

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LONG ISLAND ASSOCIATION FOR AIDS CARE, INC.		D Employer identification number 11-2809739
	Doing Business As LIAAC		E Telephone number 631-385-2451
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 6,127,965.
	60 ADAMS AVENUE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City, town, or post office, state, and ZIP code HAUPPAUGE, NY 11788		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list. (see instructions)
F Name and address of principal officer: GAIL BAROUH, PHD SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.LIAAC.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1986 M State of legal domicile: NY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE CARE TO PEOPLE WITH HIV AND OTHER INFECTIOUS DISEASES IN NASSAU AND SUFFOLK COUNTIES		
	2 Check this box <input type="checkbox"/> 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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	79
	6 Total number of volunteers (estimate if necessary)	6	1800
	7a 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.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,092,698.	4,651,568.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	671,908.	776,592.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-30,782.	57,318.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,760,662.	5,516,735.
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)	3,629,182.	3,815,271.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,829,312.	1,764,465.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,458,494.	5,579,736.	
19 Revenue less expenses. Subtract line 18 from line 12	302,168.	-63,001.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,193,399.	3,247,709.
	22 Net assets or fund balances. Subtract line 21 from line 20	939,728.	1,050,394.
		2,253,671.	2,197,315.

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			
	GAIL BAROUH, PHD, PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MARTIN GREIF	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00029738
	Firm's name ▶ MCGLADREY LLP	Firm's EIN ▶ 42-0714325	Firm's address ▶ 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036-2602	Phone no. 212-372-1000	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: LONG ISLAND ASSOCIATION FOR AIDS CARE, INC. (LIAAC) IS A REGIONAL COMMUNITY BASED 501(C)(3) NOT-FOR-PROFIT AGENCY DELIVERING COMPREHENSIVE SERVICES TO ALL LONG ISLANDERS INFECTED AND AFFECTED BY HIV/AIDS AND OTHER INFECTIOUS DISEASES.

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

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

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 \$ 1,818,410. including grants of \$) (Revenue \$ 776,592.) HEALTH HOMES/MEDICAID AND CASE MANAGEMENT SERVICES:

IN 2012, IN RESPONSE TO THE GOVERNOR'S MEDICAID REDESIGN INITIATIVE, LIAAC CHANGED THE SCOPE OF ITS MEDICAID SERVICES. LIAAC, UNDER THE DBA TRI CARE SYSTEMS, IS NOW A PROVIDER OF MEDICAID SERVICES FOR INDIVIDUALS WITH HIV/AIDS AND OTHER CHRONIC ILLNESSES. THESE CHRONIC ILLNESSES INCLUDE (BUT ARE NOT LIMITED TO) DIABETES, HEART DISEASE, OBESITY, HEPATITIS C, MENTAL HEALTH, SUBSTANCE ABUSE AND ASTHMA. OUR SERVICES ARE PROVIDED THROUGH MOBILE OUTREACH AND IN COORDINATION WITH HOSPITALS, CLINICS AND OTHER HEALTH CARE PROVIDERS. ALL OF THESE SERVICES ARE PROVIDED IN BOTH ENGLISH AND SPANISH. LIAAC/TRI CARE SYSTEMS IS A MEMBER PROVIDER OF THE FOLLOWING HEALTH HOMES: NASSAU

4b (Code:) (Expenses \$ 1,326,606. including grants of \$) (Revenue \$) COUNSELING TESTING AND REFERRALS (CTR):

LIAAC, THROUGH FUNDING FROM THE NEW YORK STATE DEPARTMENT OF HEALTH-AIDS INSTITUTE, CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) AND THE OFFICE OF MINORITY HEALTH (OMH), PROVIDES LONG ISLANDERS EXTENSIVE COUNSELING TESTING AND REFERRAL SERVICES. OUR FLEET OF SEVEN VANS ARE STAFFED WITH A MINIMUM OF TWO OUTREACH/TESTING SPECIALISTS WHO BLANKET NASSAU AND SUFFOLK COUNTIES. OUR CTR PROGRAM TARGETS INDIVIDUALS WHO ARE INFECTED WITH OR AT HIGH RISK FOR HIV, HEPATITIS C(HCV) OR SEXUALLY TRANSMITTED INFECTIONS (STI), AND WHO WOULD OTHERWISE LACK ACCESS TO VITAL HEALTH CARE SERVICES SUCH AS SCREENING, TESTING AND TREATMENT.

