Form	9	9	0	

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) t enter equiple equity numbers on this form as it may be made nublic

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OMB No. 1545-0047 2

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		enue Sen						/01 , 2015			10/11	1330,	00	/30,20		ION
<u>A</u>	FUR	16 201		dar year, or tax	year begi	ming	10.	/UL, <b>201</b> 8	, and	enunig		Employer ide				
B	Check if a	applicable:		of organization FOUNDATION			<b></b>					13-3163				
-	Addr	ess		pusiness as AIDS							-	12-2103	001/			
-	chan	ge		er and street (or P.O.	the second se				Room	louito	-	Felephone nu	mber			
-	-	e change					Street addres	5)	Room	suite				<b>COO</b>		
-	-	il return		WALL STREET							()	212) 80	6 - 1	600		
-	termi	return/ inated	1000 0000 00002 1000 0000 000000	town, state or provin			ign postal code	Э								
	Amer	'n	_	YORK, NY 100	the second s						_	Gross receipts	10000 C		· · · · ·	723.
	pend	ication ling	104 000 100 000 000 000 000 000 000 000	and address of princip		KEVIN					H(a	<ul> <li>a) Is this a group subordinates</li> </ul>		n for	Yes	X No
			L	WALL STREET		LOOR NEW	YORK, N	Y 10005			H(I	) Are all subord			Yes	No
1		kempt st		X 501(c)(3)	501(c) (	) ┥ (ins	sert no.)	4947(a)(1)	or	527	_	If "No," attac	ch a list.	. (see instructi	ons)	
				IFAR.ORG								) Group exem				
			ization:	X Corporation	Trust	Association	Other 🕨	•	L	Year of forma	ation:	1983 M	State	of legal don	nicile:	NY
Ρ	art I		mmary													
	1			e the organization's				s: AMFAR	ISI	DEDICATEI	) T	_ ENDING	TH	E GLOBA	7T	
lce		AIDS	S_EPID	EMIC THROUGH	INNOVA	TIVE RES	EARCH.									
Governance																
ver	2			▶ if the org									S.			
ő	3	Numb	er of voti	ng members of the	governing	body (Part VI	I, line 1a)						3			17.
ŝ	4	Numb	er of inde	ependent voting me	embers of t	the governing	g body (Part	VI, line 1b) .					4			17.
itie	5	Total	number c	of individuals emplo	yed in cale	endar year 20	15 (Part V, li	ne 2a)					5			85.
Activities &	6			of volunteers (estimation									6			0.
Ā	7a	Total (	unrelated	business revenue	from Part V	'III, column (C	c), line 12						7a			Ο.
				ousiness taxable in									7b			0.
											Р	rior Year		Curre	ent Ye	ar
e	8	Contri	butions a	and grants (Part VIII	, line 1h)						56	,251,128	3.	58,8	10,2	206.
Revenue	9	Progra	am servic	e revenue (Part VIII	line 2g)								0.			Ο.
eve	10	Invest	ment inc	ome (Part VIII, colu	mn (A), line	es 3, 4, and 7	d)				1	,528,180	D.	1,1	.08,8	334.
Ľ.	11			(Part VIII, column (							-10	,047,530	).	-11,0	56,8	342.
	12			add lines 8 throug							47	,731,778	3.	48,8	62,1	L98.
	13	Grants	s and sim	nilar amounts paid (I	Part IX, col	umn (A), lines	s 1-3)				9	,528,182	2.	10,3	49,2	259.
	14			o or for members (P									0.			0.
s	15			compensation, em							10	,307,568	3.	10,4	87,7	770.
Expenses	16a	Profes	sional fu	ndraising fees (Part	IX, column	n (A), line 11e	e)				1100.000	739,79	3.	8	354,	723.
adx	b	Total f	undraisir	ng expenses (Part I)	K, column (	D), line 25) 🕨	5,	918,761.		19213	1.11	e de Carlos Cones Carlos de Carlos de Carlos	2:35			Page 18
ш	17	Other	expense	s (Part IX, column (	A), lines 11	a-11d, 11f-24	1e)				17	,000,831	L.	19,9	85,5	556.
	18	Total e	expenses	. Add lines 13-17 (	must equal	Part IX, colur	mn (A), line :	25)			37	,576,374	1.	41,6	77,3	308.
	19			xpenses. Subtract							10	,155,404	1.		.84,8	
or											nning	of Current Y	'ear	End o	of Year	8
Net Assets or Fund Balances	20	Total a	assets (Pa	art X, line 16)					-		71	,251,093	3.	80,7	73,6	561.
Ass I Ba	21			(Part X, line 26)							18	,212,473	L.	19,1		
Net	22			und balances. Subl							53	,038,622	2.	61,6	39,1	.80.
	rt II		nature													
Un	der per	nalties o	f perjury,	I declare that I have a	examined th	is return, inclu	ding accomp	anying sched	ules and	d statements,	and t	o the best of	my k	nowledge a	nd bel	ief, it is
true	e, corre	ect, and	complete.	Declaration of prepare	er (other than	n officer) is base	ed on all infor	mation of whi	ich prep	barer has any k	nowl	edge.				
			63	nuch	kens							6	- 21	. 2017	1	
Sig			Signature	of officer								Date				
He	re	<b>N</b> .		()	Bradley	/ Jensen,	CFO &	Asst Tres	sure	r						
			Type or pr	int name and title	9			THE FLORE		1						
				arer's name		Preparer's sig	gnature		Da	te		Check	if P	TIN		
Paic	ł	SCOT	T THO	OMPSETT		Sett Show	put		06	5/20/201	7	self-employe		P0074	1490	
1000	parer			GRANT THORN	TON LLP		/					n's EIN > 3	1			
Use	Only			757 THIRD AVE 41			10017-2012							599-010	0	
Mav	the II			return with the pre							Line			X Yes		No
				n Act Notice, see t						<u></u>	<u>· ·</u>					(2015)

For Paperwork Reduction Act Notice, see the separate instructions.

Fo	m 990 (2015) Page 2
Ρ	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ATTACHMENT 1
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
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.
<b>4</b> a	(Code: ) (Expenses \$ 20,212,802. including grants of \$ 6,558,844. ) (Revenue \$ 0. )
	RESEARCH: AMFAR SUPPORTS RESEARCH PROJECTS THAT EXPLORE NOVEL
	APPROACHES TO SCIENTIFICALLY SOUND BUT UNTESTED HYPOTHESES IN ALL
	AREAS OF RESEARCH ON HIV/AIDS, FUNDING GOAL-ORIENTED STUDIES THAT
	OFTEN LACK THE PRELIMINARY DATA REQUIRED FOR SUPPORT FROM
	TRADITIONAL GRANT MAKERS. THE FOUNDATION PLAYS A VITAL ROLE IN
	HIV/AIDS RESEARCH, IDENTIFYING CRITICAL GAPS IN KNOWLEDGE AND
	PROVIDING ESSENTIAL SEED MONEY THAT ENABLES GRANTEES AND FELLOWS
	TO TEST THE MERITS OF NEW CONCEPTS OR TECHNOLOGIES THAT
	SUBSEQUENTLY CAN BE VALIDATED THROUGH LARGE-SCALE STUDIES, SUCH AS
	THOSE FUNDED BY THE U.S. NATIONAL INSTITUTES OF HEALTH. FOR
	FURTHER DETAILS, SEE SCHEDULE O.
4k	(Code:) (Expenses \$5,274,103. including grants of \$2,468,525. ) (Revenue \$)
	TREAT ASIA: AMFAR'S TREAT ASIA (THERAPEUTICS RESEARCH, EDUCATION,
	AND AIDS TRAINING IN ASIA) PROGRAM IS A NETWORK OF HOSPITALS,
	CLINICS, AND RESEARCH INSTITUTIONS WORKING WITH CIVIL SOCIETY TO
	ENSURE THE SAFE AND EFFECTIVE DELIVERY OF HIV TREATMENTS TO ADULTS
	AND CHILDREN ACROSS THE ASIA-PACIFIC THROUGH RESEARCH, EDUCATION, AND ADVOCACY OF EVIDENCE-BASED HIV-RELATED POLICIES. THE TREAT
	ASIA NETWORK ENCOMPASSES 21 ADULT AND 19 PEDIATRIC SITES
	THROUGHOUT THE REGION, WHICH COLLABORATE ON A VARIETY OF PROJECTS.
	FOR FURTHER DETAILS, SEE SCHEDULE O.
4c	(Code: ) (Expenses \$ 3,867,810. including grants of \$ 0. ) (Revenue \$ 0. )
	PUBLIC INFORMATION: AMFAR SEEKS TO TRANSLATE AND DISSEMINATE
	INFORMATION ON IMPORTANT AIDS-RELATED RESEARCH, TREATMENT,
	PREVENTION, AND POLICY ISSUES FOR DIVERSE AUDIENCES AND TO
	INCREASE BROAD AWARENESS AND KNOWLEDGE OF THE PANDEMIC. AMFAR ALSO
	PUBLISHES A WIDE RANGE OF EDUCATIONAL MATERIALS, MAINTAINS AN
	INFORMATIVE WEBSITE, AND ENGAGES RESPECTED PUBLIC FIGURES,
	HIV/AIDS SCIENTISTS, AND POLICYMAKERS IN COMMUNICATING THE NEED
	FOR CONTINUED RESEARCH TO DEVELOP NEW METHODS OF PREVENTION,
	TREATMENT, AND, ULTIMATELY, A CURE FOR AIDS. FOR FURTHER DETAILS,
	SEE SCHEDULE O.

 4d Other program services (Describe in Schedule O.)
 ATTACHMENT 2

 (Expenses \$ 3,893,851.
 including grants of \$ 1,321,890.
 ) (Revenue \$ 0.

 4e Total program service expenses ►
 33,248,566.

	90 (2015) When the state of Dermined Schedules		F	Page 3
Part	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		X	
•	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
_	Part III.	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
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>	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
••	VII, VIII, IX, or X as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a		110	x	
	complete Schedule D, Part VI	11a	A	
a	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
10		10	- 22	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.0		х
	If "Yes," complete Schedule G, Part III	19		<b>1</b> 7

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
-	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	192 Note, All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2015)

Par				
	Check if Schedule O contains a response or note to any line in this Part V			·
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box's of roll 1090. Enter-o- in for applicable,			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b   Did the organization comply with backup withholding rules for reportable payments to vendors and			
L	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
24	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 85			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	X	
b	If "Yes," enter the name of the foreign country:  THAILAND			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	5a		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			37
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		-
9 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ).			
120	against amounts due or received from them.)	12a		
		120		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14b		

	90 (2015	· · · · · · · · · · · · · · · · · · ·			Page
Part		Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,			
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule is the part VI			
		Check if Schedule O contains a response or note to any line in this Part VI	• • •	• •	Σ
ecti	on A.	Governing Body and Management		Yes	N
		be number of voting members of the governing body at the end of the tax year $11a$ 17		163	
		are material differences in voting rights among members of the governing body, or if the governing			
	,	elegated broad authority to an executive committee or similar committee, explain in Schedule O.			
		y officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Х
	-	ner officer, director, trustee, or key employee?	-		
		e organization delegate control over management duties customarily performed by or under the direct	3		х
	-	ision of officers, directors, or trustees, or key employees to a management company or other person?	4		X
		organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		х
		e organization become aware during the year of a significant diversion of the organization's assets?	6		х
		e organization have members, stockholders, or other persons who had the power to elect or appoint	-		
			7a		х
		more members of the governing body?	- u		
		olders, or persons other than the governing body?	7b		х
		e organization contemporaneously document the meetings held or written actions undertaken during			
		ar by the following:			
	-	verning body?	8a	Х	
	-	committee with authority to act on behalf of the governing body?	8b	Х	
		e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
		janization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
		Policies (This Section B requests information about policies not required by the Internal Revenue (	Code	.)	
				Yes	N
0a	Did th	e organization have local chapters, branches, or affiliates?	10a		Х
		," did the organization have written policies and procedures governing the activities of such chapters,			
			10b		
			11a	Х	
		be in Schedule O the process, if any, used by the organization to review this Form 990.			
			12a	Х	
		officers, directors, or trustees, and key employees required to disclose annually interests that could give			
			12b	Х	
с	Did th	e organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	descri	be in Schedule O how this was done	12c	Х	
3	Did th	e organization have a written whistleblower policy?	13	Х	
		e organization have a written document retention and destruction policy?	14	Х	
5	Did th	e process for determining compensation of the following persons include a review and approval by			
	indepe	ndent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o		15a	X	
b	Other	officers or key employees of the organization	15b	Х	
	If "Yes	" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did th	e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a	taxable entity during the year?	16a		Х
		," did the organization follow a written policy or procedure requiring the organization to evaluate its			
		pation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
			16b		
octiv					
	1:04 +6	$\alpha$ states with which a conv of this Form 990 is required to be filed $\blacktriangleright$ ATTACHMENT 3			
7	Listin	states with which a copy of this form soo is required to be filed P			
7  8	Sectio	e states with which a copy of this Form 990 is required to be filed ATTACHMENT 3 n 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5 le for public inspection. Indicate how you made these available. Check all that apply.	501(c	)(3)s	on

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

State the name, address, and telephone number of the person who possesses the organization's books and records: BRADLEY JENSEN 120 WALL STREET 13TH FLOOR NEW YORK, NY 10005-3908 212-806-1703 20 Form 990 (2015)

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(0	C)					
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and Title	Average	•				e than c		Reportable	Reportable	Estimated
	hours per					is both		compensation	compensation from	amount of
	week (list any hours for				-	or/trust	, 	from the	related organizations	other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) <sup>MATHILDE KRIM, PH.D.</sup>	1.00									
FOUNDING CHAIRMAN	0.	X		Х				0.	0.	0.
(2)KENNETH COLE	1.00									
CHAIRMAN OF THE BOARD	0.	X		Х				0.	0.	0.
(3) PATRICIA J. MATSON	1.00									
VICE CHAIRMAN	0.	x		Х				0.	0.	0.
(4) JOHN C. SIMONS	1.00									
VICE CHAIRMAN AND TREASURER	0.	X		Х				0.	0.	0.
(5)MERVYN F. SILVERMAN, M.D., M.P.	1.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(6)ARLEN H. ANDELSON	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(7)HARRY BELAFONTE	1.00									
TRUSTEE (NON-VOTING)	0.	Х						0.	0.	0.
(8) DAVID BOHNETT	1.00									
TRUSTEE (NON-VOTING)	0.	Х						0.	0.	0.
(9)ZEV BRAUN	1.00									
TRUSTEE (NON-VOTING)	0.	Х						0.	0.	0.
(10)JONATHAN S. CANNO	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(11)DONALD CAPOCCIA	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(12) <sup>R</sup> . MARTIN CHAVEZ, PH.D.	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(13) JANE B. EISNER	1.00									_
TRUSTEE (NON-VOTING)	0.	Х						0.	0.	0.
(14) <sup>T.</sup> RYAN GREENAWALT	1.00									
TRUSTEE	0.	X						0.	0.	0.

