IAS) GLOBAL SCIENTIFIC STRATEGY TOWARDS AN HIV-1 CURE, WORKS WITH THE FOUNDATION FOR AIDS AND IMMUNE RESEARCH (FAIR) TO DIRECT CURE RESEARCH FUNDING, AND WORKS WITH AMFAR, PROJECT INFORM, AND OTHERS TO COORDINATE INTERNATIONAL STAKEHOLDER CONSULTATIONS ON THE BEST WAY FORWARD FOR CURE RESEARCH.

CROSS-PROGRAMMATIC FUNCTIONS (COMMUNICATIONS AND ADVOCACY, U.S. AND GLOBAL HEALTH POLICY PROJECT):

TAG ADVOCATES FOR INCREASED U.S. GOVERNMENT FUNDING FOR RESEARCH AND DEVELOPMENT THAT CAN LEAD TO BETTER AND MORE ACCESSIBLE TREATMENT OR VACCINES FOR HIV/AIDS, TB AND HCV. TAG PROGRAMS WORK IN COLLABORATION

Name of the organization: TREATMENT ACTION GROUP, INC.

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WITH GLOBAL HEALTH COALITIONS TO ENSURE EFFECTIVE GLOBAL AIDS, TB AND HCV PROGRAMS. TAG WORKS WITH GLOBAL HEALTH ADVOCATES AND ACTIVISTS IN OTHER DONOR AND DEVELOPING COUNTRIES TO PROMOTE AND ADVANCE A COMMON AGENDA OF UNIVERSAL ACCESS TO HIGH QUALITY, AFFORDABLE AND EQUITABLE HEALTH CARE SERVICES. EACH TAG PROGRAM CREATES AND PUBLISHES NEWSLETTERS, PROGRAM-SPECIFIC PUBLICATIONS, BRIEFS, PRESENTATIONS AND/OR TOOLKITS THAT CAN BE USED FOR THE PURPOSES OF PATIENT EDUCATION, ADVOCACY ACTIVITIES, COALITION BUILDING AND ADVANCING RESEARCH. PUBLICATIONS INCLUDE TAG® SIGNATURE PIPELINE REPORT THAT DOCUMENTS AND CRITIQUES THE CURRENT STATE OF TREATMENT AND THE DEVELOPMENT OF NEW TREATMENTS, VACCINES AND DIAGNOSTICS FOR THE DISEASE AREAS COVERED BY TAG® PROGRAMS. THE TAG WEBSITE PROVIDES ACCESS TO ALL TAG PUBLICATIONS, FREE OF CHARGE, FOR DOWNLOAD ANYWHERE IN THE WORLD. THE WEBSITE INCLUDES PROGRAM INFORMATION AS WELL AS INFORMATION ON RELEVANT EVENTS AND CONFERENCES, PRESS RELEASES, PAST NEWSLETTERS, ANNUAL REPORTS, ALONG WITH CRITIQUE AND ANALYSIS OF DEVELOPMENTS IN MANY OF TAG® PROGRAM AREAS.

TAG EDUCATES COMMUNITIES AFFECTED BY HIV, HCV AND TB AROUND THE U.S. AND THROUGHOUT THE WORLD ABOUT THE LATEST DEVELOPMENTS IN RESEARCH, PREVENTION, AND TREATMENT. TAG ALSO TRAINS AND MENTORS LEADERS OF COMMUNITY-BASED ORGANIZATIONS AND NETWORKS TO STRENGTHEN THEIR ADVOCACY AND SCIENTIFIC LITERACY AROUND HIV, HCV AND TB. TAG STAFF WORK WITH INDIVIDUALS AND ORGANIZATIONS IN THE U.S. AND AROUND THE WORLD TO CATALYZE MORE EFFECTIVE GLOBAL INTERVENTIONS AGAINST THE HIV PANDEMIC AND PREVALENT COINFECTIONS, AND TO STRENGTHEN TREATMENT EDUCATION AND LITERACY EFFORTS IN DEVELOPING COUNTRIES.