4c (Code:) (Expenses \$ 1,085,405. including grants of \$) (Revenue \$) PREVENTION EDUCATION:

FUNDING FOR PREVENTION EDUCATION PROGRAMS COMES FROM FEDERAL, STATE AND LOCAL (SUFFOLK COUNTY) GOVERNMENTAL AGENCIES. PREVENTION FOR HIV, HCV, STI IS AN IMPORTANT CORNERSTONE OF LIAAC'S MISSION. THE SYSTEMS LIAAC HAS IN PLACE TO IDENTIFY AND CARE FOR INDIVIDUALS WITH HIV/HCV/STI (TESTING AND REFERRAL/LINKAGES TO TREATMENT AND OTHER NEEDED SERVICES) ARE VITALLY IMPORTANT, BUT THE PREVENTION OF THE TRANSMISSION OF AN INFECTIOUS DISEASE THROUGH EDUCATION IS AN EQUALLY IMPORTANT TOOL IN REDUCING THE INCIDENCE OF THESE INFECTIOUS DISEASES IN OUR COMMUNITY. LIAAC USES A BLENDED MODEL OF TRADITIONAL EDUCATIONAL PROGRAMS ALONG WITH ADVANCED SOCIAL MEDIA OUTREACH TO REACH OUR MOST AT-RISK COMMUNITY

4d Other program services (Describe in Schedule O.) (Expenses \$ 515,579. including grants of \$) (Revenue \$)

4e Total program service expenses 4,746,000.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

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

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

Check if Schedule O contains a response to any question in this Part VI

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 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.		
	1a 11		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 11		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization	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?		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**
- 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 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: **GAIL BAROUH, PHD - 631-385-2451**
60 ADAMS AVENUE, HAUPPAUGE, NY 11788

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GARY GUMBS, BA, BS BOARD CO-CHAIR	4.00	X		X				0.	0.	0.
(2) DONNA T. BACON, ED.D. BOARD CO-CHAIR	4.00	X		X				0.	0.	0.
(3) LUCILLE MARTIR-HOFFMAN, MS IN E BOARD CO-CHAIR	4.00	X		X				0.	0.	0.
(4) JOHN HAIGNEY, M.DIV. VICE CHAIR	4.00	X		X				0.	0.	0.
(5) EDWIN VELAZQUEZ, LMSW BOARD SECRETARY	4.00	X		X				0.	0.	0.
(6) THOMAS J. FABBRICANTE, BS BOARD MEMBER	4.00	X						0.	0.	0.
(7) RICHARD S. BERMAN, MA BOARD MEMBER	4.00	X						0.	0.	0.
(8) JOHN R. LEWIN, BA, MBA, CFP, CT BOARD MEMBER	4.00	X						0.	0.	0.
(9) SHULAMITH KANE, MA, RNCS BOARD MEMBER	4.00	X						0.	0.	0.
(10) SOPHIA MARSHALL, RN BOARD MEMBER	4.00	X						0.	0.	0.
(11) GAIL BAROUH, PHD PRESIDENT/CEO (SEE SCH O)	45.00	X		X				246,123.	0.	42,485.
(12) CATHERINE HART, LMSW COO (SEE SCH O)	45.00			X				136,740.	0.	17,057.
(13) CAROL CUTRONE CHIEF OF STAFF (SEE SCH O)	40.00			X				82,600.	0.	16,091.
(14) MA JOSEFINA JACINTO, MBA DIR OF FINANCE (SEE SCH O)	40.00			X				93,070.	0.	22,748.

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								558,533.	0.	98,381.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								558,533.	0.	98,381.