## THE FOUNDATION FOR AIDS RESEARCH

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	(A)		y <u>– 11</u>	ipio				ngi	hest Compensat			
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than or is both a or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	n a	(F) Estimated amount of other mpensatior
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	) o a	from the rganization nd related ganizations
5)	REGAN HOFMANN TRUSTEE	1.00 0.	x						0.	C	•	
6)	MICHAEL J. KLINGENSMITH TRUSTEE	1.00 0.	x						0.	С		
7)	KEVIN MCCLATCHY TRUSTEE	1.00	x						0.	С		
8)	MICHELE V. MCNEILL, PHARM.D. TRUSTEE (NON-VOTING)	1.00	x						0.	С		
9) 	EDWARD MILSTEIN TRUSTEE	1.00	x						0.	C		
0)	CINDY RACHOFSKY TRUSTEE	1.00 0. 1.00	x						0.	С		
1) 	VINCENT A. ROBERTI TRUSTEE BILL ROEDY	0.	x						0.	С		
<u> </u>	TRUSTEE RAYMOND F. SCHINAZI, PH.D.	0.	x						0.	С		
_`_	TRUSTEE	0.	x						0.	С		
 5)	TRUSTEE (NON-VOTING) DIANA L. TAYLOR	0.	x						0.	С		
	TRUSTEE (NON-VOTING)	0.	X					<u> </u>	0.	C O		
	Sub-total Total from continuation sheets to Part VII, S			• • •	•••	• •		5	2,969,940.	0		530,28
d	Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization	limited to t	<u></u>	liste				re	2,969,940. ceived more than	0 \$100,000 of	•	530,28
	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	ule J for su	ch ind	lividu	ual						3	Yes
4	For any individual listed on line 1a, is the sorganization and related organizations grain individual.	eater than	\$15	50,0	00?	' If	"Yes	," (	complete Schedu	le J for such	4	X
	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	from	n any	uni	related organizati	on or individual	5	
	ction B. Independent Contractors											
1	Complete this table for your five highest com compensation from the organization. Report c year.											<
	(A) Name and business add	Iress							<b>(B)</b> Description of se	ervices	(C Compe	
AT	TACHMENT 4											

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 8

Part VII Section A. Officers, Directors, Tru (A)	(B)		•	- (C			-	(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours per	(do r				e than or	ne	compensation	compensation from	amount of
	week (list any			•		is both a		from	related	other
	hours for					or/truste		the	organizations	compensation from the
	related organizations	r di	nstit	Officer	íey e	mpl	Former	organization	(W-2/1099-MISC)	organization
	below dotted	idua	tutic	ë,	due	est oye	ler	(W-2/1099-MISC)		and related
	line)	ortr	nal		Key employee	e				organizations
		Individual trustee or director	Institutional trustee		ë	Highest compensated employee				
		e	tee			Isat				
						ed				
5) KEVIN WENDLE		l								
TRUSTEE (NON-VOTING)		X						0.	0.	
7) KEVIN FROST	40.00	_								
CHIEF EXECUTIVE OFFICER	0.			Х				550,683.	0.	93,26
BRADLEY JENSEN	40.00									
ASSISTANT TREASURER, CFO	0.			Х				245,632.	0.	56,00
) JOHN F. LOGAN, J.D., PH.D.	40.00									
ASST SEC, VP, GEN COUNSEL	0.			Х				228,897.	0.	28,69
)) ROWENA JOHNSTON	40.00									
ASST SECRETARY, VICE PRESIDENT	0.	]		Х				187,484.	0.	25,77
.) EDWARD DONNELLY	40.00									
ASST TREASURER, CONTROLLER	0.	1		х				151,164.	0.	22,55
2) ERIC MUSCATELL	40.00									
VICE PRESIDENT OF DEVELOPMENT	0.	1			х			210,876.	0.	27,49
3) ANNETTE SOHN	40.00				-			.,		.,
VICE PRESIDENT, TREAT ASIA PGM	0.	1			х			226,342.	0.	22,33
l) ANNMARIE SHANNAHAN	40.00									
VICE PRESIDENT, PUBLIC INFO.	0.	1			х			216,462.	0.	27,80
5) GREGORIO MILLET	40.00				21			210,102.	0.	27,00
VICE PRESIDENT, PUBLIC POLICY	40.00	-			Х			180,559.	0.	24 02
5) ANDREW MCINNESS					Λ			100,559.	0.	24,93
	40.00	-				37		1 - 1	_	10 01
DIRECTOR, PUBLICATIONS	0.					Х		154,961.	0.	49,71
b Sub-total										
c Total from continuation sheets to Part VII, S										
d Total (add lines 1b and 1c)										
2 Total number of individuals (including but not				d at	oove	e) who	re	ceived more than	\$100,000 of	
reportable compensation from the organization	n 🕨	25	)							
										Yes N
Did the organization list any former office										
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	ividı	Jal			• •			3
For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	pen	sation	n ar	nd other compens	sation from the	
organization and related organizations groups										
individual										<b>4</b> X
Did any person listed on line 1a receive or										
for services rendered to the organization? If "Ye	es," comple	te Scł	nedu	le J	for	such	per	son	<u></u>	5
Section B. Independent Contractors										-
Complete this table for your five highest com compensation from the organization. Report of										
year.	ompensati	011101	ule	Jai	GIIC	a yea	21 6		in the organizatio	
(A)							Τ	(B)		(C)
Name and business add	lress							Description of se	ervices	Compensation
							1			

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

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	Section A. Officers, Directors, T (A)	(B)	[	•		C)			(D)	(E)		(F)	
	Name and title	Average hours per week (list any	box,	unles	neck ss pe	erson	e than o is both	an	Reportable compensation from	Reportable compensation related	rom	Estimate amount other	of
		hours for related organizations below dotted line)	of or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		compensa from th organizat and relat organizati	e tion ted
	ONY ANCONA	40.00											
	PRESIDENT, HUMAN RESOURCE N DOSTER	40.00					X		173,915.		0.	24,	88
	F TECHNOLOGY OFFICER						Х		141,709.		0.	40,	09
9) BENN	AH SERFATY	40.00											
	IRECTOR OF COMMUNICATION	0.					Х		123,037.		0.	47,	43
	THAN KEY CTOR, PHILANTHROPY	40.00	-				х		178,219.		0.	39,	29
		-+											
			-										
		-+											
			-										
			-										
			-										
c Total f d Total ( 2 Total n	tal rom continuation sheets to Part VII, add lines 1b and 1c) umber of individuals (including but no able compensation from the organization	Section A		iste				re	ceived more than	\$100,000 of			
												Yes	s 1
	e organization list any former off yee on line 1a? If "Yes," complete Sche											3	
4 For an	y individual listed on line 1a, is the	sum of rep	ortab	le c	om	pen	satior	n ai	nd other compens	sation from th	e		
	zation and related organizations g <i>ual</i>											<b>4</b> X	
5 Did ar	y person listed on line 1a receive o vices rendered to the organization? If "	r accrue co	mpen	satio	on f	from	n any	un	related organization	on or individu	al	5	
Section B	Independent Contractors												
	ete this table for your five highest con nsation from the organization. Report											tax	
	(A) Name and business ad	ldress							<b>(B)</b> Description of se	ervices	Com	(C) npensation	1
								-					
								_					

Par	t VII							
		Check if Schedule O co	ontains a respor	ise or note to ar	iy line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations	1b           1c           1d           itions)         1e	267,404. 33,932,932. 13,063,451.				
	g h	and similar amounts not included Noncash contributions included <b>Total.</b> Add lines 1a-1f	in lines 1a-1f: \$		58,810,206.			
Program Service Revenue	2a b c d e f g	All other program service rev	/enue	Business Code	0.			
<u> </u>	3 4 5		cluding dividen tax-exempt bond	ds, interest, proceeds	1,300,886. 0. 15,486.			1,300,886.
	6a b c d	Gross rents			0.			
	7a b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities 9,683,064. 9,875,116. -192,052.	(ii) Other				
Other Revenue	d 8a	Net gain or (loss) Gross income from fundra events (not including \$ <u>33</u> of contributions reported on See Part IV, line 18	iising , 932 , 932 . line 1c).		-192,052.			-192,052.
Oth	b c 9a	Less: direct expenses Net income or (loss) from fu Gross income from gaming See Part IV, line 19	ndraising events. activities.	•••••	-11,201,964.			-11,201,964.
	b c 10a	Less: direct expenses Net income or (loss) from g Gross sales of invent	b aming activities ory, less	►	0.			
	b c	returns and allowances Less: cost of goods sold Net income or (loss) from sa Miscellaneous Revenu	b les of inventory	50,720.	119,119.			119,119.
	11a	LIST RENTALS		900099	9,117.			9,117.
	b	STORE SALES		900099	604.			604.
	c	MISCELLANEOUS INCOME		900099	796.			796.
	d	All other revenue						
	е 12	Total. Add lines 11a-11d • Total revenue. See instruction			10,517.			-9,948,008.

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## THE FOUNDATION FOR AIDS RESEARCH

Form 990 (2015) THE FOUNDA Part IX Statement of Functional Expenses	ATION FOR AIDS R	LESEARCH	13-31	.63817 Page <b>1</b> (
Section $501(c)(3)$ and $501(c)(4)$ organizations must		s. All other organization	ns must complete colun	nn (A).
Check if Schedule O contains a resp				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	5,862,816.	5,862,816.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	4,486,443.	4,486,443.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,		1 005 050		
trustees, and key employees	2,648,073.	1,927,273.	343,609.	377,191.
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.	2 5 6 5 6 2 0	<b>C10 F00</b>	1 000 000
7 Other salaries and wages	5,613,504.	3,707,639.	612,539.	1,293,326.
8 Pension plan accruals and contributions (include	240 600	000 100		
section 401(k) and 403(b) employer contributions)	340,688.	223,192.	40,527.	76,969.
9 Other employee benefits	1,385,492.	903,861.	202,309.	279,322.
10 Payroll taxes	500,013.	324,470.	61,337.	114,206.
11 Fees for services (non-employees):				
<b>a</b> Management	0.	140 204	E 826	1 5 6 7
<b>b</b> Legal	155,687.	148,384.	5,736.	1,567
c Accounting	189,003.	05 200	189,003.	
d Lobbying	95,320.	95,320.		054 700
e Professional fundraising services. See Part IV, line 17.	854,723.		065 220	854,723.
f Investment management fees	265,339.		265,339.	
${\bm g}$ Other. (If line 11g amount exceeds 10% of line 25, column	1 000 500	1 400 205	74 206	405 521
(A) amount, list line 11g expenses on Schedule O.)	1,960,502.	1,400,385.	74,386.	485,731.
12 Advertising and promotion	258,250.	241,080.	1,621.	15,549.
13 Office expenses	76,737.	46,214.	6,340.	24,183.
14 Information technology	293,765.	225,841.	31,251.	36,673.
15 Royalties	0.		100.000	100.000
16 Occupancy	1,280,442.	969,575.	127,879.	182,988.
17 Travel	1,191,577.	526,831.	2,892.	661,854.
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.	651 525	10.005	<b>E</b> 0.200
19 Conferences, conventions, and meetings	732,011.	651,535.	10,086.	70,390.
20 Interest	38.		38.	
21 Payments to affiliates	0.	250 510	46 500	C2 204
22 Depreciation, depletion, and amortization	462,556.	352,712.	46,520.	63,324.
23 Insurance	315,054.	240,238.	31,685.	43,131.
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.)	0 440 442	0 440 442		
a PROGRAM MATERIALS	8,449,443.	8,449,443.		
bPOSTAGE & SHIPPING	996,058.	996,058.	407	
cPRINTING	815,503.	236,989.	407.	578,107.
dPROGRAM TECHNICAL SUPPORT	711,501.	314,466.	3,164.	393,871.
e All other expenses	1,736,770.	917,801.	453,313.	365,656.
<b>25</b> Total functional expenses. Add lines 1 through 24e	41,677,308.	33,248,566.	2,509,981.	5,918,761.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and functions achieves between the set of				
fundraising solicitation. Check here ► X if following SOP 98-2 (ASC 958-720)	807 510	272 121		615 007
10110Wing SOP 98-2 (ASC 958-720)	887,518.	272,421.		615,097.

Form 990 (2015)
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Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	18,387,580.	1	21,651,323.
	2	Savings and temporary cash investments	323,338.	2	323,338.
	3	Pledges and grants receivable, net	369,693.	3	464,693.
	4	Accounts receivable, net	6,118,590.	4	9,959,486.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	6	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	0.	6	0.
its	7	organizations (see instructions). Complete Part II of Schedule L	0.	0 7	0.
Assets	7 8	Notes and loans receivable, net	191,382.	8	575,913.
Ä	9	Inventories for sale or use Prepaid expenses and deferred charges	1,480,222.	9	1,630,566.
	-	Land, buildings, and equipment: cost or	1,100,222.	9	1,050,500.
	IVa	other basis. Complete Part VI of Schedule D <b>10a</b> 6,869,229.			
	h	Less: accumulated depreciation	2,288,934.	100	2,976,566.
	11	Investments - publicly traded securities	39,666,715.	11	42,064,454.
	12	Investments - other securities. See Part IV, line 11	1,069,137.	12	36,797.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	1,355,502.	15	1,090,525.
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	71,251,093.	16	80,773,661.
	17	Accounts payable and accrued expenses	3,435,700.	17	3,412,592.
	18	Grants payable	3,049,552.	18	2,973,966.
	19	Deferred revenue	10,067,061.	19	10,727,662.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abil		disqualified persons. Complete Part II of Schedule L	0.	22	0.
Ξ	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	1,660,158.	25	2,020,261.
	26	Total liabilities. Add lines 17 through 25	18,212,471.	26	19,134,481.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets	48,874,571.	27	58,215,899.
Ba	28	Temporarily restricted net assets	3,808,811.	28	3,060,748.
pu	29	Permanently restricted net assets	355,240.	29	362,533.
P		Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.			
its	30	Capital stock or trust principal, or current funds		30	
SSG	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	53,038,622.	33	61,639,180.
	34	Total liabilities and net assets/fund balances	71,251,093.	34	80,773,661.