EXPENSES $ 319,183. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

Name of the organization	Employer identification number
TREATMENT ACTION GROUP, INC.	13-3624785

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: A DRAFT OF FORM 990 WAS SENT TO MEMBERS OF THE FINANCE COMMITTEE FOR REVIEW

FORM 990, PART VI, SECTION B, LINE 12:

EXPLANATION: EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: COMPENSATION OF ALL EMPLOYEES EXCEPT EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ORGANIZATION'S GOVERMENT DOCUMENTS ARE AVAILABLE UPON REQUEST. ANNUAL REPORTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON DISPOSAL OF FIXED ASSETS -8,737.

FORM 990, PART XII, LINE 2C

EXPLANATION: THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES											
2	FURNITURE AND FIXTURES	010110	SL	5.00	16	7,102.			7,102.	6,518.		584.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR					7,102.		0.	7,102.	6,518.	0.	584.
	MACHINERY & EQUIPMENT											
1	COMPUTERS AND EQUIPMENT	010110	SL	5.00	16	81,258.			81,258.	44,244.		11,872.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					81,258.		0.	81,258.	44,244.	0.	11,872.
	* GRAND TOTAL 990 PAGE 10 DEPR					88,360.		0.	88,360.	50,762.	0.	12,456.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- 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).

Enter filer's identifying number, see instructions

Type or print		
File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. TREATMENT ACTION GROUP, INC.	Employer identification number (EIN) or 13-3624785
	Number, street, and room or suite no. If a P.O. box, see instructions. 261 FIFTH AVENUE, #2110	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10016	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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 the care of ▶ SCOTT MORGAN
261 FIFTH AVENUE, SUITE 2110 - NEW YORK, NY 10016
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 NOVEMBER 15, 2014.

5 For calendar year 2013 , or other tax year beginning ______ , and ending ______ .

6 If the tax year entered in line 5 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 NECESSARY TO FILE A COMPLETE RETURN IS NOT YET AVAILABLE.
IT IS ANTICIPATED ALL DATA WILL BE AVAILABLE PRIOR TO THE DUE DATE.

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$ 0.
b	If this application is for Forms 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	$ 0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.

Signature and Verification must be completed for Part II only.

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 ▶ CPA Date ▶

323842
12-31-13

TAXABLE YEAR **2013**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy) .

Corporation/Organization Name	California corporation number
TREATMENT ACTION GROUP, INC.	
Address (suite, room, or PMB no.) 261 FIFTH AVENUE, #2110	FEIN 13-3624785
City NEW YORK / State NY / ZIP Code 10016	

A First Return ☐ Yes ☒ No

B Amended Information Return ● ☐ Yes ☒ No

C IRC Section 4947(a)(1) trust ☐ Yes ☒ No

D Final Information Return?
● ☐ Dissolved ● ☐ Surrendered (Withdrawn)
● ☐ Merged/Reorganized Enter date: (mm/dd/yyyy) ●

E Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

F Federal return filed? (1)● ☐ 990T (2)● ☐ 990 PF (3)● ☐ Sch H (990)

G Is this a group filing for the subordinates/affiliates? ● ☐ Yes ☒ No
If "Yes," attach a roster. See instructions

H Is this organization in a group exemption? ☐ Yes ☒ No
If "Yes," what is the parent's name?

I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? ● ☐ Yes ☒ No
If "Yes," explain, and attach copies of revised documents.

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? ● ☐ Yes ☒ No
If "Yes," complete and attach form FTB 3509.

K Is the organization exempt under R&TC Section 23701g? ● ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources $

L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. ● ☐

M Is the organization a Limited Liability Company? ● ☐ Yes ☒ No

N Did the organization file Form 100 or Form 109 to report taxable income? ● ☐ Yes ☒ No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? ● ☐ Yes ☒ No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Section	Line	Description		Amount
Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●	1	92,315. 00
	2	Gross dues and assessments from members and affiliates ●	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1 ●	3	1,490,224. 00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2 **This line must be completed.** If the result is less than $50,000, see General Instruction B ●	4	1,582,539. 00
	5	Cost of goods sold ● 5: 00		
	6	Cost or other basis, and sales expenses of assets sold ● 6: 00		
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4 ●	8	1,582,539. 00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 ●	9	2,561,095. 00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●	10	-978,556. 00
Filing Fee	11	Filing fee $10 or $25. See General Instruction F	11	10. 00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K ●	14	00
	15	**Balance due.** Add line 11, line 13, and line 14. Then subtract line 12 from the result ◉	15	10. 00

