

**Data Collection Form for Reporting on
AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS
for Fiscal Year Ending Dates in 2010, 2011, or 2012**

▶ Complete this form, as required by OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

PART I GENERAL INFORMATION (To be completed by auditee, except for Items 6, 7, and 8)

1. Fiscal period ending date for this submission <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;">06</td> <td style="text-align: center;">/ 30</td> <td style="text-align: center;">/ 2010</td> </tr> </table>	Month	Day	Year	06	/ 30	/ 2010	2. Type of Circular A-133 audit 1 <input checked="" type="checkbox"/> Single audit 2 <input type="checkbox"/> Program-specific audit	3. Audit period covered 1 <input checked="" type="checkbox"/> Annual 3 <input type="checkbox"/> Other — Months 2 <input type="checkbox"/> Biennial
Month	Day	Year						
06	/ 30	/ 2010						

4. Auditee Identification Numbers

a. Primary Employer Identification Number (EIN) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">6</td> <td style="text-align: center;">-</td> <td style="text-align: center;">1</td><td style="text-align: center;">3</td><td style="text-align: center;">5</td><td style="text-align: center;">9</td><td style="text-align: center;">0</td><td style="text-align: center;">6</td><td style="text-align: center;">0</td> </tr> </table>	1	6	-	1	3	5	9	0	6	0	d. Data Universal Numbering System (DUNS) Number <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">6</td><td style="text-align: center;">2</td> <td style="text-align: center;">-</td> <td style="text-align: center;">4</td><td style="text-align: center;">5</td><td style="text-align: center;">5</td> <td style="text-align: center;">-</td> <td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td> </tr> </table>	6	2	-	4	5	5	-	1	2	2	2
1	6	-	1	3	5	9	0	6	0													
6	2	-	4	5	5	-	1	2	2	2												

b. Are multiple EINs covered in this report? 1 Yes 2 No

c. If Part I, Item 4b = "Yes," complete Part I, Item 4c on the continuation sheet on Page 4.

e. Are multiple DUNS covered in this report? 1 Yes 2 No

f. If Part I, Item 4e = "Yes," complete Part I, Item 4f on the continuation sheet on Page 4.

5. AUDITEE INFORMATION

a. Auditee name AIDS COMMUNITY RESOURCES, INC.	
b. Auditee address (Number and street) 627 WEST GENESEE STREET	
City SYRACUSE	
State NY	ZIP + 4 Code 1 3 2 0 4 -
c. Auditee contact	
Name ANITA M. BERTRAND	
Title DIRECTOR OF FINANCE	
d. Auditee contact telephone (315) 475 - 2430	
e. Auditee contact FAX (315) 472 - 6515	
f. Auditee contact E-mail ABERTRAND@AIDSCOMMUNITYRESOURCES.COM	

6. PRIMARY AUDITOR INFORMATION
(To be completed by auditor)

a. Primary auditor name GREEN & SEIFTER, CERTIFIED PUBLIC ACCOUNTANTS, PLLC	
b. Primary auditor address (Number and street) 110 WEST FAYETTE ST, ONE LINCOLN CTR, STE 900	
City SYRACUSE	
State NY	ZIP + 4 Code 1 3 2 0 2 - 1 3 8 7
c. Primary auditor contact	
Name ROSER J. BEER, CPA/ABV, CVA	
Title PARTNER	
d. Primary auditor contact telephone (315) 422 - 1391	
e. Primary auditor contact FAX (315) 422 - 2871	
f. Primary auditor contact E-mail RBEER@GREENSEIFTERCPAS.COM	

g. AUDITEE CERTIFICATION STATEMENT - This is to certify that, to the best of my knowledge and belief, the auditee has: (1) engaged an auditor to perform an audit in accordance with the provisions of OMB Circular A-133 for the period described in Part I, Items 1 and 3; (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular; and, (3) the information included in **Parts I, II, and III** of this data collection form is accurate and complete. I declare that the foregoing is true and correct.

g. AUDITOR STATEMENT - The data elements and information included in this form are limited to those prescribed by OMB Circular A-133. The information included in Parts II and III of the form, except for Part III, Items 7, 8, and 9a-9d, was transferred from the auditor's report(s) for the period described in Part I, Items 1 and 3, and **is not a substitute** for such reports. The auditor has not performed any auditing procedures since the date of the auditor's report(s). A copy of the reporting package required by OMB Circular A-133, which includes the complete auditor's report(s), is available in its entirety from the auditee at the address provided in Part I of this form. As required by OMB Circular A-133, the information in **Parts II and III** of this form was entered in this form by the auditor based on information included in the reporting package. The auditor has not performed any additional auditing procedures in connection with the completion of this form.