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Part XI       Reconciliation of Net Assets       X         Check if Schedule O contains a response or note to any line in this Part XI       X         1       Total revenue (must equal Part VII, column (A), line 25)       1       48,862,198.         2       Total revenue (must equal Part VI, column (A), line 25)       2       41,677,308.         3       Revenue less expenses. Subtract line 2 from line 1       3       7,184,890.         4       53,038,622.       5       Net unrealized gains (losses) on investments       6         6       0.       7       0.       8         7       143,485.       6       0.         9       Other changes in net assets or fund balances (explain in Schedule O)       9       2,183.         10       Other changes in net assets or fund balances (explain in Schedule O)       9       2,183.         10       Financial Statements and Reporting       61,639,180.       1         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1         11       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:       2a       X         20       Were the organization's financial statements and leatements and separate basis	Form 99	90 (2015)				Page	e <b>12</b>
1       Total revenue (must equal Part VIII, column (A), line 12)       1       44, 862, 198.         2       Total expenses (must equal Part IX, column (A), line 25)       2       41, 677, 308.         3       Revenue less expenses. Subtract line 2 from line 1       3       7, 184, 890.         4       53, 038, 622.       5       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       53, 038, 622.         5       Net unrealized gains (losses) on investments       5       1, 413, 485.       6       0.         6       0.       7       0.       8       0.       9       2, 183.         7       0.       8       0.       9       2, 183.       9       2, 183.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).       9       2, 183.         10       Check if Schedule O contains a response or note to any line in this Part XII       10       61, 639, 180.         11       Here organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         12       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         16       "Yes," check a box below to indicate	Part						
2       Total expenses (must equal Part IX, column (A), line 25)       2       41, 677, 308.         3       7, 184, 490.         4       Net ussets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       53, 038, 622.         5       Net unrealized gains (losses) on investments       5       1, 413, 485.         6       0.       7       0.         7       0.       8       0.         9       Other changes in net assets or fund balances (explain in Schedule O)       9       2,183.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       61, 639, 180.         9       Other changes in net assets or fund balances (explain in Schedule O)       9       2,183.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       61, 639, 180.         9       Check if Schedule O contains a response or note to any line in this Part XII       10       61, 639, 180.         11       Haccounting method used to prepare the Form 990:       Cash X Accrual       Other       2a       X         11       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:       2a       X       2					<u> </u>		
2       Total expenses (must equal Part IX, column (A), line 25)       2       41, 677, 308.         3       Revenue less expenses. Subtract line 2 from line 1       7, 184, 890.         4       53, 038, 622.         5       Net unrealized gains (losses) on investments       5       1, 413, 485.         6       Donated services and use of facilities       6       0.         7       0.       0.       7       0.         8       Prior period adjustments       6       0.       0.         9       Other changes in net assets or fund balances (explain in Schedule 0)       9       2, 183.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).       61, 639, 180.         Part XII       Financial Statements and Reporting       10       61, 639, 180.         7       Net assets or fund balances is compled or reviewed by an independent accountant?       1       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Mere the organization's financial statements complied or reviewed by an independent accountant?       2a       X       2a       X         1       Yes," chock a box below to indicate whether the finan	1	Total revenue (must equal Part VIII, column (A), line 12)	1				
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       53, 038, 622.         5 Net unrealized gains (losses) on investments       5       1, 413, 485.         6 Donated services and use of facilities       6       0.         7 Investment expenses       7       0.         8 Prior period adjustments       8       0.         9 Other changes in net assets or fund balances (explain in Schedule O)       9       2,183.         10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).       9       2,183.         9 Other changes in net assets or fund balances (explain in Schedule O)       9       2,183.         10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 30, column (B)).       10       61, 639, 180.         Part XIII Financial Statements and Reporting       10       61, 639, 180.       10         1 Accounting method used to prepare the Form 990:       Cash X Accrual       Other       11       2a       X         1 M Yes, '' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       b Were the organization's financial statements audited by an independent accountant?       2b       X         1 M Yes,'' check a box below to indicate whether the financial statements for the year were audited on a separate	2	Total expenses (must equal Part IX, column (A), line 25)	2				
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       53, 038, 622.         5 Net unrealized gains (losses) on investments       5       1, 413, 485.         6 Donated services and use of facilities       6       0.         7 Investment expenses       7       0.         8 Prior period adjustments       8       0.         9 Other changes in net assets or fund balances (explain in Schedule O)       9       2,183.         10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).       9       2,183.         9 Other changes in net assets or fund balances (explain in Schedule O)       9       2,183.         10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 30, column (B)).       10       61, 639, 180.         Part XIII Financial Statements and Reporting       10       61, 639, 180.       10         1 Accounting method used to prepare the Form 990:       Cash X Accrual       Other       11       2a       X         1 M Yes, '' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       b Were the organization's financial statements audited by an independent accountant?       2b       X         1 M Yes,'' check a box below to indicate whether the financial statements for the year were audited on a separate	3	Revenue less expenses. Subtract line 2 from line 1	3		7,184,890.		
6       Donated services and use of facilities       6       0.         7       Investment expenses       7       0.         8       Prior period adjustments       8       0.         9       Other changes in net assets or fund balances (explain in Schedule O)       9       2,183.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       9       2,183.         11       Financial Statements and Reporting       61,639,180.       9         Check if Schedule O contains a response or note to any line in this Part XII       1       1         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1         1       Accounting from a prior year or checked "Other," explain in Schedule O.       2a       X       1         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         1       Tryes," check a box below to indicate whether the financial statements for the year were compiled or a separate basis, consolidated basis, or both:       2b       X         1       Tryes," toke a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         1       Tryes," toke a box below to i	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				
6       Donated services and use of facilities       6       0.         7       Investment expenses       7       0.         8       Prior period adjustments       8       0.         9       Other changes in net assets or fund balances (explain in Schedule O)       9       2.183.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)       9       2.183.         10       Entancial Statements and Reporting       61,639,180.       9         2       Check if Schedule O contains a response or note to any line in this Part XII       1       1         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If "the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or a separate basis, consolidated basis, or both:       2b       X         If "Yes," tokek a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes,"	5	5 Net unrealized gains (losses) on investments 5					85.
7       Investment expenses       7       0.         8       Prior period adjustments       0.       8       0.         9       Other changes in net assets or fund balances (explain in Schedule 0)       9       2,183.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       9       2,183.         10       Check if Schedule O contains a response or note to any line in this Part XII       10       61,639,180.         9       The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0.       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other	6	Donated services and use of facilities	6				0.
8       Prior period adjustments       0.         9       Other changes in net assets or fund balances (explain in Schedule O)       9       2,183.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       9       2,183.         10       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       10       61,639,180.         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       10       2a       X         12       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X       2a       X         16       "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         16       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X	7	Investment expenses	7				0.
<ul> <li>9 Other changes in net assets or fund balances (explain in Schedule O)</li></ul>	8	Prior period adjustments	8				
33, column (B))       61, 639, 180.         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         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.       3a       X         3a As a result of a federal award, was the organization required	9	Other changes in net assets or fund balances (explain in Schedule O)	9		2	2,1	83.
Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       Image: the second secon	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990: Image: Cash Im		33, column (B))	10	61	,639	9,18	80.
1       Accounting method used to prepare the Form 990: Cash X Accrual Other       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Za         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       Za         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:       Za         Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       Zb         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:       Zb         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       Consolidated basis         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?       Zc         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       Xa         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?       Xa      <	Part	XII Financial Statements and Reporting					
1       Accounting method used to prepare the Form 990: Cash X Accrual Other       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         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:       2a       X         Separate basis       Consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         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:       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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?       2c       X         If the organization changed either its oversight process or selection process during th		Check if Schedule O contains a response or note to any line in this Part XII					
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         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:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         If "Yes," did the organization under					Ye	es	No
Schedule O.       2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         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:       2a       X         Separate basis       Consolidated basis, or both:       2b       X         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:       2b       X         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:       2b       X         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:       2b       X         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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or a	1			_			
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements accountant?       2b       X         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:       2b       X         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:       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a <td></td> <td>If the organization changed its method of accounting from a prior year or checked "Other," e</td> <td>xplain</td> <td>in</td> <td></td> <td></td> <td></td>		If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
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:       Image: Consolidated basis, or both:         Separate basis       Consolidated basis       Both consolidated and separate basis         b Were the organization's financial statements audited by an independent accountant?       2b       X         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:       2b       X         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:       2b       X         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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X         3a As a result of a federal award, was the organization required to undergo an audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3b       X		Schedule O.					
<ul> <li>reviewed on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>b Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>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?</li> <li>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.</li> </ul>	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	a		X
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Con</li></ul>		If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
<ul> <li>b Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>X Separate basis</li> <li>C Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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.</li> <li>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?</li> <li>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.</li> </ul>		reviewed on a separate basis, consolidated basis, or both:					
<ul> <li>b Were the organization's infancial statements addited by an independent accountant?</li> <li>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:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>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?</li> <li>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.</li> </ul>		Separate basis Consolidated basis Both consolidated and separate basis					
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:       Image: Consolid	b	Were the organization's financial statements audited by an independent accountant?		. 2	b y	ζ	
separate basis, consolidated basis, or both:       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3b       X							
cIf "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.2cX3aAs 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?3aXbIf "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.3bX		separate basis, consolidated basis, or both:					
of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3b       X		X       Separate basis       Consolidated basis       Both consolidated and separate basis					
of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3b       X	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for a	oversi	ght			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       Image: Comparization changed either its oversight process or selection process during the tax year, explain in Schedule O.         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?       Image: Comparization comparization comparization comparization comparization did not 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.       Image: Comparization comparizaticomparization comparization comparization com					c X	ζ	
Schedule O.       3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3b X							
the Single Audit Act and OMB Circular A-133?       3a       X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3a       X			•				
the Single Audit Act and OMB Circular A-133?       3a       X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3a       X	3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
bIf "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.3bX					a <sup>y</sup>	ζ	
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b X	b		ergo	the			
			•		b y	ζ	

**SCHEDULE A** (Form 990 or 990-EZ)

## **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 Fo ... \_ ----

Depa Interr	rtment of the Treasury nal Revenue Service	►Informatio		(Form 990 or 990-EZ) a			is at www.irs.gov/form9	90. Inspection
	e of the organization			. , ,			-	tification number
	FOUNDATION F		RESEARCH					-3163817
Pa	rt Reason for	Public Cha	arity Status (All o	organizations must o	complet	e this pa	art.) See instructions	
		a private fou	indation because it	t is: (For lines 1 through	gh 11, ch	neck only	one box.)	
1	A church, conv	vention of ch	urches, or associa	tion of churches desc	ribed in <b>s</b>	section 1	70(b)(1)(A)(i).	
2	A school desc	ribed in <b>sect</b> i	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 9	90 or 990	)-EZ).)	
3	A hospital or a	a cooperative	hospital service o	rganization described	in <b>sectic</b>	on 170(b)	(1)(A)(iii).	
4	A medical rese	earch organiz	zation operated in	conjunction with a ho	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
	hospital's nam	-	-					
5	An organization	on operated	for the benefit of	a college or universi	ty owne	d or ope	erated by a governme	ental unit described in
	``		Complete Part II.)					
6		-	-	rnmental unit describe				
7			-		ipport fr	om a go	vernmental unit or fro	om the general public
			<b>)(1)(A)(vi).</b> (Compl					
8			-	<b>b)(1)(A)(vi).</b> (Complete				
9								ership fees, and gross
								re than 331/3% of its
		-						tax) from businesses
40		-		975. See section 509		-		
10 11		•		usively to test for publ				rry out the purposes of
	•	•	•	•				ction 509(a)(3). Check
	-		-			-	and complete lines 11	
а							orted organization(s),	
u			-	-	-		- · ·	tees of the supporting
		-	omplete Part IV, S			lajonty o		tees of the supporting
b	-		-		nnectior	n with its	supported organizati	on(s) by having
							is that control or man	
				, Sections A and C.				
с	-				ated in c	onnectio	n with, and functional	lly integrated with,
		-		ns). You must comple				
d		-					ection with its suppor	ted organization(s)
	that is not fu	inctionally int	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
	requirement	(see instruct	tions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е	Check this b	oox if the orga	anization received	a written determinatio	on from t	he IRS t	hat it is a Type I, Type I	I, Type III
				ionally integrated sup	porting of	organizat	ion.	
f	Enter the number		-		• • • •			••••
g		-		orted organization(s).	1			
	(i) Name of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization our governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		iment?	instructions)	instructions)
					Yes	No		
					res	NO		
(A)								
(B)								
(C)								
(D)								
(D)								
(E)								
·-/								
<b>-</b> .								
Tota	11							1

OMB No. 1545-0047

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Schedule A (Form 990 or 990-EZ) 2015

Page 2

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	33,247,849.	38,582,579.	57,556,516.	56,251,128.	58,810,206.	244,448,278.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	33,247,849.	38,582,579.	57,556,516.	56,251,128.	58,810,206.	244,448,278.
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)						6,057,646.
6	Public support. Subtract line 5 from line 4.						238,390,632.
	tion B. Total Support	(-) 2011	(1) 2012	(-) 2012	(4) 2014	(-) 2015	
_	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33,247,849.	38,582,579.	57,556,516.	56,251,128.	58,810,206.	244,448,278.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) $_{\rm ATCH-1}$	1,624,966.	1,467,184.	1,693,833.	2,103,589.	2,246,081.	9,135,653.
11	Total support. Add lines 7 through 10						259,010,711.
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2015 (li					14	92.04%
15	Public support percentage from 2014						92.32%
16a	331/3% support test - 2015. If the o	-					
	this box and stop here. The organization						
b	331/3% support test - 2014. If the c	•					
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	
	Part VI how the organization meets t			-	-		upported
	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the orga						
	Explain in Part VI how the organization						
18	supported organization Private foundation. If the organization						
	instructions						

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Part III

Form 990 or 990-EZ) 2015	Page 3
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.)	

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
, a	received from disgualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b.						
8 8	Public support. (Subtract line 7c from						
Ū	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6.		(,	(0) = 0.10	(1) = 1 = 1	(0) = 0 + 0	(1)
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
h	sources Unrelated business taxable income (less						
D D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
~	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
10	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	and 12.) First five years. If the Form 990 is f		tion's first sooo	nd third fourth	or fifth tox y		
14	organization, check this box and <b>stop here</b>	-					
Sec	tion C. Computation of Public Sur			<u></u>			
15	Public support percentage for 2015 (line 8			mn (f))		15	%
16	Public support percentage from 2014 Scho					16	%
	tion D. Computation of Investme						70
17	Investment income percentage for 2015 (li			3. column (f))		17	%
18	Investment income percentage for 2014					18	%
	331/3% support tests - 2015. If the or						
	17 is not more than 331/3%, check th						
h	331/3% support tests - 2014. If the orga	-	-	-			-
5	line 18 is not more than 331/3%, check						. —
20	<b>Private foundation.</b> If the organization		•	•			• <u> </u>
JSA	1 1 000			,			orm 990 or 990-EZ) 2015

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

## Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b | Schedule A (Form 990 or 990-EZ) 2015

	THE FOUNDATION FOR AIDS RESEARCH 13-3163	88T.)		_
_	le A (Form 990 or 990-EZ) 2015			Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
4	Ware a majority of the argenization's directors or tructors during the tax year also a majority of the directors			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	1		
Secti			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NU
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons):	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions)	
2	Activities Test Answer(a) and (b) below		Yes	No
2	Activities Test. <i>Answer (a) and (b) below.</i>			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's position that its supported organization(s) would have engaged in these	2b		
-	-	20		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
	trustees of each of the supported organizations? <i>Provide details in <b>Part VI.</b></i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yos" describe in <b>Part I</b> /I the role played by the organization in this regard	21		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	000 5	7) 204 5
JSA	Schedule A (Form	330 OL	330-E	2015

<b>-</b>	_		
Schedule A	Form	990 or 990-EZ)	2015

## Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
			1

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

Page 6

Type III Non-Functionally Integrated 509(a)(3)			
on D - Distributions			Current Year
	xempt purposes		
		ed	
	ses of supported organized	zations	
	<u></u>		
<b>`</b>	the organization is resp	onsive	
ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6			
Underdistributions, if any, for years prior to 2015			
From 2013			
From 2014			
-			
-			
· ·			
-			
, <b>c</b>			
· · · · · · · · · · · · · · · · · · ·			
F ( 0010			
Excess from 2015			
	Amounts paid to supported organizations to accomplish ex Amounts paid to perform activity that directly furthers exer organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpor Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in <b>Part VI</b> ). See instructions. <b>Total annual distributions.</b> Add lines 1 through 6. Distributions to attentive supported organizations to which (provide details in <b>Part VI</b> ). See instructions. Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount <b>ection E - Distribution Allocations (see instructions)</b>	Amounts paid to supported organizations to accomplish exempt purposes         Amounts paid to perform activity that directly furthers exempt purposes of support         Amounts paid to acquire exempt-use assets         Qualified set-aside amounts (prior IRS approval required)         Other distributions.         Ottal annual distributions.         Dotations to attentive supported organizations to which the organization is resp.         provide details in Part VI). See instructions.         Distributions to attentive supported organizations to which the organization is resp.         provide details in Part VI). See instructions.         Distributable amount for 2015 from Section C, line 6        ne 8 amount divided by Line 9 amount         section E - Distribution Allocations (see instructions)         Excess distributions, if any, for years prior to 2015         (i)         Excess distributions carryover, if any, to 2015:         From 2013	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Dther distributions (describe in Part VI). See instructions. Foral annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive provide details in Part VI). See instructions. Distributions to attentive supported organizations to which the organization is responsive provide details in Part VI). See instructions. Distributions anount for 2015 from Section C, line 6 Line 8 amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (i) Creasonable cause required-see instructions) Excess distributions of prior years Applied to 2015 from Section C, line 3, anound Carryover, if any, to 2015: From 2013 From 2013 From 2014 Caryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, and, and 3i from 3f. Distributions for 2015 from Section D, line 7: S Applied to underdistributions for years Applied to underdistributions for years Applied to 2015 distributable amount Remainder. Subtract lines 4a and 4b from 4. Remainder Merdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess form 2013 Excess from 2013 Excess from 2013

#### Schedule A (Form 990 or 990-EZ) 2015

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

SCHEDULE A, PART II -	OTHER INCOME	]			ATTACHMENT 1	
DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
MISCELLANEOUS	2,261.	917.	1,495.	12,014.	796.	17,483.
LIST RENTALS	17,365.	5,477.	3,116.	4,637.	9,117.	39,712.
INVENTORY	215,910.	103,590.	239,927.	212,642.	169,839.	941,908.
SPECIAL EVENTS	1,389,430.	1,357,200.	1,448,865.	1,871,885.	2,065,725.	8,133,105.
STORE SALES			430.	2,411.	604.	3,445.
TOTALS	1,624,966.	1,467,184.	1,693,833.	2,103,589.	2,246,081.	9,135,653.