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 **2**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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 to any question in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	3,896,185.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	755,383.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		4,651,568.			
	Program Service Revenue	2 a MEDICAID SERVICES - HE	Business Code 900099	776,592.	776,592.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			776,592.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		30,357.		30,357.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		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	637,631.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	610,670.			
		c Gain or (loss)	26,961.			
	d Net gain or (loss)		26,961.		26,961.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a	18,709.				
	b Less: direct expenses	b	560.			
	c Net income or (loss) from gaming activities		18,149.		18,149.	
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 OTHER INCOME	900099	13,108.			13,108.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		13,108.				
12 Total revenue. See instructions.		5,516,735.	776,592.	0.	88,575.	

LONG ISLAND ASSOCIATION FOR AIDS CARE,
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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 to any question 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	656,914.	527,846.	129,068.	
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	2,322,429.	1,872,693.	449,736.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	147,357.	112,699.	34,658.	
9 Other employee benefits	508,448.	417,893.	90,555.	
10 Payroll taxes	180,123.	141,355.	38,768.	
11 Fees for services (non-employees):				
a Management				
b Legal	28,291.	28,291.		
c Accounting	35,164.	14,553.	20,611.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	160.		160.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	242,177.	241,704.	473.	
12 Advertising and promotion	33,353.	25,062.	8,291.	
13 Office expenses	262,561.	257,894.	4,667.	
14 Information technology				
15 Royalties				
16 Occupancy	761,403.	758,231.	3,172.	
17 Travel	112,884.	104,017.	8,867.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,111.	11,012.	99.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	123,349.	104,344.	19,005.	
23 Insurance	67,540.	67,540.		
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 EQUIPMENT RENTAL AND MA	27,281.	25,315.	1,966.	
b DUES AND SUBSCRIPTIONS	22,734.	20,684.	2,050.	
c CLIENT COMMUNITY SERVIC	5,191.	5,191.		
d _____				
e All other expenses	31,266.	9,676.	21,590.	
25 Total functional expenses. Add lines 1 through 24e	5,579,736.	4,746,000.	833,736.	0.
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)

LONG ISLAND ASSOCIATION FOR AIDS CARE,
INC.

Form 990 (2012)

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Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	311,463.	1	300,730.	
	2 Savings and temporary cash investments	570,619.	2	557,456.	
	3 Pledges and grants receivable, net	1,020,083.	3	1,115,660.	
	4 Accounts receivable, net	118,003.	4	374,805.	
	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	12,558.	9	15,751.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 552,183.			
	b Less: accumulated depreciation	10b 446,982.	207,160.	10c 105,201.	
	11 Investments - publicly traded securities	818,333.	11	647,189.	
	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	135,180.	15	130,917.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,193,399.	16	3,247,709.		
Liabilities	17 Accounts payable and accrued expenses	723,737.	17	563,294.	
	18 Grants payable		18		
	19 Deferred revenue	215,991.	19	255,921.	
	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	0.	25	231,179.	
	26 Total liabilities. Add lines 17 through 25	939,728.	26	1,050,394.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	2,253,671.	27	2,197,315.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	2,253,671.	33	2,197,315.		
34 Total liabilities and net assets/fund balances	3,193,399.	34	3,247,709.		

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,516,735.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,579,736.
3	Revenue less expenses. Subtract line 2 from line 1	3	-63,001.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,253,671.
5	Net unrealized gains (losses) on investments	5	6,645.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,197,315.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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.	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?	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	X	

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization **LONG ISLAND ASSOCIATION FOR AIDS CARE, INC.**

Employer identification number
11-2809739

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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5889472.	5144718.	4994579.	5092698.	4637387.	25758854.
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	5889472.	5144718.	4994579.	5092698.	4637387.	25758854.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						25758854.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	5889472.	5144718.	4994579.	5092698.	4637387.	25758854.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,222.	46,047.	24,449.	36,002.	30,357.	145,077.
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.)	45,428.	45,131.	60,435.	27,725.	31,817.	210,536.
11 Total support. Add lines 7 through 10						26114467.
12 Gross receipts from related activities, etc. (see instructions)					12	2,983,813.
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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	98.64	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	98.53	%
16a 33 1/3% support test - 2012. 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	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. 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	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. 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	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. 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	<input type="checkbox"/>		
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	<input type="checkbox"/>		

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

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2011 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2012. 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 - 2011. 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

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. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization LONG ISLAND ASSOCIATION FOR AIDS CARE, INC.