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶ Title SECRETARY/TREA Date ● Telephone

Paid Preparer's Use Only

Preparer's signature ▶ Date Check if self-employed ▶ ☐ ● PTIN P01589203

Firm's name (or yours, if self-employed) and address ▶ LOEB & TROPER LLP
655 THIRD AVENUE, 12TH FLOOR
NEW YORK, NY 10017

● FEIN 13-1517563
● Telephone 212-867-4000

May the FTB discuss this return with the preparer shown above? See instructions ● ☐ Yes ☐ No

Part II Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	1	89,500. 00
	2 Interest	2	2,815. 00
	3 Dividends	3	00
	4 Gross rents	4	00
	5 Gross royalties	5	00
	6 Gross amount received from sale of assets (See Instructions)	6	00
	7 Other income	7	00
	8 **Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	92,315. 00
Expenses and Disbursements	9 Contributions, gifts, grants, and similar amounts paid	9	00
	10 Disbursements to or for members	10	00
	11 Compensation of officers, directors, and trustees SEE STATEMENT 3	11	243,752. 00
	12 Other salaries and wages	12	875,544. 00
	13 Interest	13	00
	14 Taxes	14	200,914. 00
	15 Rents	15	100,688. 00
	16 Depreciation and depletion (See instructions)	16	12,456. 00
	17 Other Expenses and Disbursements SEE STATEMENT 4	17	1,127,741. 00
	18 **Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	2,561,095. 00

Schedule L Balance Sheets

Assets	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
1 Cash		1,399,659.		1,361,691.
2 Net accounts receivable		1,091,547.		118,793.
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets	99,808.		88,360.	
b Less accumulated depreciation	(58,101.)	41,707.	(63,218.)	25,142.
11 Land				
12 Other assets STMT 5		319,038.		374,609.
13 Total assets		2,851,951.		1,880,235.
Liabilities and net worth				
14 Accounts payable		25,636.		41,213.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities				
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		2,826,315.		1,839,022.
22 Total liabilities and net worth		2,851,951.		1,880,235.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

1 Net income per books	-978,556.	7 Income recorded on books this year not included in this return.	
2 Federal income tax			
3 Excess of capital losses over capital gains		8 Deductions in this return not charged against book income this year	
4 Income not recorded on books this year			
5 Expenses recorded on books this year not deducted in this return		9 Total. Add line 7 and line 8	
6 Total. Add line 1 through line 5	-978,556.	10 Net income per return. Subtract line 9 from line 6	-978,556.

FORM 199 CASH CONTRIBUTIONS OF $5000 OR MORE INCLUDED ON PART I, LINE 3 STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
AMFAR, THE FOUNDATION FOR AIDS RESEARCH	120 WALL ST, 13TH FLOOR NEW YORK, NY 10005		10,000.
BRISTOL-MYERS SQUIBB COMPANY	777 SCUDDERS MILL ROAD PLAINSBORO, NJ 08540		14,000.
BROADWAY CARES	165 WEST 46TH ST #1300 NEW YORK, NY 10036		20,000.
BOEHRINGER INGELHEIM	PO BOX 900 RIDGEFIELD, CT 06877		12,000.
DEBS FOUNDATION	ONE BEEKMAN PLACE NEW YORK, NY 10022		13,000.
ELTON JOHN AIDS FOUNDATION	584 BROADWAY, SUITE 906 NEW YORK, NY 10012		150,000.
FRANK SELVAGGI CPA	565 FIFTH AVE NEW YORK, NY 10017		36,500.
GENENTECH INC.	PO BOX 9030 SOUTH SAN FRANCISCO, CA 94080		45,770.
GESSO FOUNDATION	PO BOX 1562 NEW YORK, NY 10013		17,500.
GILEAD SCIENCES INC.	333 LAKESIDE DRIVE FOSTER CITY, CA 94404		105,000.
GLAXOSMITHKLINE	5 CRESCENT DRIVE PHILADELPHIA, PA 19112		55,000.
GLOBAL ALLIANCE FOR TB DRUG DEVELOPMENT	40 WALL STREET NEW YORK, NY 10005		13,650.
JANSSEN SERVICES / PHARMACEUTICALS	1125 TRENTON-HARBOURTON ROAD TITUSVILLE, NJ 08560		30,000.
JOHN M. LLOYD FOUNDATION	11777 SAN VINCENTE BOULEVARD SUITE 745 LOS ANGELES, CA 90049		37,500.
LEVI STRAUSS FOUNDATION	1155 BATTERY STREET SAN FRANCISCO, CA 94111		50,000.