## Schedule B

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

## Schedule of Contributors

OMB No. 1545-0047

2015

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

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

Organization	type	(check	one):
--------------	------	--------	-------

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

Check if your organization is covered by the General Rule or a Special Rule.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Name of organization THE FOUNDATION FOR AIDS RESEARCH

Part I	rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$10,675,288.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$2,388,163.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$3,054,658.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$2,300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$1,900,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$1,683,015.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization THE FOUNDATION FOR AIDS RESEARCH

Page 2

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$1,624,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$1,211,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization THE FOUNDATION FOR AIDS RESEARCH

Employer identification number 13-3163817

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

				13-3163817
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the	the year from any ons completing Par	one contributor. ( t III, enter the total	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
	Use duplicate copies of Part III if additi			
(a) No		Unal space is neede	÷u.	1
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I				
		(e) Transf	er of gift	
	Transferee's name, address, ar	d ZIP + 4	Relatio	nship of transferor to transferee
(a) No				1
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I				
		(e) Transf	er of gift	
			-	
	Transferee's name, address, ar	d ZIP + 4	Relatio	nship of transferor to transferee
(a) No.				1
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Faiti				
		(e) Transf	er of gift	
	Transferee's name, address, ar	d ZIP + 4	Relatio	nship of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, ar	d ZIP + 4	Relatio	nship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page 4

	al Revenue Service	tion about Schedule C (Form 990 or	330-LZ) and its instruc		Inspection
	organization answered "Yes,"	on Form 990, Part IV, line 3, or Form		6 (Political Campaign Activ	
		Complete Parts I-A and B. Do not comp			
		on 501(c)(3)) organizations: Complete	Parts I-A and C below.	Do not complete Part I-B.	
	Section 527 organizations: Com	, , , , , , , , , , , , , , , , , , , ,			
	<b>C</b> <i>i</i>	on Form 990, Part IV, line 4, or Form	, ,		
		that have filed Form 5768 (election up that have NOT filed Form 5769 (election up		•	•
		that have NOT filed Form 5768 (elect on Form 990, Part IV, line 5 (Proxy		·· ·	•
	(see separate instructions), the		(See Separate I		LZ, Fait V, inte 550 (F
٠	Section 501(c)(4), (5), or (6) org	anizations: Complete Part III.			
Name	e of organization			Employer ide	entification number
THE	FOUNDATION FOR AIDS			13-31	
Par	t I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 orga	nization.
1	Provide a description of the	organization's direct and indirect	political campaign a	ctivities in Part IV.	
2	Political expenditures			▶\$	
3					
Par		organization is exempt under			
1	Enter the amount of any exc	cise tax incurred by the organization	on under section 495	5▶\$	
2	Enter the amount of any exc	cise tax incurred by organization m	nanagers under sect	ion 4955 🔹 🕨 \$	
3		a section 4955 tax, did it file Form			
4a	Was a correction made?				Yes
	If "Yes," describe in Part IV.				
Par	t I-C Complete if the c	organization is exempt under	section 501(c), e	xcept section 501(c)(3	3).
1	Enter the amount directly e	expended by the filing organization	n for section 527 e	exempt function	
	•			•	
2		ng organization's funds contribute			
		es			
3		enditures. Add lines 1 and 2. Er			
				,	
	line 17b			▶\$	
4		e Form 1120-POL for this year?			Yes
4 5	Did the filing organization fil Enter the names, addresses	e Form 1120-POL for this year?	per (EIN) of all secti	on 527 political organiz	ations to which the fi
	Did the filing organization fil Enter the names, addresses organization made payment	e <b>Form 1120-POL</b> for this year? and employer identification numl s. For each organization listed, en	per (EIN) of all secting Inter the amount pai	on 527 political organiz d from the filing organiz	ations to which the fi zation's funds. Also er
	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont	e <b>Form 1120-POL</b> for this year? and employer identification numl s. For each organization listed, en tributions received that were pror	per (EIN) of all secting Inter the amount pain Inptly and directly de	on 527 political organiz d from the filing organiz elivered to a separate po	ations to which the fi zation's funds. Also en olitical organization, s
	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont as a separate segregated fur	e Form 1120-POL for this year? and employer identification numl is. For each organization listed, en tributions received that were pror and or a political action committee	per (EIN) of all secting the the amount pain nptly and directly de (PAC). If additional s	on 527 political organiz d from the filing organiz elivered to a separate po pace is needed, provide	ations to which the fi zation's funds. Also en olitical organization, s information in Part IV.
	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont	e <b>Form 1120-POL</b> for this year? and employer identification numl s. For each organization listed, en tributions received that were pror	per (EIN) of all secting Inter the amount pain Inptly and directly de	on 527 political organiz d from the filing organiz elivered to a separate po pace is needed, provide (d) Amount paid from	ations to which the fi zation's funds. Also en olitical organization, s information in Part IV. (e) Amount of politica
	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont as a separate segregated fur	e Form 1120-POL for this year? and employer identification numl is. For each organization listed, en tributions received that were pror and or a political action committee	per (EIN) of all secting the the amount pain nptly and directly de (PAC). If additional s	on 527 political organiz d from the filing organiz elivered to a separate po pace is needed, provide (d) Amount paid from filing organization's	ations to which the fi zation's funds. Also en olitical organization, s information in Part IV. (e) Amount of politica contributions received
	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont as a separate segregated fur	e Form 1120-POL for this year? and employer identification numl is. For each organization listed, en tributions received that were pror and or a political action committee	per (EIN) of all secting the the amount pain nptly and directly de (PAC). If additional s	on 527 political organiz d from the filing organiz elivered to a separate po pace is needed, provide (d) Amount paid from	ations to which the fi zation's funds. Also en olitical organization, s information in Part IV. (e) Amount of politica
	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont as a separate segregated fur	e Form 1120-POL for this year? and employer identification numl is. For each organization listed, en tributions received that were pror and or a political action committee	per (EIN) of all secting the the amount pain nptly and directly de (PAC). If additional s	on 527 political organiz d from the filing organiz elivered to a separate po pace is needed, provide (d) Amount paid from filing organization's	ations to which the fi zation's funds. Also en olitical organization, s information in Part IV. (e) Amount of political contributions received promptly and directly delivered to a separat political organization.
	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont as a separate segregated fur	e Form 1120-POL for this year? and employer identification numl is. For each organization listed, en tributions received that were pror and or a political action committee	per (EIN) of all secting the the amount pain nptly and directly de (PAC). If additional s	on 527 political organiz d from the filing organiz elivered to a separate po pace is needed, provide (d) Amount paid from filing organization's	ations to which the fi zation's funds. Also en olitical organization, s information in Part IV. (e) Amount of politica contributions received promptly and directly delivered to a separat
5	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont as a separate segregated fur	e Form 1120-POL for this year? and employer identification numl is. For each organization listed, en tributions received that were pror and or a political action committee	per (EIN) of all secting the the amount pain nptly and directly de (PAC). If additional s	on 527 political organiz d from the filing organiz elivered to a separate po pace is needed, provide (d) Amount paid from filing organization's	ations to which the fi zation's funds. Also en olitical organization, s information in Part IV. (e) Amount of political contributions received promptly and directly delivered to a separat political organization.
	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont as a separate segregated fur	e Form 1120-POL for this year? and employer identification numl is. For each organization listed, en tributions received that were pror and or a political action committee	per (EIN) of all secting the the amount pain nptly and directly de (PAC). If additional s	on 527 political organiz d from the filing organiz elivered to a separate po pace is needed, provide (d) Amount paid from filing organization's	ations to which the fi zation's funds. Also en olitical organization, s information in Part IV. (e) Amount of political contributions received promptly and directly delivered to a separat political organization.
5	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont as a separate segregated fur	e Form 1120-POL for this year? and employer identification numl is. For each organization listed, en tributions received that were pror and or a political action committee	per (EIN) of all secting the the amount pain nptly and directly de (PAC). If additional s	on 527 political organiz d from the filing organiz elivered to a separate po pace is needed, provide (d) Amount paid from filing organization's	ations to which the fi zation's funds. Also en olitical organization, s information in Part IV. (e) Amount of political contributions received promptly and directly delivered to a separat political organization.
5	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont as a separate segregated fur	e Form 1120-POL for this year? and employer identification numl is. For each organization listed, en tributions received that were pror and or a political action committee	per (EIN) of all secting the the amount pain nptly and directly de (PAC). If additional s	on 527 political organiz d from the filing organiz elivered to a separate po pace is needed, provide (d) Amount paid from filing organization's	ations to which the fi zation's funds. Also en olitical organization, s information in Part IV. (e) Amount of political contributions received promptly and directly delivered to a separat political organization.
5 (1) (2)	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont as a separate segregated fur	e Form 1120-POL for this year? and employer identification numl is. For each organization listed, en tributions received that were pror and or a political action committee	per (EIN) of all secting the the amount pain nptly and directly de (PAC). If additional s	on 527 political organiz d from the filing organiz elivered to a separate po pace is needed, provide (d) Amount paid from filing organization's	ations to which the fi zation's funds. Also en olitical organization, s information in Part IV. (e) Amount of political contributions received promptly and directly delivered to a separat political organization.
5	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont as a separate segregated fur	e Form 1120-POL for this year? and employer identification numl is. For each organization listed, en tributions received that were pror and or a political action committee	per (EIN) of all secting the the amount pain nptly and directly de (PAC). If additional s	on 527 political organiz d from the filing organiz elivered to a separate po pace is needed, provide (d) Amount paid from filing organization's	ations to which the fi zation's funds. Also en olitical organization, s information in Part IV. (e) Amount of political contributions received promptly and directly delivered to a separat political organization.
5 (1) (2) (3)	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont as a separate segregated fur	e Form 1120-POL for this year? and employer identification numl is. For each organization listed, en tributions received that were pror and or a political action committee	per (EIN) of all secting the the amount pain nptly and directly de (PAC). If additional s	on 527 political organiz d from the filing organiz elivered to a separate po pace is needed, provide (d) Amount paid from filing organization's	ations to which the fi zation's funds. Also en olitical organization, s information in Part IV. (e) Amount of political contributions received promptly and directly delivered to a separat political organization.
5 (1) (2) (3)	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont as a separate segregated fur	e Form 1120-POL for this year? and employer identification numl is. For each organization listed, en tributions received that were pror and or a political action committee	per (EIN) of all secting the the amount pain nptly and directly de (PAC). If additional s	on 527 political organiz d from the filing organiz elivered to a separate po pace is needed, provide (d) Amount paid from filing organization's	ations to which the fi zation's funds. Also en olitical organization, s information in Part IV. (e) Amount of political contributions received promptly and directly delivered to a separat political organization.
5 (1) (2) (3) (4)	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont as a separate segregated fur	e Form 1120-POL for this year? and employer identification numl is. For each organization listed, en tributions received that were pror and or a political action committee	per (EIN) of all secting the the amount pain nptly and directly de (PAC). If additional s	on 527 political organiz d from the filing organiz elivered to a separate po pace is needed, provide (d) Amount paid from filing organization's	ations to which the fi zation's funds. Also en olitical organization, s information in Part IV. (e) Amount of political contributions received promptly and directly delivered to a separat political organization.
5 (1) (2)	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont as a separate segregated fur	e Form 1120-POL for this year? and employer identification numl is. For each organization listed, en tributions received that were pror and or a political action committee	per (EIN) of all secting the the amount pain nptly and directly de (PAC). If additional s	on 527 political organiz d from the filing organiz elivered to a separate po pace is needed, provide (d) Amount paid from filing organization's	ations to which the fi zation's funds. Also en olitical organization, s information in Part IV. (e) Amount of political contributions received promptly and directly delivered to a separat political organization.
5 (1) (2) (3) (4)	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont as a separate segregated fur	e Form 1120-POL for this year? and employer identification numl is. For each organization listed, en tributions received that were pror and or a political action committee	per (EIN) of all secting the the amount pain nptly and directly de (PAC). If additional s	on 527 political organiz d from the filing organiz elivered to a separate po pace is needed, provide (d) Amount paid from filing organization's	ations to which the fi zation's funds. Also en olitical organization, s information in Part IV. (e) Amount of political contributions received promptly and directly delivered to a separat political organization.

## SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Attack to Form 000 . . ----\_

OMB No. 1545-0047

20 15

Sch	redule C (Form 990 of 990-EZ) 2015	UNDATION FOR AIDS RESEARCH	IJ-J.	103017 Page Z
Pa	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
Α		belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expend		oup member's
В	Check ► if the filing organization	checked box A and "limited control" provisi	ons apply.	
	Limits on Lobb	ying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals
1a	a Total lobbying expenditures to influence	public opinion (grass roots lobbying)		
		a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1	a and 1b)		
c				
e		d lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter th	e amount from the following table in both		
	columns.			
	If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
ç	g Grassroots nontaxable amount (enter 28	5% of line 1f)		
ł	n Subtract line 1g from line 1a. If zero or le	ess, enter -0-		
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-		
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720	
	reporting section 4911 tax for this year?	<u></u>		Yes No
		4-Year Averaging Period Under section 501(h)		

## (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> Total				
2a Lobbying nontaxable amount									
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))									
c Total lobbying expenditures									
d Grassroots nontaxable amount									
e Grassroots ceiling amount (150% of line 2d, column (e))									
f Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2015

Sche	dule C (Form 990 or 990-EZ) 2015					I	Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 576	68		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	a)		(b)	)	
	cription of the lobbying activity.	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
а	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X				
b		X					
С	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		X				
е	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?		X				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х				
i	Other activities?	X					,477.
j	Total. Add lines 1c through 1i					268	,477.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X				
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Х				
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ectio	n		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?						
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	OR (	b) Pa			3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount	unts	of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es _		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	n of th	ne				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyir	ng				
	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
Da	t IV Supplemental Information						

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

SEE PAGE 4

## Schedule C (Form 990 or 990-EZ) 2015

## Part IV Supplemental Information (continued)

LOBBYING EXPENSES

#### PART II-B

THE FOUNDATION FOR AIDS RESEARCH DEVELOPED AN ACTION AGENDA TO END AIDS THAT IDENTIFIED CRITICAL DECISIONS THAT NEED TO BE MADE TO ADVANCE EVIDENCE BASED AIDS POLICIES. WE CREATED A VARIETY OF ISSUE BRIEFS ON TOPICS SUCH AS THE POTENTIAL IMPACT OF VARIOUS BUDGET SCENARIOS ON GLOBAL HEALTH SERVICES, AND POLICY PRIORITIES TO ADDRESS THE HIV EPIDEMIC AMONG GAY MEN IN THE US. THESE ISSUE BRIEFS WERE SHARED WITH CAPITOL HILL STAFF AND MEMBERS OF THE ADMINISTRATION. AMFAR MET REGULARLY WITH STAFF TO MEMBERS OF CONGRESS AND WITH ADMINISTRATION STAFF, AND WE PROVIDED INPUT TO THE ADMINISTRATION ON DEVELOPMENT OF THE PEPFAR BLUEPRINT FOR AN AIDS FREE GENERATION. AMFAR SPONSORED SEVERAL BRIEFINGS ON CAPITOL HILL ON AIDS POLICY AND RESEARCH ISSUES. AMFAR USES THESE BRIEFINGS AS AN EDUCATIONAL TOOL.