Employer identification number
11-2809739

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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. 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		552,183.	446,982.	105,201.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				105,201.

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LINE OF CREDIT	125,139.
(3) DUE TO RELATED PARTY	106,040.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	231,179.

2. FIN 48 (ASC 740) Footnote. 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

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

1	Total revenue, gains, and other support per audited financial statements	1	5,523,940.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	6,645.
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	6,645.
3	Subtract line 2e from line 1	3	5,517,295.
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	-560.
c	Add lines 4a and 4b	4c	-560.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,516,735.

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

1	Total expenses and losses per audited financial statements	1	5,580,296.
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	560.
e	Add lines 2a through 2d	2e	560.
3	Subtract line 2e from line 1	3	5,579,736.
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	5,579,736.

Part XIII Supplemental Information

Complete this part to 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 X, LINE 2: LIAAC WAS INCORPORATED AS A NOT-FOR-PROFIT CORPORATION

UNDER THE LAWS OF THE STATE OF NEW YORK AND IS EXEMPT FROM INCOME TAXES

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THEREFORE, THERE IS

NO PROVISION FOR INCOME TAXES. IN ADDITION, LIAAC IS NOT CLASSIFIED AS A

PRIVATE FOUNDATION.

MANAGEMENT EVALUATED LIAAC'S TAX POSITIONS AND CONCLUDED THAT LIAAC HAD

TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL

Part XIII Supplemental Information (continued)

STATEMENTS TO COMPLY WITH THE GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN
INCOME TAXES. WHICH FEW EXCEPTIONS, LIAAC IS NO LONGER SUBJECT TO INCOME
TAX EXAMINATIONS BY U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS
BEFORE 2009, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK
PERIOD.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GAMING EXPENSE INCLUDED ON STATEMENT OF REVENUE -560.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GAMING EXPENSE INCLUDED ON STATEMENT OF REVENUE 560.

Supplemental Information Regarding Fundraising or Gaming Activities

2012

**Open To Public
Inspection**

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

Name of the organization **LONG ISLAND ASSOCIATION FOR AIDS CARE,
INC.**

**Employer identification number
11-2809739**

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 Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g 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** **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?		(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
		Yes	No			

Total

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

LONG ISLAND ASSOCIATION FOR AIDS CARE,

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))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				()
	11 Net income summary. Combine line 3, column (d), and line 10				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			18,709.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			560.	560.
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(560.)	
8 Net gaming income summary. Combine line 1, column d, and line 7				18,149.	

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

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: _____

LONG ISLAND ASSOCIATION FOR AIDS CARE,

Schedule G (Form 990 or 990-EZ) 2012 INC.

11-2809739 Page 3

- 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:

13a	100.00	%
13b		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ GAIL BAROUH, PHD

Address ▶ 60 ADAMS AVENUE - HAUPPAUGE, NY 11788

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 ▶ N/A

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. Complete this part to 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 J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2012

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **LONG ISLAND ASSOCIATION FOR AIDS CARE, INC.**

Employer identification number
11-2809739

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c	 X X
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	5a 5b	 X X
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	6a 6b	 X X
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2012

LONG ISLAND ASSOCIATION FOR AIDS CARE,
INC.