Auditee certification	Date
ELECTRONICALLY CERTIFIED	11/30/2010

Name of certifying official	
ANITA M. BERTRAND	

Title of certifying official	
DIRECTOR OF FINANCE	

7a. Add Secondary auditor information? (Optional)
1 Yes 2 No

b. If "Yes," complete Part I, Item 8 on the continuation sheet on page 5.

Auditor certification	Date
ELECTRONICALLY CERTIFIED	11/30/2010

PART II FINANCIAL STATEMENTS (To be completed by auditor)

1. Type of audit report

Mark either: 1 Unqualified opinion **OR**
 any combination of: 2 Qualified opinion 3 Adverse opinion 4 Disclaimer of opinion

2. Is a "going concern" explanatory paragraph included in the audit report? 1 Yes 2 No

3. Is a significant deficiency disclosed? 1 Yes 2 No

4. Is a material weakness disclosed? 1 Yes 2 No

5. Is a material noncompliance disclosed? 1 Yes 2 No

PART III FEDERAL PROGRAMS (To be completed by auditor)

1. Does the auditor's report include a statement that the auditee's financial statements include departments, agencies, or other organizational units expending \$500,000 or more in Federal awards that have separate A-133 audits which are not included in this audit? (AICPA Audit Guide, Chapter 13) 1 Yes 2 No

2. What is the dollar threshold to distinguish Type A and Type B programs? (OMB Circular A-133 § .520(b)) \$ 300,000

3. Did the auditee qualify as a low-risk auditee? (§ .530) 1 Yes 2 No

4. Is a significant deficiency disclosed for any major program? (§ .510(a)(1)) 1 Yes 2 No

5. Is a material weakness disclosed for any major program? (§ .510(a)(1)) 1 Yes 2 No

6. Are any known questioned costs reported? (§ .510(a)(3) or (4)) 1 Yes 2 No

7. Were Prior Audit Findings related to direct funding shown in the Summary Schedule of Prior Audit Findings? (§ .315(b)) 1 Yes 2 No

8. Indicate which Federal agency(ies) have current year audit findings related to direct funding or prior audit findings shown in the Summary Schedule of Prior Audit Findings related to direct funding. (Mark (X) all that apply or None)

- | | | | |
|--|---|--|---|
| 98 <input type="checkbox"/> U.S. Agency for International Development | 39 <input type="checkbox"/> General Services Administration | 89 <input type="checkbox"/> National Archives and Records Administration | 19 <input type="checkbox"/> U.S. Department of State |
| 10 <input type="checkbox"/> Agriculture | 93 <input type="checkbox"/> Health and Human Services | 05 <input type="checkbox"/> National Endowment for the Arts | 20 <input type="checkbox"/> Transportation |
| 23 <input type="checkbox"/> Appalachian Regional Commission | 97 <input type="checkbox"/> Homeland Security | 06 <input type="checkbox"/> National Endowment for the Humanities | 21 <input type="checkbox"/> Treasury |
| 11 <input type="checkbox"/> Commerce | 14 <input type="checkbox"/> Housing and Urban Development | 07 <input type="checkbox"/> National Science Foundation | 64 <input type="checkbox"/> Veterans Affairs |
| 94 <input type="checkbox"/> Corporation for National and Community Service | 03 <input type="checkbox"/> Institute of Museum and Library Services | 47 <input type="checkbox"/> National Science Foundation | 00 <input checked="" type="checkbox"/> None |
| 12 <input type="checkbox"/> Defense | 15 <input type="checkbox"/> Interior | 07 <input type="checkbox"/> Office of National Drug Control Policy | <input type="checkbox"/> Other - Specify: |
| 84 <input type="checkbox"/> Education | 16 <input type="checkbox"/> Justice | 59 <input type="checkbox"/> Small Business Administration | |
| 81 <input type="checkbox"/> Energy | 17 <input type="checkbox"/> Labor | 96 <input type="checkbox"/> Social Security Administration | |
| 66 <input type="checkbox"/> Environmental Protection Agency | 09 <input type="checkbox"/> Legal Services Corporation | | |
| | 43 <input type="checkbox"/> National Aeronautics and Space Administration | | |