SCHEE	DULE D
(Form	990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990

15 2 hlio

OMB No. 1545-0047

	tment of the Treasury al Revenue Service	Information about Schedul	e D (Form 990) and its inst		v.irs.gov/form990	Inspection	
	of the organization				Employer identific		
	-	FOR AIDS RESEARCH			13-31638		
Par		ations Maintaining Donor Adv	ised Funds or Other S	Similar Funds			
T al		e if the organization answered					
			(a) Donor advise		(b) Funds and	d other accounts	 }
1	Total number at a	end of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5		tion inform all donors and donor	advisors in writing that	t the assets hel	d in donor advised		
-	-	anization's property, subject to the	_				No
6		ion inform all grantees, donors, a					
•		e purposes and not for the bene					
		nissible private benefit?					No
Pa		ation Easements.					
		e if the organization answered	"Yes" on Form 990, P	art IV, line 7.			
1		nservation easements held by the					
	Preservatio	on of land for public use (e.g., rec	reation or education)	Preservatio	n of a historically in	nportant land a	area
		of natural habitat	Í Í		n of a certified histo	-	
	Preservatio	on of open space					
2		a through 2d if the organization h	eld a qualified conservat	tion contribution	in the form of a cor	nservation	
	easement on the	last day of the tax year.			Held at the	e End of the Ta	x Year
а	Total number of c	conservation easements			2a		
b		stricted by conservation easements			2b		
с	-	rvation easements on a certified			2c		
		ervation easements included in (c		. ,			
		listed in the National Register			2d		
3		ervation easements modified, trar			ninated by the orga	nization durin	ng the
	tax year ►				, ,		0
4	•	where property subject to conse	rvation easement is locat	ted ►			
5		zation have a written policy reg					
	violations, and en	forcement of the conservation ea	sements it holds?			Yes	No
6	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of violations	, and enforcing c	onservation easement	s during the ye	ear
	▶						
7	Amount of expense	ses incurred in monitoring, inspec	ting, handling of violation	s, and enforcing	conservation easer	nents during tl	he year
	▶\$						
8	Does each conser	vation easement reported on line 2	2(d) above satisfy the req	uirements of sec	ction 170(h)(4)(B)(i)		
		n)(4)(B)(ii)?				Yes	No
9		ibe how the organization reports			•		
		nd include, if applicable, the text of		anization's finar	ncial statements that	t describes the	•
		counting for conservation easeme		•	<b>O</b> L <b>II A</b> (		
Pai		ations Maintaining Collections			er Similar Assets	<b>b</b> _	
	•	e if the organization answered					
1a	If the organizatio works of art, his public service, pro	n elected, as permitted under Sl torical treasures, or other simila ovide, in Part XIII, the text of the fo	FAS 116 (ASC 958), no ar assets held for publi potnote to its financial st	t to report in its c exhibition, ec atements that de	s revenue statemen ducation, or resear escribes these items	nt and balanc ch in furthera 3.	e sheet ance of
b	works of art, his	on elected, as permitted under a torical treasures, or other simila pvide the following amounts relat	ar assets held for publi				
	(i) Revenue inclu	ided in Form 990, Part VIII, line 1			▶\$	s	
	(ii) Assets include	ed in Form 990, Part X			▶\$	64	0,959
2	If the organization	on received or held works of a	rt, historical treasures,	or other simila	r assets for financi	al gain, prov	ide the
	following amount	s required to be reported under S	FAS 116 (ASC 958) rela	ting to these ite	ms:	-	
а	Revenue included	l in Form 990, Part VIII, line 1			▶ 9	5	

Fo	r P	aperwork Reduction Act Notice, see the Instruction	on	s	fo	r F	٥	rm	1 9	90	).
k	)	Assets included in Form 990, Part X									
	•										

▶\$

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. . . . . . . . . . . . . .

DECENDOU a

13-3163817

0 alt a		FOUNDA	VITON FC	OR AIDS	RESEAR	СН				13-31	63817	D
	dule D (Form 990) 2015		tions of	Art Lli	storical T	roacu	roc	or Oth	or Simil	or Acco	te (con	Page 2
	t III Organizations Maintainin Using the organization's acquisition	-										
3	• •		ion, and c	liner rec	orus, crieci	k any c	Ji the	TOHOW	ing that a	are a sig	nincant u	se of its
•	collection items (check all that app Public exhibition	ıy).		d		ar avab	0000	progra	<b>~</b> ~			
a L							-	program	IIS 5, INVEI		- ma	
b	Scholarly research			е	X Other	DONA		TIEMS	5, INVE	NIORI	510.	
c	Preservation for future gene							4			4	- : Dt
4	Provide a description of the organ	nization's (	collections	and exp	biain now t	iney tu	rtner	the org	ganization	's exemp	t purpos	e in Part
-	XIII.				af ant hiat				- 41			
5	During the year, did the organization									-	X Yes	No
Por	assets to be sold to raise funds rath			ameu as p		Jiganiz	alion	s collec			^ res	
r al	Complete if the organizat 990, Part X, line 21.			" on For	m 990, Pa	art IV, I	line S	), or re	ported ar	n amoun	t on Forr	n
10	Is the organization an agent, truste		ion or othe	r intorm	diary for c	ontribu	itions	or othe	r accate no	<b>\</b>		
Id	included on Form 990, Part X?				-						Yes	No
h	If "Yes," explain the arrangement in						• • •			•••• [	les	
b	in res, explain the arrangement in	II Falt All			ulowing tai	Jie.			^	mount		
•	Paginning balanco								F	mount		
с с	Beginning balance						1c					
u e	Additions during the year						1d					
e f	Distributions during the year						1e 1f					
2a	Ending balance Did the organization include an am							etodial	account lis	ability?	Yes	No
	If "Yes," explain the arrangement in											
Par			. OHECK HE		explanation	11103 00	sen pi	Unided		<u>'</u>	<u></u>	
ı aı	Complete if the organizat	ion answ	ered "Yes	" on For	m 990 Pa	art IV	line 1	0				
		(a) Curr			rior year			s back	(d) Three	ears back	(e) Four	years back
			93,036.		90,979.			,886.		0,804.		64,356.
-	Beginning of year balance		7,293.		7,998.			,543.		3,211.		4,341.
b	Contributions		7,255.		1,550.		0	, 5 1 5 .		5,211.		1,511.
С	Net investment earnings, gains,	4	10,902.		-5,941.		40	,550.	2	0,742.		52,107.
_	and losses		.0,902.		5,511.		10	, 550.		0,712.		52,107.
	Grants or scholarships											
е	Other expenditures for facilities								10	0,871.		
	and programs								10	0,071.		
f	Administrative expenses	5/	11,231.	Δ	93,036.		490	,979.	4.4	3,886.	5	20,804.
g	End of year balance		-							5,000.		20,001.
2 a	Provide the estimated percentage Board designated or quasi-endowm	nent 🕨 🔄	rent year e	end balar _%	ice (line 1g,	colum	n (a))	held as	:			
b	Permanent endowment  66.9											
С	Temporarily restricted endowment											
	The percentages on lines 2a, 2b, a											
3a	Are there endowment funds not in	the posse	ssion of th	ne organi	zation that	are he	ld and	d admir	nistered for	the		
	organization by:											es No
	(i) unrelated organizations										3a(i)	X
	(ii) related organizations										3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	•		•			R?				3b	
4	Describe in Part XIII the intended u		erganiza	tion's enc	lowment fur	nds.						
Par	t VI Land, Buildings, and Equi Complete if the organiza	i <b>pment.</b> fion answ	vered "Ye	s" on Fo	rm 990 P	Part IV	line	11a S	ee Form	990 Pa	rt X line	10
	Description of property		(a) Cost or (invest	other basis	(b) Cost o			(c) Acc	cumulated eciation		d) Book valu	
1a	Land											
b	Buildings											
С	Leasehold improvements					542,49			10,836.			1,654.
d	Equipment					304,1			88,027.			6,169.
е	Other					)22,54			93,800.			8,743.
Tota	I. Add lines 1a through 1e. (Column	(d) must	equal Forn	n 990, Pa	rt X, colum	n (B), lii	ne 10	c.)	<u> </u>			6,566.
										Sched	lule D (Fori	n 990) 2015

JSA 5E1269 1.000 76004W 700J

VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	Part IV line 11b See Form 99	0 Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	lation:
nancia	al derivatives			
	-held equity interests			
)				
)				
)				
/ )				
/ )				
)				
)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
t VIII		"Vee" on Ferm 000	Dort IV line 11a See Form 00	0 Dort V line 12
	Complete if the organization answered (a) Description of investment			
	(a) Description of investment	(b) Book value	(c) Method of val Cost or end-of-year ma	
(Colum	n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
	Other Assets.			
t IX	Complete if the organization answered		, Part IV, line 11d. See Form 99	
IX				(b) Book value
t IX	<b>(a)</b> De	scription		
t IX	( <b>a</b> ) De	scription		
	(a) De	scription		
	(a) De	scription		
	(a) De	scription		
	(a) De	scription		
	(a) De	scription		
	(a) De	scription		
. (Colu	<i>umn (b) must equal Form 990, Part X, col. (B) I</i> Other Liabilities. Complete if the organization answered	ine 15.)		
. (Colu	<i>umn (b) must equal Form 990, Part X, col. (B) I</i> <b>Other Liabilities.</b> Complete if the organization answered line 25.	<i>ine 15.)</i>	, Part IV, line 11e or 11f. See F	
. (Colu	<i>umn (b) must equal Form 990, Part X, col. (B) I</i> <b>Other Liabilities.</b> Complete if the organization answered line 25. <b>(a)</b> Description of liability	ine 15.)	, Part IV, line 11e or 11f. See F	
. (Colu X	<i>umn (b) must equal Form 990, Part X, col. (B) I</i> <b>Other Liabilities.</b> Complete if the organization answered line 25. (a) Description of liability ral income taxes	<i>ine 15.)</i>	, Part IV, line 11e or 11f. See F	
. (Colu X Feder LONG	<i>umn (b) must equal Form 990, Part X, col. (B) I</i> <b>Other Liabilities.</b> Complete if the organization answered line 25. <b>(a)</b> Description of liability	<i>ine 15.)</i> I "Yes" on Form 990 (b) Book valu	, Part IV, line 11e or 11f. See F	
. (Colu X Feder LONG	umn (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes TERM LEASE LIABILITY	<i>ine 15.)</i> I "Yes" on Form 990 (b) Book valu	, Part IV, line 11e or 11f. See F	
. (Colu X Feder LONG	umn (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes TERM LEASE LIABILITY	<i>ine 15.)</i> I "Yes" on Form 990 (b) Book valu	, Part IV, line 11e or 11f. See F	
. (Colu X Feder LONG	umn (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes TERM LEASE LIABILITY	<i>ine 15.)</i> I "Yes" on Form 990 (b) Book valu	, Part IV, line 11e or 11f. See F	
. (Colu X Feder LONG	umn (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes TERM LEASE LIABILITY	<i>ine 15.)</i> I "Yes" on Form 990 (b) Book valu	, Part IV, line 11e or 11f. See F	
. (Colu X Feder LONG	umn (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes TERM LEASE LIABILITY	<i>ine 15.)</i> I "Yes" on Form 990 (b) Book valu	, Part IV, line 11e or 11f. See F	

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

X

Schedu	e D (Form 990) 2015				Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements Wi Complete if the organization answered "Yes" on Form 990, Part IV			n.	
1	Total revenue, gains, and other support per audited financial statements			1	50,539,089.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	1,413,485.		
b	Donated services and use of facilities	2b	261,223.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	2,183.		
u e	Add lines 2a through 2d			2e	1,676,891.
-	Subtract line 2e from line 1			3	48,862,198.
3 ⊿	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· · ·			<u> </u>
4		4a			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4b			
b	Other (Describe in Part XIII.)			4c	
_	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )			5	48,862,198.
5 Part				-	10,002,190.
ran	Complete if the organization answered "Yes" on Form 990, Part IV				
				1	41,938,531.
1	Total expenses and losses per audited financial statements	• •		1	11,750,551.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	20	261,223.		
а	Donated services and use of facilities	2a	201,223.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d		2d			261 222
е	Add lines 2a through 2d	• •		2e	261,223.
3	Subtract line 2e from line 1	•••		3	41,677,308.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	41,677,308.
	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p				ne 4; Part X, line

SEE PAGE 5

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Schedule D (Form 990) 2015

ENDOWMENTS

Part XIII

PART V, LINE 4

AMFAR'S ENDOWMENT FUND IS INTENDED TO FUND THE VARIOUS GENERAL RESEARCH PROGRAMS THE ORGANIZATION SPONSORS.

FIN 48 - INCOME TAXES

AMFAR FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND GUIDANCE ON MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

AMFAR HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE TAX YEARS ENDED SEPTEMBER 30, 2013, 2014, 2015 AND 2016 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. AMFAR HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

V 15-7.18

Part XIII Supplemental Information (continued)

COLLECTIONS OF ART, HISTORICAL TREASURES, OR OTHER SIMILAR ASSETS PART III, LINE 4 AMFAR HOLDS VARIOUS ITEMS OF JEWELRY, PHOTOGRAPHS AND OTHER ITEMS OF ARTISTIC VALUE THAT HAVE BEEN DONATED TO THE ORGANIZATION FOR SALE AT

SPECIAL EVENTS. THE ORGANIZATION HAS MAINTAINED THESE ITEMS IN INVENTORY

FOR A FEW YEARS AND IS IN THE PROCESS OF SELLING THEM.

SCHEDULE D, PART XI LINE 2D

CHANGE IN BENEFICIAL INTEREST \$2,183

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Schedule D (Form 990) 2015

	IEDULE F	Staten	nent of A	ctivities	Outside the Uni	ted States	OMB No. 1545-0047
(For	m 990)	► Complete	if the organizat	tion answered '	'Yes" on Form 990, Part IV,	line 14b, 15, or 16.	2015
Depart	ment of the Treasury	► Informatio	n about Schedu		to Form 990. ) and its instructions is at ww		Open to Public
Interna	I Revenue Service						Inspection
	of the organization FOUNDATION FC	ים מדהמ	GENDOU			Employer identified	
Part	General In	formation o	on Activities	Outside the l	Jnited States. Complete		
		Part IV, line 14				fite encode and athen	
					substantiate the amount o e, and the selection criter		
	-	-					X Yes No
	granie er accietance						
	For grantmakers. assistance outside t			ganization's pi	rocedures for monitoring	g the use of its grants	and other
3	Activities per Regio	n. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	pace is needed.)	
	<b>(a)</b> Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	CENTRAL AMERICA/CAN	RIBBEAN			GRANTMAKING	N/A	25,000.
(2)	EAST ASIA AND THE I	PACIFIC			GRANTMAKING	N/A	3,214,551.
(3)	EUROPE				GRANTMAKING	N/A	876,995.
(4)	SOUTH AMERICA				GRANTMAKING	N/A	233,783.
	bootin militer					14/11	
(5)	SOUTH ASIA				GRANTMAKING	N/A	106,248.
(6)	SUB-SAHARAN AFRICA				GRANTMAKING	N/A	29,866.
(7)	EAST ASIA AND THE I	PACIFIC	1.	16.	PROGRAM SERVICES	THERAPEUTICS, TRAINING	1,899,975.
(8)	EUROPE				FUNDRAISING	N/A	10,574,889.
(9)	SOUTH AMERICA				FUNDRAISING	N/A	803,335.
<u>(10)</u>	SOUTH ASIA				FUNDRAISING	N/A	1,998,100.
<u>(11)</u>							
(12)							
(13)							
(14)							
(15)							
<u>(16)</u>							
<u>(17)</u>							
3a b		ontinuation	1.	16.			19,762,742.
-	sheets to Part I Totals (add lines						10 500 510
	aperwork Reduction		the Instruction	16. s for Form 990.		Schedu	19,762,742. Je F (Form 990) 2015

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

Schedule F (Form 990) 2015

Part II	Grants and Other Assi Part IV, line 15, for any		tions or Entities Outsic ved more than \$5,000.					ed "Yes" on F	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	GMT INITIATI	25,000.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	BASIC RESEAR	70,860.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	BASIC RESEAR	499,976.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	BASIC RESEAR	169,134.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	GMT INITIATI	184,612.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	GMT INITIATI	159,255.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	GMT INITIATI	25,000.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	11,648.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	TREAT ASIA	19,234.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	TREAT ASIA	5,680.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	TREAT ASIA	8,310.	WIRE TRANSFE			
<u>(12)</u> (13)			EAST ASIA/PACIFIC	TREAT ASIA	8,100.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	TREAT ASIA	<u> </u>	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	TREAT ASIA	7,500.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	TREAT ASIA	14,997.	WIRE TRANSFE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

Part II	Grants and Other Assist Part IV, line 15, for any re							ed "Yes" on F	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	TREAT ASIA	6,250.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	19,950.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	8,740.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	TREAT ASIA	19,748.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	TREAT ASIA	15,450.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	TREAT ASIA	15,600.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	11,250.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	20,656.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	TREAT ASIA	16,000.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	TREAT ASIA	15,460.	WIRE TRANSFE			
<u>(11)</u>			EAST ASIA/PACIFIC	TREAT ASIA	21,781.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	TREAT ASIA	22,604.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	TREAT ASIA	21,506.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	TREAT ASIA	24,158.	WIRE TRANSFE			
(15) (16)			EAST ASIA/PACIFIC	TREAT ASIA	21,586.	WIRE TRANSFE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