11-2809739

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GAIL BAROUH, PHD PRESIDENT/CEO (SEE SCH O)	(i)	243,713.	0.	2,410.	24,955.	17,530.	288,608.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CATHERINE HART, LMSW COO (SEE SCH O)	(i)	136,740.	0.	0.	13,440.	3,617.	153,797.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B: GAIL BAROUH, RONALDO LANDAS AND ROBERT NICOLETTI PARTICIPATED IN AN EMPLOYER PROVIDED KEY MAN LIFE INSURANCE SPLIT DOLLAR ARRANGEMENT. THE ORGANIZATION UNDER THE CONTRACT IS ENTITLED TO RECEIVE ALL OF ITS INSURANCE PREMIUMS PAID BEFORE ANY LIFE INSURANCE PROCEEDS ARE PAYABLE TO THE BENEFICIARIES OF THE PARTICIPANTS. FOR THE TAX YEAR 2012, LIFE INSURANCE PREMIUMS PAID EXCEEDED THE CASH SURRENDER VALUE UNDER EACH SEPARATE INSURANCE CONTRACT UNDER THE PLAN. IN ADDITION, P.S. 58 COSTS HAVE BEEN PROPERLY INCLUDED IN REPORTABLE COMPENSATION REPORTED FOR EACH PARTICIPANT ON FORM W-2.

THE TERMS AND CONDITIONS OF THE PLAN STATE THAT THE EMPLOYER OWNS THE POLICY AND MAKES ALL INSURANCE PREMIUM PAYMENTS UNDER THE PLANS. SUCH PAYMENTS UNDER AN ENDORSEMENT CONTRACT IN PLACE STATE THAT UPON THE DEATH OF THE PARTICIPANTS, THE ORGANIZATION IS REPAID ALL OF ITS PREMIUMS PAID ON THE CONTRACTS. AMOUNTS REMAINING ARE PAID TO THE PARTICIPANT'S BENEFICIARIES. IN THE EVENT THERE IS A TERMINATION OF EMPLOYMENT, THE PARTICIPANT MAY PURCHASE FROM THE ORGANIZATION ON THE DATE OF TERMINATION, THE INSURANCE CONTRACT BY REPAYING THE ORGANIZATION ALL PREMIUMS IT PAID ON THE CONTRACT. IF THE PARTICIPANT REPAYS THE ORGANIZATION, THE CONTRACTS AT

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

THAT TIME ARE ASSIGNED OVER TO THE PARTICIPANTS. IF THE TERMINATED PERSON
DOES NOT REPAY THE PREMIUMS PAID UNDER THE CONTRACT THE ORGANIZATION
RETAINS ALL RIGHTS AS OWNER OF RECORD OF THE POLICY AND MAY SURRENDER IT
FOR CASH SURRENDER VALUE IN ORDER TO BE PAID BACK ITS INSURANCE PREMIUMS
PAID. THERE IS NO PROVISION UNDER THE CONTRACT IN PLACE THAT THE
TERMINATED EMPLOYEE MAKE UP ANY SHORTFALL OF CASH SURRENDER VALUE TO TOTAL
PREMIUMS PAID BY THE ORGANIZATION. IN ADDITION, THE TERMINATED EMPLOYEE
RECEIVES NOTHING IF THE CASH SURRENDER VALUE DOES NOT EXCEED THE PREMIUMS
PAID BY THE ORGANIZATION.

SCHEDULE J, PART II, COLUMNS B(III), C & D ARE MADE UP
OF THE FOLLOWING OTHER REPORTABLE COMPENSATION AND BENEFITS AMOUNTS DURING
THE CALENDAR YEAR ENDED DECEMBER 31, 2012:

GAIL BAROUH: PS-58 ECONOMIC BENEFIT OF SPLIT DOLLAR LIFE ISURANCE - \$2,410

PENSION - \$24,955

HEALTH INSURANCE - \$9,766

LONG TERM CARE INSURANCE - \$6,456

GROUP LIFE INSURANCE - \$1,308

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

CATHERINE HART: PENSION - \$13,440

HEALTH INSURANCE - \$260

GROUP LIFE INSURANCE - \$1,681

SHORT & LONG TERM DISABILITY INSURANCE - \$1,676

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.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization LONG ISLAND ASSOCIATION FOR AIDS CARE, INC.	Employer identification number 11-2809739
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADDITIONAL PRIORITIES INCLUDE SERVICES AND SUPPLEMENTAL SUPPORT TO
PROMOTE HEALTH AND WELLNESS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WELLNESS PARTNERS, SUFFOLK WELLNESS PARTNERS, NORTH SHORE/LIJ AND
IHEALTH. IN 2012 TRI CARE SYSTEMS PROVIDED MEDICAID CARE COORDINATION
TO 153 CLIENTS.