FORM SF-SAC (5-18-2010)

PART III FEDERAL PROGRAMS - Continued

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR									10. AUDIT FINDINGS	
CFDA Number		Research and development (c)	A R R A ³ (d)	Name of Federal program (e)	Amount expended (f)	Direct award (g)	Major program		Type(s) of compliance requirement(s) ⁵ (a)	Audit finding reference number(s) ⁶ (b)
Federal Agency Prefix ¹ (a)	Extension ² (b)						Major program (h)	If yes, type of audit report ⁴ (i)		
14	.241	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS	\$ 273,509 .00	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	1 <input checked="" type="checkbox"/> Y 2 <input type="checkbox"/> N	U	O	N/A
93	.917	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	CASE MGMT, OUTREACH & LINKAGE DEVELOPMENT// AREA HUMAN SVCS FOR HIV+	\$ 102,802 .00	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	1 <input checked="" type="checkbox"/> Y 2 <input type="checkbox"/> N	J	O	N/A
93	.917	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	TRANSPORTATION AND MENTAL HEALTH COUNSELING SVCS	\$ 97,749 .00	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	1 <input checked="" type="checkbox"/> Y 2 <input type="checkbox"/> N	J	O	N/A
93	.940	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	COMMUNITY OF COLOR	\$ 129,450 .00	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N		O	N/A
93	.940	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	OUTREACH HIV PREVENTION AND PRIMARY CARE SVCS FOR SUBSTANCE ABUSERS	\$ 20,466 .00	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input checked="" type="checkbox"/> N		O	N/A
	.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N		\$.00	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N			
	.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N		\$.00	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N			
	.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N		\$.00	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N			
	.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N		\$.00	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N			
	.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N		\$.00	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N			
TOTAL FEDERAL AWARDS EXPENDED					\$ 623,976 .00					

¹ See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.

² Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. (See Instructions)

³ American Recovery and Reinvestment Act of 2009 (ARRA).

⁴ If major program is marked "Yes," enter only o n e letter (U = Unqualified opinion, Q = Qualified opinion, A = Adverse opinion, D = Disclaimer of opinion) corresponding to the type of audit report in the adjacent box. If major program is marked "No," leave the type of audit report box blank.

⁵ Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, significant deficiency (including material weaknesses), questioned costs, fraud, and other items reported under § .510(a)) reported for each Federal program.

- A. Activities allowed or unallowed
- B. Allowable costs/cost principles
- C. Cash management
- D. Davis - Bacon Act

- E. Eligibility
- F. Equipment and real property management
- G. Matching, level of effort, earmarking
- H. Period of availability of Federal funds

- I. Procurement and suspension and debarment
- J. Program income
- K. Real property acquisition and relocation assistance

- L. Reporting
- M. Subrecipient monitoring
- N. Special tests and provisions
- O. None
- P. Other

⁶ N/A for NONE

PART I **Item 5 Continuation Sheet**

c. List the multiple Employer Identification Numbers (EINs) covered in this report.												f. List the multiple DUNS covered in the report.											
1	N	L	A			21	-			41	-			1	N	L	A			21	-		
2						22	-			42	-			2						22	-		
3						23	-			43	-			3						23	-		
4						24	-			44	-			4						24	-		
5						25	-			45	-			5						25	-		
6						26	-			46	-			6						26	-		
7						27	-			47	-			7						27	-		
8						28	-			48	-			8						28	-		
9						29	-			49	-			9						29	-		
10						30	-			50	-			10						30	-		
11						31	-			51	-			11						31	-		
12						32	-			52	-			12						32	-		
13						33	-			53	-			13						33	-		
14						34	-			54	-			14						34	-		
15						35	-			55	-			15						35	-		
16						36	-			56	-			16						36	-		
17						37	-			57	-			17						37	-		
18						38	-			58	-			18						38	-		
19						39	-			59	-			19						39	-		
20						40	-			60	-			20						40	-		