MAC AIDS FUND	130 PRINCE ST., 4TH FLR. NEW YORK, NY 10012	10,000.
MERCK & CO. INC.	351 NORTH SUMNEYTOWN PIKE NORTH WALES, PA 19454	35,000.
OPEN SOCIETY INSTITUTE	224 W 57TH STREET, FRNT 1 NEW YORK, NY 10019	210,388.
SIGAL FAMILY FOUNDATION	2909 44TH ST NW WASHINGTON, DC 20016	10,000.
THE ELIZABETH TAYLOR AIDS FOUNDATION	269 S. BEVERLY DR., SUITE 147 BEVERLY HILLS, CA 90212	10,000.
VETERANS AFFAIRS MEDICAL CENTER OF WASHINGTON DC	50 IRVING STREET NW WASHINGTON, DC 20422	123,315.
PHILANTHROPY GROUP	333 SOUTH GRAND ST. 12 FLR. LOS ANGELES, CA 90071	10,000.
WORLD HEALTH ORGANIZATION	20 AVENUE APPIA 1211 27, GENEVA, SWITZERLAND	73,242.
JOY TOMCHIN	252 SEVENTH AVE., APT. 15D NEW YORK, NY 10011	14,961.
TOTAL INCLUDED ON LINE 3		1,106,826.

FORM 199 NONCASH CONTRIBUTIONS OF $5000 OR MORE INCLUDED ON PART I, LINE 3 STATEMENT 2

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS
NAN GOLDIN	C/O TAG, 261 FIFTH AVE #2110 NEW YORK, NY 10016

PROPERTY DESCRIPTION

TWENTY (20) ART PRINTS - "APOCALYPSE NYC 1990 / 2000, 2013"

DATE OF GIFT	FMV OF GIFT	AMOUNT OF GIFT
09/20/13	130,000.	130,000.

TOTAL INCLUDED ON LINE 3 130,000.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
BARBARA HUGHES 261 FIFTH AVENUE, #2110 NEW YORK, NY 10016	PRESIDENT 3.50	0.
LAURA MORRISON 261 FIFTH AVENUE, #2110 NEW YORK, NY 10016	SECRETARY/TREASURER 0.90	0.
FRANK BUA 261 FIFTH AVENUE, #2110 NEW YORK, NY 10016	DIRECTOR 0.20	0.
JOY EPISALLA 261 FIFTH AVENUE, #2110 NEW YORK, NY 10016	DIRECTOR 1.10	0.
KEVIN GOETZ 261 FIFTH AVENUE, #2110 NEW YORK, NY 10016	DIRECTOR 0.20	0.

ROY M. GULICK, M.D. 261 FIFTH AVENUE, #2110 NEW YORK, NY 10016	DIRECTOR 0.10	0.
RICHARD LYNN, PH.D. 261 FIFTH AVENUE, #2110 NEW YORK, NY 10016	DIRECTOR 0.10	0.
ALBY P. MACCARONE, JR. 261 FIFTH AVENUE, #2110 NEW YORK, NY 10016	DIRECTOR 0.30	0.
ROBERT MONTELEONE 261 FIFTH AVENUE, #2110 NEW YORK, NY 10016	DIRECTOR 0.60	0.
JASON OSHER 261 FIFTH AVENUE, #2110 NEW YORK, NY 10016	DIRECTOR 0.90	0.
EARL L. PLANTE 261 FIFTH AVENUE, #2110 NEW YORK, NY 10016	DIRECTOR 0.20	0.
FRANK RAPPA 261 FIFTH AVENUE, #2110 NEW YORK, NY 10016	DIRECTOR 0.70	0.
FRANK R. SELVAGGI, CPA 261 FIFTH AVENUE, #2110 NEW YORK, NY 10016	DIRECTOR 0.40	0.
DAVID I. SIGAL 261 FIFTH AVENUE, #2110 NEW YORK, NY 10016	DIRECTOR 0.30	0.
WHITNEY M. SOGOL 261 FIFTH AVENUE, #2110 NEW YORK, NY 10016	DIRECTOR 0.30	0.
MONTE STEINMAN 261 FIFTH AVENUE, #2110 NEW YORK, NY 10016	DIRECTOR 0.40	0.
MARK HARRINGTON 261 FIFTH AVENUE, #2110 NEW YORK, NY 10016	EXECUTIVE DIRECTOR 40.00	0.
SCOTT W. MORGAN 261 FIFTH AVENUE, #2110 NEW YORK, NY 10016	DEPUTY EXECUTIVE DIRECTOR 40.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