IN ADDITION TO OUR MEDICAID SERVICES, LIAAC CONTINUES TO PROVIDE
COMPREHENSIVE CASE MANAGEMENT SERVICES TO NON-MEDICAID, GRANT FUNDED
CLIENTS. IN 2012 LIAAC PROVIDED CASE MANAGEMENT SERVICES TO 438 GRANT
FUNDED CLIENTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SERVICES AND OUTREACH TO THESE POPULATIONS ALSO UTILIZES OUR EXPANDED
SOCIAL MEDIA INITIATIVE INCLUDING FACEBOOK, PINTEREST, BLOGS, YOU-TUBE,
TWITTER AS WELL AS LIAAC'S WEBSITES AND BI-LINGUAL HOTLINE.

IN 2012 LIAAC PROVIDED AN OUTSTANDING RECORD OF CTR. STAFF PERFORMED
1,194 HIV RAPID TESTS, 292 HCV RAPID TESTS AND 95 STI SCREENINGS. IN
ADDITION STAFF MADE OVER 1,000 REFERRALS FOR STI TESTING AND TREATMENT
AND OVER 3,300 REFERRALS AND/OR LINKAGE TO MEDICAL, SUBSTANCE ABUSE,
MENTAL HEALTH TREATMENT AND OTHER SUPPORT SERVICES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
232211
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

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MEMBERS.

IN 2012 LIAAC PROFESSIONAL EDUCATORS CONDUCTED 132 EDUCATION PROGRAMS REACHING 4,974 LONG ISLANDERS. IN ADDITION, OUR HIGHLY TRAINED STAFF CONDUCTED 30 CDC APPROVED EVIDENCE-BASED PROGRAMS REACHING 76 HIGH-RISK AND/OR HIV POSITIVE INDIVIDUALS THROUGH EITHER SINGLE OR MULTIPLE SESSION INTERVENTIONS. OUR 2012 SOCIAL MEDIA CAMPAIGN WAS VERY SUCCESSFUL, AND PRODUCED THE FOLLOWING RESULTS:

- WEBSITE - 11,500 UNIQUE VISITORS AND 38,700 PAGE VIEWS
- BLOG - 1400 PAGE VIEWS
- FACEBOOK - ADDED 150 NEW "LIKES"
- TWITTER - ADDED 60 NEW "LIKES"
- PINTEREST - ENDED THE YEAR WITH OVER 100 FOLLOWERS. ESTABLISHED BOARDS INCLUDE: SAFER SEX, HEALTHY LIVING, HEPATITIS & STD'S, WOMEN & MINORITIES, HEALTH & AWARENESS DAYS, WEEKS, MONTHS, LGBT, FUN-DRAISING, 31 YEARS OF HIV/AIDS, WORTH READING, HIV/AIDS EDUCATION/AWARENESS, CHRONIC ILLNESS, NON-PROFIT STUFF, SOCIAL MEDIA, SUBSTANCE ABUSE & ADDICTION, ANTI-BULLYING, HEALTH CARE ISSUES, SUICIDE PREVENTION AND HEALTH HUMOR.
- YOUTUBE - LIAAC VIDEOS ARE UPLOADED TO OUR YOUTUBE CHANNEL TO LINK BACK TO OUR SOCIAL MEDIA SITES. IN 2012 IT INCLUDED OUR PARTICIPATION IN THE AIDS.GOV "FACING AIDS" PROJECT AND THE ELENA PEREZ FOOD DRIVE.
- TEXT-BASED OUTREACH - ENCOUNTER 17 ADDITIONAL TESTING CLIENTS. OF THE 17, ONE (1) WAS HIV POSITIVE AND UNAWARE OF HIS STATUS BEFORE TESTING.