SUBMITTED DATA

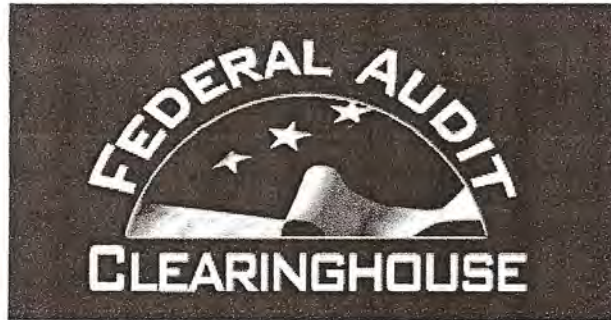
FORM SF-SAC (5-18-2010)

PART I GENERAL INFORMATION - Continued

8. Part I, Item 8, Secondary Auditor's Contact Information. (List the Secondary Auditor's Contact information)

1. a. Secondary Auditor name N / A	2. a. Secondary Auditor name	3. a. Secondary Auditor name
b. Secondary Auditor address (Number and street)	b. Secondary Auditor address (Number and street)	b. Secondary Auditor address (Number and street)
City	City	City
State ZIP + 4 Code	State ZIP + 4 Code	State ZIP + 4 Code
c. Secondary Auditor contact Name	c. Secondary Auditor contact Name	c. Secondary Auditor contact Name
Title	Title	Title
d. Secondary Auditor contact telephone () -	d. Secondary Auditor contact telephone () -	d. Secondary Auditor contact telephone () -
e. Secondary Auditor contact FAX () -	e. Secondary Auditor contact FAX () -	e. Secondary Auditor contact FAX () -
f. Secondary Auditor contact E-mail	f. Secondary Auditor contact E-mail	f. Secondary Auditor contact E-mail
4. a. Secondary Auditor name	5. a. Secondary Auditor name	6. a. Secondary Auditor name
b. Secondary Auditor address (Number and street)	b. Secondary Auditor address (Number and street)	b. Secondary Auditor address (Number and street)
City	City	City
State ZIP + 4 Code	State ZIP + 4 Code	State ZIP + 4 Code
c. Secondary Auditor contact Name	c. Secondary Auditor contact Name	c. Secondary Auditor contact Name
Title	Title	Title
d. Secondary Auditor contact telephone () -	d. Secondary Auditor contact telephone () -	d. Secondary Auditor contact telephone () -
e. Secondary Auditor contact FAX () -	e. Secondary Auditor contact FAX () -	e. Secondary Auditor contact FAX () -
f. Secondary Auditor contact E-mail	f. Secondary Auditor contact E-mail	f. Secondary Auditor contact E-mail

SUBMITTED DATA



FAC DETERMINED DATA

* FAC DETERMINED TYPE OF ENTITY:

* FAC DETERMINED CURRENT YEAR DIRECT FINDINGS: **NO**

* FAC DETERMINED COGNIZANT (C) OR OVERSIGHT (O) AGENCY*: **O**
(Please refer to the FAQ's for definitions)

* FAC DETERMINED COGNIZANT OR OVERSIGHT AGENCY FEDERAL AGENCY PREFIX: **93**

* FAC DETERMINED TYPE OF AUDIT REPORT ON MAJOR PROGRAM COMPLIANCE
BASED ON 1997 – 2003 SF-SAC FORM INSTRUCTIONS: **U**

* The items above are not reported on the Form SF-SAC, but are determined by the FAC

Anita Bertrand

From: Federal Audit Clearinghouse [GOVS.FAC.IDES@CENSUS.GOV]
Sent: Thursday, December 02, 2010 2:45 PM
To: Anita Bertrand
Cc: RBEER@GREENEIFTERCPAS.COM; CROTHMAN@GREENEIFTERCPAS.COM
Subject: Single Audit Submission Completed - Report ID: 399867

The Federal Audit Clearinghouse (FAC) has processed the Form SF-SAC and the A-133 reporting package for AIDS COMMUNITY RESOURCES, INC. for the fiscal period ending 6/30/2010. You may search the FAC website beginning tomorrow to verify the status of your OMB Circular A-133 submission. You may use the link below to search the FAC database for your submission. We suggest using your employer identification number (161359060) as your search criteria.

<http://harvester.census.gov/sac/dissem/asp/incompleteEntity.asp>

Sincerely,
Federal Audit Clearinghouse