Part II		ssistance to Organiza						ed "Yes" on F	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	TREAT ASIA	21,368.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	14,250.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	20,774.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	TREAT ASIA	20,224.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	TREAT ASIA	21,250.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	TREAT ASIA	5,250.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	6,750.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	5,925.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	TREAT ASIA	5,850.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	TREAT ASIA	5,250.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	TREAT ASIA	5,925.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	TREAT ASIA	15,000.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	TREAT ASIA	319,000.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	TREAT ASIA	166,780.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	TREAT ASIA	50,710.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	TREAT ASIA	93,567.	WIRE TRANSFE			

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by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

Part II	Grants and Other Assis Part IV, line 15, for any re							ed "Yes" on F	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	TREAT ASIA	8,000.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	183,396.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	48,023.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	TREAT ASIA	36,345.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	TREAT ASIA	46,270.	WIRE TRANSFE			
<u>(6)</u>			EAST ASIA/PACIFIC	TREAT ASIA	7,270.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	7,425.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	16,537.	WIRE TRANSFE			
<u>(9)</u> (10)			EAST ASIA/PACIFIC	TREAT ASIA	21,127.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	TREAT ASIA	14,784.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	TREAT ASIA	10,814.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	TREAT ASIA	14,996.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	TREAT ASIA	12,621.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	TREAT ASIA	21,600.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	TREAT ASIA	7,021.	WIRE TRANSFE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

Part II	Grants and Other Assist Part IV, line 15, for any re							ed "Yes" on F	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	TREAT ASIA	11,603.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	7,581.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	11,421.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	TREAT ASIA	9,023.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	TREAT ASIA	8,550.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	TREAT ASIA	24,013.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	15,000.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	7,992.	WIRE TRANSFE			
<u>(9)</u>			EAST ASIA/PACIFIC	TREAT ASIA	7,555.	WIRE TRANSFE			
<u>(10)</u>			EAST ASIA/PACIFIC	TREAT ASIA	35,020.	WIRE TRANSFE			
<u>(11)</u>			EAST ASIA/PACIFIC	TREAT ASIA	9,928.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	TREAT ASIA	5,625.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	TREAT ASIA	5,625.	WIRE TRANSFE			
(14) (15)			EAST ASIA/PACIFIC	TREAT ASIA	5,625.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	TREAT ASIA	5,625.	WIRE TRANSFE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

Part II	Grants and Other Assis Part IV, line 15, for any r							ed "Yes" on F	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	TREAT ASIA	11,250.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	11,250.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	11,250.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	TREAT ASIA	15,000.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	TREAT ASIA	15,000.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	TREAT ASIA	30,000.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	19,142.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	7,008.	WIRE TRANSFE			
(9)			EUROPE/ICELAND/GREENLAND	BASIC RESEAR	89,971.	WIRE TRANSFE			
(10)			EUROPE/ICELAND/GREENLAND	BASIC RESEAR	6,234.	WIRE TRANSFE			
<u>(11)</u>			EUROPE/ICELAND/GREENLAND	BASIC RESEAR	40,000.	WIRE TRANSFE			
(12)			EUROPE/ICELAND/GREENLAND	BASIC RESEAR	46,809.	WIRE TRANSFE			
(13)			EUROPE/ICELAND/GREENLAND	BASIC RESEAR	26,668.	WIRE TRANSFE			
(14)			EUROPE/ICELAND/GREENLAND	BASIC RESEAR	29,167.	WIRE TRANSFE			
<u>(</u> 15)			EUROPE/ICELAND/GREENLAND	RESEARCH	667,769.	WIRE TRANSFE			
(16)			EUROPE/ICELAND/GREENLAND	RESEARCH	127,700.	WIRE TRANSFE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

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

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

Part II	Grants and Other Ass Part IV, line 15, for any	sistance to Organiza	tions or Entities Out	side the United S	States. Complete	e if the organ tional space is	ization answere	ed "Yes" on F	orm 990,
1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	GMT INITIATI	233,783.	WIRE TRANSFE			
(2)			SOUTH ASIA	GMT INITIATI	25,000.	WIRE TRANSFE			
(3)			SOUTH ASIA	PUBLIC POLIC	30,000.	WIRE TRANSFE			
(4)			SOUTH ASIA	TREAT ASIA	7,500.	WIRE TRANSFE			
(5)			SOUTH ASIA	TREAT ASIA	19,104.	WIRE TRANSFE			
(6)			SOUTH ASIA	TREAT ASIA	10,060.	WIRE TRANSFE			
(7)			SOUTH ASIA	TREAT ASIA	6,500.	WIRE TRANSFE			
(8)			SOUTH ASIA	TREAT ASIA	7,001.	WIRE TRANSFE			
(9)			SOUTH ASIA	TREAT ASIA	6,583.	WIRE TRANSFE			
(10)			SUB-SAHARAN AFRICA	GMT INITIATI	25,000.	WIRE TRANSFE			
(11)			-						
(12)									
(13)									
(14) (15)									
(16)									

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

Schedule F (Form 990) 2015

#### Schedule F (Form 990) 2015

Part III

Part III can be duplicated if ad	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)							
18)							

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

Schedule F (Form 990) 2015

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Schedu	le F (Form 990) 2015		Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form</i> 5713, <i>International Boycott Report (see Instructions for Form</i> 5713; <i>do not file with Form</i> 990)	Yes	X No

Schedule F (Form 990) 2015

#### Part V Supplemental Information

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

FOREIGN ACTIVITIES

PART I, LINE 2

INTERNATIONAL ORGANIZATIONS ARE RECOMMENDED FOR FUNDING BASED UPON THE RESULTS OF COMMUNITY-BASED PEER REVIEW AND/OR PROGRAM STAFF ASSESSMENT OF PROPOSAL MERIT AND ORGANIZATION CAPACITY TO UNDERTAKE PROPOSED PROJECTS THAT ARE CHARITABLE IN PURPOSE. PRE-AWARD DUE-DILIGENCE FOR NEW INTERNATIONAL GRANTEES INCLUDES REVIEW OF ORGANIZATION DOCUMENTS AND REGISTRATIONS TO VERIFY THAT THE ORGANIZATION OPERATES FOR A CHARITABLE PURPOSE AND THAT BASIC CAPACITY FOR PROJECT OVERSIGHT AND GOVERNANCE HAS BEEN ESTABLISHED.

ALL INTERNATIONAL GRANTEES ARE REQUIRED TO REPORT SEMI-ANNUALLY ON PROJECT PROGRESS AND EXPENDITURES; CONTINUED REPORTING IS REQUIRED UNTIL SUCH TIME AS GRANT FUNDS ARE EXPENDED IN FULL. REPORTS ARE REVIEWED BY ADMINISTRATIVE AND PROGRAM STAFF. ADDITIONAL OVERSIGHT IS PROVIDED AS NECESSARY BY MEANS OF ONGOING, INFORMAL CONTACT WITH SITES REGARDING PROGRESS AND TECHNICAL ISSUES AND SITE VISITS WHERE FEASIBLE. INTERNATIONAL RESEARCH GRANT RECIPIENTS SUBMIT AN INTERIM AND A FINAL PROGRESS REPORTING ADDITION TO EXPENDITURES REPORTS DUE FOLLOWING THE ENDS OF THE 2ND, 3RD AND FINAL QUARTERS OF THE PERFORMANCE PERIOD.

### FOREIGN ACTIVITIES

PART I, LINE 3, COLUMN D

THE FOUNDATION FOR AIDS RESEARCH CONDUCTS MANY OF ITS GRANT-MAKING PROGRAM SERVICES (SEE PART III OF FORM 990) IN U.S. AND FOREIGN

Schedule F (Form 990) 2015

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

JURISDICTIONS. IN COLUMN D, THE ORGANIZATION HAS REPORTED THE BASIC

PROGRAM THESE GRANTS SUPPORT; PLEASE REFER TO PART III FOR MORE

INFORMATION ABOUT THESE PROGRAMS/INITIATIVES.

FOREIGN ACTIVITIES - STATUS OF GRANTEES

THE FOUNDATION FOR AIDS RESEARCH SUPPORTS MANY NON-U.S. ORGANIZATIONS IN

THE FIGHT AGAINST AIDS AND HIV-RELATED DISEASES. FOR PURPOSES OF

SCHEDULE F, PART II, LINE 2 - ALL 110 CHARITIES SUPPORTED ARE PRESUMED TO

BE THE EQUIVALENT OF U.S. CHARITIES.

	Supplemer	ntal Information F	Regarding	g Fundrai	sing or Gaming	Activities	OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ)	19, or if the	2015					
Department of the Treasury	► Information of			or Form 990			Open to Public
Internal Revenue Service Name of the organization	Information at	oout Schedule G (Form	990 OF 990-E	z) and its in:	structions is at www.ir	Employer identification	Inspection
THE FOUNDATION F	OR ATDS PESEAL	сч				13-3163817	
	ng Activities. Con		nization	answered	"Yes" on Form 9		
	)-EZ filers are not						
1 Indicate whether	the organization rai	sed funds through	any of the	following	activities. Check a	Il that apply.	
a X Mail solicitat		е			non-government g		
	email solicitations	f			government grants	6	
c X Phone solicit d In-person so		g	X Spe	cial fundra	ising events		
2a Did the organizat	ion have a written o s listed in Form 990						X Yes No
<b>b</b> If "Yes," list the t						0	
	east \$5,000 by the		(		to agreemente		
(i) Name and addre or entity (fur		(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No			
1		EVENTS					
AAB PRODUCTIONS,	INC.	PRODUCTION		Х	26,721,994.	515,250.	26,206,744.
2		DIRECT					
EIDOLON COMMUNIC	ATIONS, INC.	MAIL		Х	2,170,244.	308,509.	1,861,735.
3		TELE					
DONOR SERVICES G	ROUP, LLC.	MARKETING		Х	24,717.	54,964.	-30,247.
4	~~~~	SPECIAL					
JOSH WOODS PRODU	CTION	EVENT PROD.		X	7,199,671.	427,500.	6,772,171.
5							
6							
7							
8							
9							
10							
Total		1	_	•	36,116,626.	1,306,223.	34,810,403.
	which the organiza						
registration or lice							
AL, AK, AR, CA, CO, C	T, DC, FL, GA, HI,	,IL,					
KS, KY, LA, ME, MD, M	A, MI, MN, MS, MO,	NV, NH, NJ, NM, N	NY,NC,N	D,OH,			
OK,OR,PA,RI,SC,T	N,TX,UT,VA,WA,	, WV,WI,					

## Schedule G (Form 990 or 990-EZ) 2015

13-3163817

Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 CANNES	(b) Event #2 DALLAS	(c) Other events 18.	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
1	Gross receipts	15,196,962.	5,011,152.	15,790,543.	35,998,657
2	Less: Contributions	14,695,962.	4,857,027.	14,379,943.	33,932,932
3	Gross income (line 1 minus line 2)	501,000.	154,125.	1,410,600.	2,065,725
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	1,083,589.	340,618.	665,398.	2,089,605
6 7	Food and beverages	374,402.	177,719.	1,039,513.	1,591,634
8	Entertainment	1,817,077.	155,996.	1,611,869.	3,584,942
9	Other direct expenses	3,569,976.	506,256.	2,051,801.	6,128,033
10	Direct expense summary. Add lines	4 through 9 in column (d	)		13,394,214
11	Net income summary. Subtract line 1	0 from line 3. column (d			-11,328,489

than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
es	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
irect E	4 Rent/facility costs				
D	5 Other direct expenses				
	6 Volunteer labor	Yes%	Yes%	Yes%	
	7 Direct expense summary. Add lines 2	through 5 in column (d)			
	8 Net gaming income summary. Subtra	ct line 7 from line 1, col	umn (d)		
9	Enter the state(s) in which the organizati	ion conducts gaming ac	tivities:		
a b	······································	aming activities in each		•••••	Yes No
10 a	Were any of the organization's gaming li	censes revoked, suspe	nded or terminated durir	ng the tax year?	Yes No

**b** If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2015			Page <b>3</b>
11	Does the organization conduct 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 conducted in:			
a	The organization's facility			<u>%</u>
b 14	An outside facility			%
14	records:	anu		
	Name ▶			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives g		Yes	No
b	revenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$a	ind the	res	
D D	amount of gaming revenue retained by the third party $\triangleright$ \$			
с	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
10				
	Name ▶			
	Gaming manager compensation $\blacktriangleright$ \$			
	Description of services provided ►			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro-			
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organ	nizations		
Par	or spent in the organization's own exempt activities during the tax year <b>s</b> <b>Supplemental Information.</b> Provide the explanation required by Part I, line 2b, columns	(iii) and	(v) and	
Par	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition			
	(see instructions).			
SCH	EDULE G, PART I			
THE	FOUNDATION FOR AIDS RESEARCH ACTUALLY PAID OUT \$854,723 IN			
FUN	DRAISING EXPENSES FOR THE YEAR ENDING SEPTEMBER 30, 2016. THIS AMOUNT			
ISI	REPORTED ON PART IX, LINE 11(E). FOR PURPOSES OF SCHEDULE G, THE			
_~ .				
FOUI	NDATION IS REPORTING ALL AMOUNTS PAID TO THE CONSULTANTS LISTED ON			
PAR	I I, REGARDLESS OF WHETHER SUCH AMOUNTS WERE PURE FUNDRAISING EXPENSES			
07				
OR 1	EVENT PRODUCTION COSTS. ON SCHEDULE G, THE TOTAL AMOUNT PAID TO THE			

Sched	lule G (Form 990 or 990-EZ) 2015		Page <b>3</b>
11	Does the organization conduct 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 conducted in:		0/
a b	The organization's facility   13a     An outside facility   13b		<u>%</u> %
14 14	Enter the name and address of the person who prepares the organization's gaming/special events books and		70
•••	records:		
	Name ►		
	Address ►		
15 a	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 $\blacktriangleright$ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16			
16	Gaming manager information:		
	Name		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	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 <b>&gt;</b> \$	;	
Par		(v) and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor		
	(see instructions).		
ORG	ANIZATIONS LISTED IS \$1,306,223. OF THAT \$1,306,223, ONLY \$854,723 WAS		
PAT	D FOR FUNDRAISING SERVICES, THE REMAINING \$451,500 WAS PAID FOR EVENT		
1111.	b for forbiditoria berviets, the remaining visi, soo wis this for even		
PRO	DUCTION SERVICES. IN THE INTERESTS OF CLARITY, THE FOUNDATION WOULD		
ALS	O LIKE TO MAKE CLEAR THAT THE COMPENSATION REPORTED AS HAVING BEEN		
PAT	D TO THE PROFESSIONAL FUNDRAISERS REPORTED ON SCHEDULE G IS REPORTED		
ON	A FISCAL YEAR BASIS. SOME OF THOSE SAME FUNDRAISERS ARE REPORTED ON		
THE	FOUNDATION'S TOP 5 HIGHEST PAID INDEPENDENT CONTRACTORS LIST (IN		

Sched	ule G (Form 990 or 990-EZ) 2015		Page <b>3</b>
11	Does the organization conduct 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 conducted in:		
а	The organization's facility 13a		%
b	An outside facility 13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ▶		
	Address		
15 a	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 $\blacktriangleright$ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ► \$		
	Descriptions of some income the LD		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	•		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	No
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations		
D	or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$		
Part		v) and	
r ar	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform		
	(see instructions).		
SCHI	EDULE O). IN COMPLIANCE WITH THE INSTRUCTIONS TO THE FORM 990,		
COMI	PENSATION REPORTED FOR PART VII (AND LISTED IN SCHEDULE O) IS REPORTED		
ON A	A CALENDAR YEAR BASIS. ACCORDINGLY, AMOUNTS ON PART VII AND SCHEDULE G		
WILI	L NOT RECONCILE.		