- LIAAC'S PARTICIPATION IN THE XIX INTERNATIONAL AIDS CONFERENCE AND ITS' POSTER PRESENTATION AT THE EVENT CREATED A MONTH SOCIAL MEDIA

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EVENT OPPORTUNITY. SHARING UPDATES FROM THE EVENT, PICTURES, ARTICLES AND COMMENTARY CREATED LOTS OF ATTENTION AND INTEREST TO OUR SOCIAL MEDIA SITES. SEVERAL BLOGS WHICH WERE WRITTEN ABOUT THIS EVENT RESULTED IN INCREASED EXPOSURE ON FACEBOOK AND THE MOST AMOUNT OF HITS ON OUR BLOG SITE.

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

PROGRAM SERVICES AND OUTREACH:

IN 2012, WITH FUNDING FROM FEDERAL, STATE AND LOCAL GOVERNMENTAL (SUFFOLK COUNTY) AND OTHER FUNDING SOURCES, OUR STAFF CONDUCTED OUTREACH IN SOME OF LONG ISLAND MOST DISENFRANCHISED COMMUNITIES, REACHING 7,385 AT-RISK INDIVIDUALS. WHILE LIAAC'S MODE OF SERVICE DELIVERY IS PRIMARILY FIELD-BASED AND MOBILE OUTREACH, OUR AGENCY HEADQUARTERS IS UTILIZED TO HOUSE OUR HOTLINE SERVICES, FOOD PANTRY AND EMERGENCY VOUCHER PROGRAM (METRO-CARDS, PHONE CARDS, FOOD VOUCHERS, PERSONAL CARE ITEMS).

THE HOTLINE SERVES AS THE CRITICAL ACCESS POINT FOR ALL LIAAC'S DIRECT SERVICES AND PREVENTION INITIATIVES. THE HOTLINE PROVIDES CALLERS WITH INFORMATION, RESOURCES AND REFERRALS TO HEALTH AND HUMAN SERVICE AGENCIES. FOR CLIENTS OF THE AGENCY THAT RECEIVE CASE MANAGEMENT AND CARE COORDINATION SERVICES, THE HOTLINE ENSURES ACCESS TO AGENCY SERVICES AND PROMOTES THE DELIVERY OF TIMELY SERVICES. IN 2012 OUR HOTLINE TRIAGED OVER 4,000 COMMUNITY AND CLIENT CALLS FROM BOTH NASSAU AND SUFFOLK RESIDENTS SEEKING INFORMATION ABOUT INFECTIOUS DISEASE, STRATEGIES FOR PREVENTION AND ASSISTANCE WITH ACCESSING SERVICES WITHIN THE AGENCY.

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OUR NUTRITION EDUCATION PROGRAM DELIVERED OVER 2,100 READY-TO-HEAT MEALS, FACILITATED NINE NUTRITION WORKSHOPS AND DISTRIBUTED 467 PANTRY BAGS THAT PROVIDED OUR CLIENTS WITH OVER 9,333 MEALS.

IN 2012 THE ENTIRE TRI-STATE AREA WAS GREATLY IMPACTED BY SUPER STORM SANDY. FOR THOSE ALREADY IN NEED, LIKE MANY OF OUR CLIENTS, THE EFFECTS WERE MAGNIFIED. AT LIAAC, WE STRIVE TO BETTER THE LIVES OF OUR CLIENTS IN ANY WAY POSSIBLE, AND THIS WAS UNDERSCORED IN OUR RESPONSE TO THIS CRISIS. IN ADDITION TO THE \$8,000 WORTH OF FOOD VOUCHERS DISTRIBUTED TO THE FOOD INSECURE IN 2012, AN ADDITIONAL \$5,950 WAS DISTRIBUTED IN THE AFTERMATH OF SUPERSTORM SANDY.