FORM 199 OTHER EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
DIRECT EXPENSES OF FUNDRAISING EVENTS	123,968.
OTHER EMPLOYEE BENEFITS	95,101.
ACCOUNTING FEES	16,000.
LOBBYING FEES	1,019.
OTHER PROFESSIONAL FEES	142,218.
OFFICE EXPENSES	249,250.
INFORMATION TECHNOLOGY	8,007.
TRAVEL	289,305.
CONFERENCES AND CONVENTIONS	196,912.
INSURANCE	5,961.
TOTAL TO FORM 199, PART II, LINE 17	1,127,741.

FORM 199 OTHER ASSETS STATEMENT 5

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	20,523.	30,594.
DONATED INVENTORY	255,500.	301,000.
SECURITY DEPOSITS	43,015.	43,015.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	319,038.	374,609.

FORM 199 FUND BALANCES STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	1,761,603.	1,422,192.
TEMPORARILY RESTRICTED ASSETS	1,064,712.	416,830.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	2,826,315.	1,839,022.

TAXABLE YEAR **2013**

Corporation Depreciation and Amortization

CALIFORNIA FORM **3885**

Attach to Form 100 or Form 100W. FORM 199 FEIN 13-3624785

Corporation name: TREATMENT ACTION GROUP, INC.

California corporation number:

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 1 COMPUTERS AND EQUIPMENT							
	01/01/10	81,258.	44,244.	SL	5.00	11,872.	
2 FURNITURE AND FIXTURES							
	01/01/10	7,102.	6,518.	SL	5.00	584.	
TOTALS		88,360.	50,762.				
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)					15	12,456.	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	12,456.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	12,456.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12	22	

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT

TREATMENT ACTION GROUP, INC.
Name of Organization

261 FIFTH AVENUE, #2110
Address (Number and Street)

NEW YORK, NY 10016
City or Town, State and ZIP Code

Check if:

☐ Change of address

☐ Amended report

Corporate or Organization No.

Federal Employer I.D. No. 13-3624785

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than $25,000	0	Between $100,001 and $250,000	$50	Between $1,000,001 and $10 million	$150
Between $25,000 and $100,000	$25	Between $250,001 and $1 million	$75	Between $10,000,001 and $50 million	$225
				Greater than $50 million	$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2013 ending 12/31/2013) list:
Gross annual revenue $ 1,458,571. Total assets $ 1,880,235.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

		Yes	No
1.	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2.	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3.	During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4.	During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5.	During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6.	During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7.	During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8.	Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9.	Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 212-253-7922

Organization's e-mail address TAG@TREATMENTACTIONGROUP.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer	Printed Name	Title	Date
	LAURA MORRISON	SECRETARY/TREASURER	

329291
05-01-13

RRF-1 (3-05)

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2013

Open to Public Inspection

1.General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2013 and Ending (mm/dd/yyyy) 12/31/2013

Check if Applicable:	Name of Organization:	Employer Identification Number (EIN):
☐ Address Change ☐ Name Change	TREATMENT ACTION GROUP, INC.	13-3624785
☐ Initial Filing	Mailing Address: 261 FIFTH AVENUE, #2110	NY Registration Number: 05-00-64
☐ Final Filing ☐ Amended Filing	City / State / ZIP: NEW YORK, NY 10016	Telephone: 212 253-7922
☐ Reg ID Pending	Website: WWW.TREATMENTACTIONGROUP.ORG	Email: TAG@TREATMENTACTION

Check your organization's registration category: ☐ 7A only ☐ EPTL only ☒ DUAL (7A & EPTL) ☐ EXEMPT

Find your registration category in the Charities Registry at www.CharitiesNYS.com

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

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.