SCHEDULE I (Form 990)		омв №. 1545-0047 20 <b>15</b>	
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at <i>www.irs.gov/form990</i> .		Open to Public Inspection
Name of the organization		Employer identification number	
THE FOUNDATION FOR AIDS RESEARCH			817
Part I General In	formation on Grants and Assistance		

1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
	the selection criteria used to award the grants or assistance?	] No
~	Describe in Dest IV the comparison is an exploring the meritarian the use of event funds in the United Otates	

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) EMORY UNIVERSITY							
1599 CLIFTON RD. ATLANTA, GA 30322-4250	58-0566256	501(C)(3)	18,000.				BASIC RESEARCH
(2) ICAHN SCHOOL OF MEDICINE							
ONE GUSTAVE LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	30,000.				BASIC RESEARCH
(3) THE ROCKEFELLER UNIVERSITY							
1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501(C)(3)	75,000.				BASIC RESEARCH
(4) NEW YORK UNIVERSITY							
545 1ST AVE NEW YORK, NY 10016	13-5562308	501(C)(3)	44,997.				BASIC RESEARCH
(5) TRUSTEES OF THE UNIVERSITY OF PA							
422 CURIE BLVD PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	50,000.				BASIC RESEARCH
(6) JOHNS HOPKINS UNIVERSITY							
733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	245,424.				GMT INITIATIVE
(7) UNIVERSITY OF WASHINGTON							
4333 BROOKLYN AVE SEATTLE, WA 98195-9472	91-6001537	501(C)(3)	90,000.				BASIC RESEARCH
(8) OREGON HEALTH & SCIENCE UNI.							
3181 SAM JACKSON PK RD. PORTLAND, OR 97239	93-1176109	501(C)(3)	89,911.				BASIC RESEARCH
(9) EMORY UNIVERSITY							
1599 CLIFTON RD. ATLANTA, GA 30322-4250	58-0566256	501(C)(3)	90,000.				BASIC RESEARCH
0) BLOOD SYSTEMS, INC.							
270 MASONIC AVE. SAN FRANCISCO, CA 94118	86-0098929	501(C)(3)	90,000.				BASIC RESEARCH
1) UNIVERSITY OF UTAH							
15 N. MEDICAL DR. SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	90,000.				BASIC RESEARCH
2) REGENTS OF THE UNIVERSITY OF CA.							
3333 CA ST STE. 315 SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	51,426.				BASIC RESEARCH

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

Schedule I (Form 990) (2015)

SCHEDULE I (Form 990)Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.			омв №. 1545-0047 20 <b>15</b>
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990.</li> <li>Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.</li> </ul>		Open to Public Inspection
Name of the organization		Employer identification number	
THE FOUNDATION FOR AIDS RESEARCH			817
Part I General In	formation on Grants and Assistance		

1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and		
	the selection criteria used to award the grants or assistance?	s	No
•	Describes to Deat 10.0 the same structure demonstration that we defended to the United Otertain		

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF NEBRASKA-LINCOLN							
151 WHITTIER RC LINCOLN, NE 68583	47-0049123	501(C)(3)	90,000.				BASIC RESEARCH
(2) CHARITIES AID FDN. OF AMERICA							
1800 DIAGONAL RD. ALEXANDRIA, VA 22314	43-1634280	501(C)(3)	224,260.				PREVENTION SCIENCE
(3) THE ROCKEFELLER UNIVERSITY							
1230 YORK AVE. NEW YORK, NY 10065	13-1624158	501(C)(3)	375,000.				BASIC RESEARCH
(4) JOHNS HOPKINS UNIVERSITY							
733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	180,869.				TREAT ASIA
(5) BETH ISRAEL DEACONESS MEDICAL CENTER							
330 BROOKLINE AVENUE BOSTON, MA 02215	04-2103881	501(C)(3)	497,988.				BASIC RESEARCH
(6) REGENTS OF THE UNIVERSITY OF CA							
3333 CA ST STE 315 SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	500,004.				BASIC RESEARCH
(7) BOSTON MEDICAL CENTER							
ONE BOSTON MEDICAL CENTER BOSTON, MA 02118	04-3314093	501(C)(3)	68,750.				BASIC RESEARCH
(8) YALE UNIVERSITY							
266 WHITNEY AVE. NEW HAVEN, CT 06511	06-0646973	501(C)(3)	75,000.				BASIC RESEARCH
(9) FRED HUTCHINSON CANCER RESEARCH CENTER							
1100 FAIRVIEW AVE N. SEATTLE, WA 98109	23-7156071	501(C)(3)	67,298.				BASIC RESEARCH
(10) DANA-FARBER CANCER INSTITUTE							
44 BINNEY STREET BOSTON, MA 02115	04-2263040	501(C)(3)	38,737.				BASIC RESEARCH
(11) UNIVERSITY OF CA, SAN FRANCISCO							
3333 CA ST STE. 315 SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	1,778,200.				RESEARCH
(12) JOHNS HOPKINS UNIVERSITY							
733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	40,000.				PUBLIC POLICY
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> </ul>	•	•					

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

Schedule I (Form 990) (2015)

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.	OMB No. 1545-0047		
Department of the Treasury Internal Revenue Service	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.		Inspection	
Name of the organization		Employer identification number		
THE FOUNDATION FOR AIDS RESEARCH			817	
Part I General Ir	nformation on Grants and Assistance			

1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and			
	the selection criteria used to award the grants or assistance?	es 🗌	N	0
•	Describe in Deat 10/ the comparison time to an experimentation the use of anoth funds in the United Otates			

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE GEORGE WASHINGTON UNIVERSITY							
2121 I STREET WASHINGTON, DC 20052	53-0196584	501(C)(3)	89,992.				BASIC RESEARCH
(2) HARVARD UNIVERSITY							
29 OXFORD STREET CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	128,438.				RESEARCH
(3) NEW HOPE FOR CAMBODIAN CHILDREN							
PO BOX 690597 KILLEEN, TX 76549	20-5301015	501(C)(3)	20,743.				TREAT ASIA
(4) UNIVERSITY OF CALIFORNIA, SAN DIEGO							
9500 GILMAN DRIVE SAN DIEGO, CA 92093-0679	95-6006144	501(C)(3)	66,665.				BASIC RESEARCH
(5) CASE WESTERN RESERVE UNIVERSITY							
10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	66,665.				BASIC RESEARCH
(6) CASE WESTERN RESERVE UNIVERSITY							
10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	66,665.				BASIC RESEARCH
(7) EMORY UNIVERSITY							
1599 CLIFTON RD. ATLANTA, GA 30322-4250	58-0566256	501(C)(3)	66,665.				BASIC RESEARCH
(8) EMORY UNIVERSITY							
1599 CLIFTON ROAD ATLANTA, GA 30322-4250	58-0566256	501(C)(3)	66,665.				BASIC RESEARCH
(9) JOHNS HOPKINS UNIVERSITY							
733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	66,665.				BASIC RESEARCH
(10) MASSACHUSETTS GENERAL HOSPITAL							
101 HUNTINGTON AVE. BOSTON, MA 02199	04-2697983	501(C)(3)	59,951.				TREAT ASIA
(11) UNIVERSITY OF PITTSBURGH							
123 UNIVERSITY PLACE PITTSBURGH, PA 15213	25-0965591	501(C)(3)	164,000.				GMT INITIATIVE
(12) REGENTS OF THE UNIVERSITY OF CA							
3333 CA ST STE. 315 SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	51,842.				BASIC RESEARCH
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> </ul>	•	•					

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

Schedule I (Form 990) (2015)

SCHEDULE I (Form 990)	Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury	Attach to Form 990.		Open to Public
Internal Revenue Service	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.		Inspection
Name of the organization		Employer ide	entification number
THE FOUNDATION F	OR AIDS RESEARCH	13-3163	817
Part I General In	formation on Grants and Assistance		

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
 Describe to Part 1/4 the grants or assistance (grants) and (

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NEW HOPE FOR CAMBODIAN CHILDREN							
PO BOX 690597 KILLEE, TX 76549	20-5301015	501(C)(3)	50,000.				TREAT ASIA
(2) INFECTIOUS DISEASE RESEARCH INST.							
1616 EASTLAKE AVE. SEATTLE, WA 98102	91-1608978	501(C)(3)	35,000.				BASIC RESEARCH
(3) UNIVERSITY OF ILLINOIS AT CHICAGO							
809 S. MARSHFIELD AVE. CHICAGO, IL 60612	37-6000511	501(C)(3)	56,050.				BASIC RESEARCH
(4) REGENTS OF THE UNIVERSITY OF MN							
200 OAK ST., STE. 450 MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	59,031.				RESEARCH
(5) THE ROCKEFELLER UNIVERSITY							
1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501(C)(3)	20,000.				BASIC RESEARCH
(6) GEORGETOWN UNIVERSITY							
600 NEW JERSEY AVENUE WASHINGTON, DC 20057	53-0196603	501(C)(3)	99,350.				PUBLIC POLICY
(7) AIDS VACCINE ADVOCACY COALITION							
423 WEST 127 ST. 4TH FL. NEW YORK, NY 10027	94-3240841	501(C)(3)	50,600.				PUBLIC POLICY
(8) PROJECT INFORM							
1375 MISSION STREET SAN FRANCISCO, CA 94103	94-3052723	501(C)(3)	10,000.				PUBLIC POLICY
(9) COLUMBIA UNIVERSITY							
630 W. 168TH ST, BOX 49 NEW YORK, NY 10032	13-5598093	501(C)(3)	500,000.				PREVENTION SCIENCE
(10)	_						
(11)	_						
(12)	_						
2 Enter total number of section 501(c)(3) an	d governmer	t organizations	listed in the line 1 t	able		└ · · · · · · · · · · ▶	45.
3 Enter total number of other organizations	listed in the li	ne 1 table	<u></u>	<u></u>	<u></u>	<u></u>	
3 Enter total number of other organizations					<u></u>		

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

No

Part III	Grants and Other Assistance to Individ Part III can be duplicated if additional spa	uals in the U ce is needed.	nited States. Co	mplete if the o	rganization answered	"Yes" on Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
_6						
7 Dort IV	Supplemental Information. Complete th	ia part ta pro	vide the informe	tion required in	Dart Lling 2 Dart III	actume (b) and any other additional
Part IV	information.	is part to pro	vide the informa	tion required in	Part I, line 2, Part III,	column (b), and any other additional
GRANTS	AND ASSISTANCE					
PART I,	LINE 2 AMFAR PROVIDES GRANTS AN	D FELLOWSH	IPS TO INDEPI	ENDENT		
NOT-FOR	-PROFIT ORGANIZATIONS THROUGH A	PEER-REVIE	W PROCESS. (	GRANT		
APPLICA	TIONS ARE FIRST REVIEWED BY THE	FOUNDATION	'S VOLUNTEER	SCIENTIFIC		
ADVISOR	Y COMMITTEE, WHICH COMPRISES REC	OGNIZED EX	PERTS IN THE	MEDICAL,		
SCIENTI	FIC, AND SOCIAL SCIENCES DISCIPL	INES RELEV.	ANT TO HIV AN	ND AIDS. THE	2	
SCIENTI	FIC ADVISORY COMMITTEE THEN SEND	S ITS EVAL	UATIONS TO OI	NE OF THE		
THREE C	OMMITTEES (RESEARCH, GLOBAL INIT	IATIVES OR	PUBLIC POLI	CY) OF THE		

FOUNDATION'S PROGRAM BOARD, WHICH SERVES IN AN ADVISORY CAPACITY TO THE

BOARD OF TRUSTEES. AFTER A PROGRAM COMMITTEE HAS COMPLETED ITS REVIEW OF

JSA

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
rt IV Supplemental Information. Complete	e this part to pro	vide the informa	ition required in	Part I line 2 Part III co	lumn (h) and any other additional
information.			-		
information.			-		
information. APPLICATIONS, IT PRESENTS ITS FUN	IDING RECOMME	NDATIONS TO .	AMFAR ' S		
information. APPLICATIONS, IT PRESENTS ITS FUN CUTIVE COMMITTEE AND/OR THE FULL E	DING RECOMME	NDATIONS TO . TEES FOR FIN.	AMFAR'S AL APPROVAL		
information. C APPLICATIONS, IT PRESENTS ITS FUN CUTIVE COMMITTEE AND/OR THE FULL E D FUNDING AUTHORIZATION. GRANTS AN	IDING RECOMME BOARD OF TRUS ID FELLOWSHIP	NDATIONS TO . FEES FOR FIN S ARE PAYABL	AMFAR'S AL APPROVAL E OVER A		
information. E APPLICATIONS, IT PRESENTS ITS FUN ECUTIVE COMMITTEE AND/OR THE FULL E D FUNDING AUTHORIZATION. GRANTS AN E-TO-THREE-YEAR PERIOD, AND ARE REV CIPIENT'S PERFORMANCE OR USE OF FUN	DING RECOMME BOARD OF TRUS ID FELLOWSHIP YOCABLE AT AM	NDATIONS TO . TEES FOR FIN. S ARE PAYABL FAR'S OPTION	AMFAR'S AL APPROVAL E OVER A IF THE		
information. C APPLICATIONS, IT PRESENTS ITS FUN CUTIVE COMMITTEE AND/OR THE FULL E D FUNDING AUTHORIZATION. GRANTS AN C-TO-THREE-YEAR PERIOD, AND ARE REV	DING RECOMME SOARD OF TRUS ID FELLOWSHIP YOCABLE AT AM	NDATIONS TO . TEES FOR FIN. S ARE PAYABL FAR'S OPTION NSISTENT WIT:	AMFAR'S AL APPROVAL E OVER A IF THE H THE TERMS		
information. APPLICATIONS, IT PRESENTS ITS FUN CUTIVE COMMITTEE AND/OR THE FULL E FUNDING AUTHORIZATION. GRANTS AN -TO-THREE-YEAR PERIOD, AND ARE REV PIPIENT'S PERFORMANCE OR USE OF FUN	DING RECOMME BOARD OF TRUS ID FELLOWSHIP YOCABLE AT AM IDS IS NOT CO YAIN CASES, T	NDATIONS TO IEES FOR FIN S ARE PAYABL FAR'S OPTION NSISTENT WIT HE ACTUAL AM	AMFAR'S AL APPROVAL E OVER A IF THE H THE TERMS OUNTS PAID		
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13-3163817 Page **2** 

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
5					
i					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

COLLABORATION AND PARTICIPATION IN HIV/AIDS-RELATED RESEARCH PROJECTS FOR

WHICH AMFAR HAS SECURED RESTRICTED FUNDS. SUBAWARDS ARE PAYABLE OVER A

ONE-YEAR PERIOD, ALTHOUGH ADVANCE PAYMENTS, IN FULL OR IN PART, MAY BE

ISSUED FOLLOWING EXECUTION OF THE SUBAWARD AGREEMENT. SUBAWARDS ARE

CONTINGENT UPON THE AVAILABILITY OF FUNDS AND ARE REVOCABLE IF THE

RECIPIENTS' PERFORMANCE OR USE OF FUNDS IS NOT CONSISTENT WITH THE

SUBAWARD TERMS.