EXPENSES \$ 515,579. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: ANNUAL PRESENTATION ON CORPORATE COMPLIANCE IS PRESENTED TO ALL BOARD OF DIRECTORS, MANAGEMENT AND KEY STAFF. THE BOARD MEMBERS ARE GIVEN AN OPPORTUNITY TO REVIEW THE 990 AND ASK QUESTIONS PRIOR TO THE OFFICAL BOARD MEETING. DURING THE BOARD MEETING, THE 990 IS DISTRIBUTED TO ALL BOARD MEMBERS AND REVIEWED BY THE AUDITOR PRESENT AT THE MEETING. ONCE THE AUDITOR HAS COMPLETED THE PRESENTATION AND REVIEW OF THE FINANCIAL STATEMENTS AND THE 990, MEMBERS ARE GIVEN AN OPPORTUNITY TO ASK QUESTIONS, ETC. ONCE THE PROCESS IS COMPLETE, A VOTE IS CALLED.

FORM 990, PART VI, SECTION B, LINE 12C: A WRITTEN CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED OFF BY ALL MEMBERS OF THE BOARD OF DIRECTORS, AS WELL AS MANAGEMENT AND KEY STAFF. THE POLICY IS REVIEWED EACH YEAR AT THE ANNUAL MEETING. BOARD MEETINGS ARE SCHEDULED ONE YEAR IN ADVANCE, AND THE DATES AND TOPICS ARE ON THE SCHEDULE, INCLUDING CONFLICTS OF INTEREST.

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BOARD MEMBERS ARE REMINDED AT THE BOARD MEETING BEFORE THE ACTUAL
PRESENTATION TO ENSURE ATTENDANCE.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE CEO IS
CONDUCTED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE CHIEF
FINANCIAL OFFICER ASSISTS BY GATHERING COMPARATIVE DATA FROM OTHER
NONPROFITS AND SALARY SURVEYS. THE LENGTH OF EMPLOYMENT AS WELL AS
EDUCATION AND EXPERIENCE ARE TAKEN INTO CONSIDERATION BY THE EXECUTIVE
COMMITTEE WHEN APPROVING A FINAL AMOUNT. THE CEO IS NOT PRESENT DURING THIS
MEETING AND DOES NOT VOTE ON HER OWN COMPENSATION.

COMPENSATION FOR KEY EMPLOYEES IS CONDUCTED BY THE PRESIDENT/CEO IN
CONSULTATION WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.
COMPARATIVE DATA IS TAKEN FROM OTHER NONPROFITS AND SALARY SURVEYS. THE
LENGTH OF EMPLOYMENT AS WELL AS EDUCATION AND EXPERIENCE ARE TAKEN INTO
CONSIDERATION. ANY MAJOR CHANGES TO THE BENEFITS PACKAGE ARE REVIEWED AND
APPROVED BY THE ENTIRE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT
OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE
PUBLIC UPON REQUEST.

FORM 990, PART VII

FORM 990, PART VII, COLUMN F IS MADE UP OF THE FOLLOWING BENEFITS
AMOUNTS DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2012:

GAIL BAROUH (TOTAL \$42,485): PENSION - \$24,955

HEALTH INSURANCE - \$9,766

LIFE INSURANCE - \$1,308

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LONG TERM CARE INSURANCE - \$6,456

CATHERINE HART (TOTAL \$17,057): PENSION - \$13,440

HEALTH INSURANCE - \$260

LIFE INSURANCE - \$1,681

SHORT & LONG TERM DISABILITY INSURANCE

- \$1,676

CAROL CUTRONE (TOTAL \$16,091): PENSION - \$9,999

LIFE INSURANCE - \$1,404

SHORT & LONG TERM DISABILITY INSURANCE -

\$1,676

LONG TERM CARE INSURANCE - \$3,012

MA JOSEFINA JACINTO (TOTAL \$22,748): PENSION - \$10,924

HEALTH INSURANCE - \$10,008

LIFE INSURANCE - \$625

SHORT & LONG TERM DISABILITY

INSURANCE - \$1,191

FORM 990, PART XII, LINE 2C

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND
SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL
STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.