President or Authorized Officer: LAURA MORRISON SECRETARY/T REASURER

Signature Title Date

Chief Financial Officer or Treasurer:

Signature Title Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under the category (7A and EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

☐ 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed $25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

☐ 3b. EPTL filing exemption: Gross receipts did not exceed $25,000 and the market value of assets did not exceed $25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

☒ Yes ☐ No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

☐ Yes ☒ No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee:	EPTL filing fee:	Total fee:	Make a single-check or money order payable to:
	$ 25.	$ 250.	$ 275.	**"Department of Law"**

CHAR500 Annual Filing Checklist	Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF: - Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3. - Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3. - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- [X] If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- [ ] If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- [X] IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- [X] All additional IRS Form 990 Schedules including Schedule B (Schedule of Contributors).
- [ ] IRS Form 990-T if applicable

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- [ ] Review Report if you received total revenue and support greater than $250,000 and up to $500,000.
- [X] Audit Report if you received total revenue and support greater than $500,000
- [ ] No Review Report or Audit Report is required because total revenue and support is less than $250,000

Note: The Audit and Review requirements are set to change in 2017 and 2021 in accordance with the Non Profit Revitalization Act of 2013.
For more details, visit www.CharitiesNYS.com.

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- [ ] $0, if you marked the 7A exemption in Part 3a
- [X] $25, if you did not mark the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- [ ] $0, if you marked the EPTL exemption in Part 3b
- [ ] $25, if the NET WORTH is less than $50,000
- [ ] $50, if the NET WORTH is $50,000 or more but less than $250,000
- [ ] $100, if the NET WORTH is $250,000 or more but less than $1,000,000
- [X] $250, if the NET WORTH is $1,000,000 or more but less than $10,000,000
- [ ] $750, if the NET WORTH is $10,000,000 or more but less than $50,000,000
- [ ] $1500, if the NET WORTH is $50,000,000 or more

Is my organization a 7A, EPTL or DUAL filer?

- 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
- EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
- DUAL filers are registered under both 7A and EPTL.

Check your registration category and learn more about NY law at www.CharitiesNYS.com

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS From 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers
www.CharitiesNYS.com

2013
Open to Public Inspection

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
TREATMENT ACTION GROUP, INC.	05-00-64

2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type:

- [X] Professional Fund Raiser
- [ ] Fund Raising Counsel
- [ ] Commercial Co-Venturer

Name of FRP:	NY Registration Number:
BEDFORD GROVE LLC	
Mailing Address:	**Telephone:**
345 5TH AVE	212-532-0329
City / State / ZIP:	
NEW YORK, NY 10016	

3. Contract Information

Contract Start Date:	Contract End Date:
03/18/2013	12/31/2013

4. Description of Services

Services provided by FRP:
ORGANIZE AND IMPLEMENT THE 2013 RESEARCH IN ACTION AWARDS (RIAA) RECEPTION IN DECEMBER 2013 AND A SPRING RECEPTION IN JUNE 2013.

5. Description of Compensation

Compensation arrangement with FRP:	Amount Paid to FRP:
SEE STATEMENT 1	27,000.

6. Commercial Co-Venturer (CCV) Report

[ ] Yes [ ] No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?

Definitions

A **Professional Fund Raiser (PFR),** in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4).
A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).
A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

SCH 4A (PFR) STATEMENT 1

$3,000 PAYMENT SHALL BE MADE UPON SIGNING OF THE AGREEMENT AND A FIXED MONTHLY RETAINER OF $3,000 FROM MAY 2013 THROUGH DECEMBER 2013. EACH MONTHLY RETAINER SHALL BE DUE ON ONE PAYMENT ON THE LAST BUSINESS DAY OF THE PRECEDING MONTH.