13-3163817

SCHEDULE J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					1B No. 7 20	15	
	nent of the Treasury		Attach to Form 990. rm 990) and its instructions is at <i>www.irs.gov/f</i>		pen to		
	Revenue Service of the organization		,	Employer identification			1
	-	N FOR AIDS RESEARCH		13-3163817		•	
Part		as Regarding Compensation		19 9109017			
Fall	Question	is regarding compensation				Yes	No
1a	990, Part VII, First-cla	Section A, line 1a. Complete Part III to ss or charter travel	pvided any of the following to or for a pers provide any relevant information regarding Housing allowance or residence for	these items. personal use			
		or companions	Payments for business use of persor				
		emnification and gross-up payments	Health or social club dues or initiatio				
	Discretio	onary spending account	Personal services (e.g., maid, chauffe	eur, chef)			
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	plete Part III to	1b		
2	Did the ora:	anization require substantiation prior	to reimbursing or allowing expenses	incurred by all			
-	•		D/Executive Director, regarding the items	•			
					2		
3	Indicate which organization's related organ X Comper X Indepen	n, if any, of the following the filing organ CEO/Executive Director. Check all that	hization used to establish the compensation at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in Pa Written employment contract Compensation survey or study X Approval by the board or compensa	ds used by a art III.			
4	During the year	ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а			ayment?		4a		X
b			ntal nonqualified retirement plan?		4b	X	
С	Participate in,	, or receive payment from, an equity-ba	sed compensation arrangement?		4c		X
			rovide the applicable amounts for each ite	em in Part III.			
-	•		ganizations must complete lines 5–9.				
5	•		line 1a, did the organization pay or accrue	any			
		n contingent on the revenues of:			_		37
					5a		X
b					5b		X
		e 5a or 5b, describe in Part III.					
6	compensation	n contingent on the net earnings of:	line 1a, did the organization pay or accrue	-			37
а					6a		X
b	If "Yes" on lin	e 6a or 6b, describe in Part III.			6b		X
7			n A, line 1a, did the organization provi				
			escribe in Part III		7		X
8			paid or accrued pursuant to a contract tha				Í
		-	Regulations section 53.4958-4(a)(3)? If				
					8		X
9		5	ow the rebuttable presumption proced				
			<u></u>		9		Ĺ
For Pa	aperwork Reduc	ction Act Notice, see the Instructions for Fo	orm 990.	Schedu	le J (Fo	orm 990	)) 2015

Schedule J (Form 990) 2015

Page **2** 

# 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 on 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 o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KEVIN FROST	(i)	392,318.	100,000.	58,365.	36,550.	56,711.	643,944.	58,365.
1 <sup>CHIEF EXECUTIVE OFFICER</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
BRADLEY JENSEN	(i)	245,632.	0.	0.	17,401.	38,604.	301,637.	0.
2 <sup>ASSISTANT TREASURER, CFO</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN F. LOGAN, J.D., PH	I (i)	228,897.	0.	0.	16,120.	12,575.	257,592.	0.
3 <sup>ASST SEC, VP, GEN COUNSEL</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
ROWENA JOHNSTON	(i)	187,484.	0.	0.	13,201.	12,575.	213,260.	0.
$4^{\text{ASST}}$ secretary, vice president	(ii)	0.	0.	0.	0.	0.	0.	0.
EDWARD DONNELLY	(i)	151,164.	0.	0.	11,019.	11,536.	173,719.	0.
<b>5</b> <sup>ASST</sup> TREASURER, CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
ERIC MUSCATELL	(i)	210,876.	0.	0.	14,924.	12,575.	238,375.	0.
6VICE PRESIDENT OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
ANNETTE SOHN	(i)	226,342.	0.	0.	15,841.	6,491.	248,674.	0.
$7^{\text{VICE PRESIDENT}, \text{ TREAT ASIA PGM}}$	(ii)	0.	0.	0.	0.	0.	0.	0.
ANNMARIE SHANNAHAN	(i)	216,462.	0.	0.	15,231.	12,575.	244,268.	0.
8VICE PRESIDENT, PUBLIC INFO.	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREW MCINNESS	(i)	154,961.	0.	0.	11,109.	38,604.	204,674.	0.
9DIRECTOR, PUBLICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
ANTHONY ANCONA	(i)	173,915.	0.	0.	12,301.	12,582.	198,798.	0.
10 <sup>VICE PRESIDENT, HUMAN RESOURCE</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
SUSAN DOSTER	(i)	141,709.	0.	0.	10,338.	29,754.	181,801.	0.
11 <sup>CHIEF TECHNOLOGY OFFICER</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
BENNAH SERFATY	(i)	123,037.	0.	0.	8,830.	38,604.	170,471.	0.
12 <sup>SR DIRECTOR OF COMMUNICATION</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
GREGORIO MILLET	(i)	180,559.	0.	0.	12,852.	12,080.	205,491.	0.
13 <sup>VICE PRESIDENT, PUBLIC POLICY</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
JONATHAN KEY	(i)	178,219.	0.	0.	9,545.	29,754.	217,518.	0.
14 <sup>DIRECTOR, PHILANTHROPY</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
15	(ii)							
	(i)							
16	(ii)							

JSA 5E1291 1.000 Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

### Part ||| 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.

COMPENSATION

PART I, LINE 4 CHIEF EXECUTIVE OFFICER, KEVIN FROST, PARTICIPATED IN A

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. IN CALENDAR YEAR 2015, AMFAR

CONTRIBUTED \$60,000 INTO MR. FROST'S NON-QUALIFIED RETIREMENT PLAN. THIS

AMOUNT IS NOT REPORTED IN SCHEDULE J, PART II, COLUMN (C) BECAUSE THE

CONTRIBUTED AMOUNT WAS DISTRIBUTED TO MR. FROST WITHIN THE SAME CALENDAR

YEAR. INCLUDED IN SCHEDULE J COLUMN (B)(III) IS MR. FROST'S 2015

EMPLOYER-FUNDED 457(F) CONTRIBUTION OF \$60,000 PLUS PAYOUTS OF PREVIOUSLY

CONTRIBUTED EMPLOYER-FUNDED 457(F) CONTRIBUTIONS (AND EARNINGS THEREON).

IN SCHEDULE J, PART II, COLUMN (F), AMFAR IS REPORTING \$60,000 OF 457(F) CONTRIBUTIONS THAT WERE RECORDED AS DEFERRED COMPENSATION ON A PREVIOUSLY FILED FORM 990.

JSA 5E1505 1.000 Page 3

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2015

**Open To Public** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

## THE FOUNDATION FOR AIDS RESEARCH

is at www.irs.go		Inspection	
	Employer ident	tificati	on number

13-3163817

Par	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d</b> ) Method of d noncash contrib	, eterminin	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
•	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	14.	135,714.	SALES PRICE	3	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()						
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received						
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	gement	29		1
					_	Yes	No
30a	During the year, did the organizat				-		
	28, that it must hold for at least th					-	37
	to be used for exempt purposes for		olding period?		3	0a	X
b	If "Yes," describe the arrangement i						
31	Does the organization have a						
	contributions?					81 X	
32a	Does the organization hire or use		-				
_	contributions?				3	2a	X
	If "Yes," describe in Part II.						
33	If the organization did not report an	n amount in	column (c) for a type of pro	operty for which column (a)	) is checked,		
	describe in Part II.				0-1 1	(E	
FOL D	aperwork Reduction Act Notice, see the Inst	ructions for FO	111 330.		Schedule M	(Form 990)	)(∠015)

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

FORM 990, SCHEDULE M, LINE 31

TO THE EXTENT THAT AMFAR RECEIVES NON-STANDARD CONTRIBUTIONS, THE

ORGANIZATION'S POLICY IS TO LIQUIDATE THOSE ITEMS INTO CASH FOR EVENTUAL

USE IN SUPPORT OF THE ORGANIZATION'S MISSION.

SCHEDULE O (Form 990 or 990-EZ)

# 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

Department of the Treasury Internal Revenue Service Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

PROGRAM SERVICE ACCOMPLISHMENTS(1)

LINE 4A: RESEARCH:

AMFAR SUPPORTS RESEARCH PROJECTS THAT EXPLORE NOVEL APPROACHES TO SCIENTIFICALLY SOUND BUT UNTESTED HYPOTHESES IN ALL AREAS OF RESEARCH ON HIV/AIDS, FUNDING GOAL-ORIENTED STUDIES THAT OFTEN LACK THE PRELIMINARY DATA REQUIRED FOR SUPPORT FROM TRADITIONAL GRANT MAKERS. THE FOUNDATION PLAYS A VITAL ROLE IN HIV/AIDS RESEARCH, IDENTIFYING CRITICAL GAPS IN KNOWLEDGE AND PROVIDING ESSENTIAL SEED MONEY THAT ENABLES GRANTEES AND FELLOWS TO TEST THE MERITS OF NEW CONCEPTS OR TECHNOLOGIES THAT SUBSEQUENTLY CAN BE VALIDATED THROUGH LARGE-SCALE STUDIES, SUCH AS THOSE FUNDED BY THE U.S. NATIONAL INSTITUTES OF HEALTH. AMFAR FELLOWSHIPS ALLOW TALENTED YOUNG INVESTIGATORS TO CONDUCT ORIGINAL INVESTIGATIONS UNDER THE GUIDANCE OF EXPERIENCED SCIENTISTS, HELPING TO ENSURE THE LONG-TERM VITALITY OF AIDS RESEARCH.

## NEW GRANTS AND FELLOWSHIPS GRANTS

GRANTS AND FELLOWSHIPS ARE AWARDED THROUGH A RIGOROUS PROCESS OF PEER REVIEW BY A TEAM OF INDEPENDENT HIV/AIDS EXPERTS DRAWN LARGELY FROM THE VOLUNTEER SCIENTISTS ON AMFAR'S SCIENTIFIC ADVISORY COMMITTEE. GUIDED BY ITS SCIENTIFIC ADVISORS AND WITH THE APPROVAL OF ITS BOARD OF TRUSTEES, AMFAR PURSUES A STRATEGIC RESEARCH PLAN THAT FOCUSES ON THE PURSUIT OF A CURE FOR HIV/AIDS.

# COUNTDOWN TO A CURE FOR AIDS

IN 2015, AMFAR ANNOUNCED A \$100 MILLION INVESTMENT STRATEGY TO SUPPORT ITS COUNTDOWN TO A CURE FOR AIDS INITIATIVE, WHICH IS AIMED AT DEVELOPING THE SCIENTIFIC BASIS FOR A CURE BY 2020. THE STRATEGY REPRESENTS AN UNPRECEDENTED EXPANSION OF AMFAR'S GRANT MAKING AND IS DESIGNED TO PROVIDE SUPPORT TO ANY SCIENTIST OR TEAM OF INVESTIGATORS FOR ANY RESEARCH IDEA WITH THE POTENTIAL TO ADVANCE THE SEARCH FOR A CURE, AT ANY STAGE OF ITS DEVELOPMENT. IT IS STRUCTURED TO PROVIDE SUSTAINED SUPPORT FOR A WIDE RANGE OF STUDIES THAT ADVANCE BOTH EMERGING AND ESTABLISHED IDEAS. THE STRATEGY COMPRISES THE FOLLOWING COMPONENTS:

## - AMFAR INSTITUTE FOR HIV CURE RESEARCH

ESTABLISHED IN 2016 WITH A 20 MILLION GRANT OVER FIVE YEARS TO THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, THE INSTITUTE IS THE CORNERSTONE OF AMFAR'S CURE RESEARCH EFFORTS.

- INNOVATION GRANTS

THESE TWO-YEAR AWARDS OF UP TO \$200,000 EACH ENABLE RESEARCHERS TO TEST INNOVATIVE IDEAS SUPPORTED BY LIMITED PRELIMINARY DATA.

- IMPACT GRANTS

THESE GRANTS OF UP TO \$2 MILLION EACH OVER FOUR YEARS SUPPORT THE IN-DEPTH DEVELOPMENT OF CONCEPTS ALREADY UNDERPINNED BY PRELIMINARY DATA SHOWING GENUINE POTENTIAL FOR ACHIEVING A CURE.

- INVESTMENT GRANTS

AIMED AT RECRUITING THE EXPERIENCE AND EXPERTISE OF SCIENTISTS FROM OUTSIDE THE FIELD OF HIV, THESE \$1 MILLION GRANTS ARE AWARDED OVER A FOUR-YEAR PERIOD. GRANTEES MAY HAVE EXPERTISE IN FIELDS SUCH AS CANCER,

Schedule O (Form 990 or 990-EZ) 2015	Pag
Name of the organization	Employer identification number
THE FOUNDATION FOR AIDS RESEARCH	13-3163817

NEUROSCIENCE OR INFLAMMATORY DISEASE THAT CAN DIRECTLY INFORM EFFORTS TO CURE HIV.

- ARCHE

LAUNCHED IN 2010, THE AMFAR RESEARCH CONSORTIUM ON HIV ERADICATION, OR ARCHE, SUPPORTS COLLABORATIVE TEAMS OF SCIENTISTS IN THE U.S. AND AROUND THE WORLD WORKING ON A RANGE OF HIV CURE STRATEGIES.

- OPPORTUNITY FUND

THIS FUNDING MECHANISM WILL ENABLE AMFAR TO RESPOND QUICKLY TO EMERGING AND UNFORESEEN RESEARCH OPPORTUNITIES.

IN JUST THE FIRST 24 MONTHS OF THE COUNTDOWN TO A CURE FOR AIDS INITIATIVE, AMFAR HAS SUPPORTED 139 PRINCIPAL INVESTIGATORS AND KEY PERSONNEL IN 16 U.S. STATES AND NINE OTHER COUNTRIES AROUND THE WORLD.

#### INNOVATION GRANTS

IN JUNE, AMFAR ANNOUNCED A NEW ROUND OF INNOVATION GRANTS, TOTALING CLOSE TO \$1.4 MILLION, TO ALLOW SCIENTISTS TO BETTER UNDERSTAND WHY HIV PERSISTS IN THE BODY DESPITE EFFECTIVE ANTIRETROVIRAL THERAPY AND PURSUE NOVEL PATHWAYS TO A CURE. THE ROUND OF GRANTS WAS SUPPORTED IN PART BY THE FOUNDATION FOR AIDS AND IMMUNE RESEARCH (FAIR).

AMONG THE GRANTEES IS DR. JONATHAN KARN OF CASE WESTERN RESERVE UNIVERSITY IN CLEVELAND, OHIO, WHO IS AIMING TO DEVELOP A MORE ACCURATE, COST - AND TIME-EFFICIENT WAY TO MEASURE THE SIZE OF THE VIRAL RESERVOIR, WHICH IS ESSENTIAL FOR GAUGING THE EFFECTIVENESS OF POTENTIALLY CURATIVE

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INTERVENTIONS. KARN'S METHOD COULD REDUCE THE NEED FOR BURDENSOME BLOOD DRAWS AND GREATLY INCREASE THE NUMBER OF PATIENTS WHO CAN BE TESTED AT ONE TIME.

ANOTHER GRANTEE, DR. MAUD MAVIGNER OF EMORY UNIVERSITY IN ATLANTA, IS CONDUCTING A COMPREHENSIVE STUDY TO IDENTIFY THE MOST ACCURATE METHODS TO MEASURE THE VIRAL RESERVOIR IN RHESUS MACAQUES INFECTED WITH SIV, THE NON-HUMAN PRIMATE EQUIVALENT OF HIV. SIV-INFECTED RHESUS MACAQUES HAVE HELPED ANSWER SOME OF THE MOST CRUCIAL QUESTIONS IN HIV RESEARCH.

AND A THIRD GRANTEE, DR. CELSA SPINA OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO, IS STUDYING HOW AND WHERE HIV INSERTS ITSELF INTO OUR DNA, ENABLING IT TO ESTABLISH THE HIDDEN VIRAL RESERVOIR. THE PARTICULAR REGION CAN HELP DETERMINE WHETHER THE VIRUS ACTIVELY REPLICATES OR REMAINS LATENT. THE RESULTS OF SPINA'S RESEARCH WILL BE IMPORTANT AS WE DEVELOP NEW DRUGS TO TARGET THIS RESERVOIR.

## INVESTMENT GRANTS

IN JANUARY 2016, AMFAR AWARDED \$1 MILLION EACH OVER FOUR YEARS TO HARVARD PHYSICIST DR. DAVID WEITZ AND BIOENGINEER AND POLYMER SCIENTIST DR. ALEXANDER ZELIKIN OF AARHUS UNIVERSITY IN DENMARK. THE TWO WILL COLLABORATE WITH LEADING HIV RESEARCHERS DRS. BRUCE WALKER AND MARTIN TOLSTRUP AT HARVARD AND AARHUS, RESPECTIVELY, IN THE EFFORT TO ERADICATE THE VIRAL RESERVOIR, WHICH IS CONSIDERED THE PRINCIPAL BARRIER TO CURING HIV.

Employer identification number 13-3163817

WEITZ PROPOSES TO ISOLATE THE MOST EFFECTIVE T CELLS FROM THOSE THAT ARE LESS POTENT, CLONE THEM IN A PETRI DISH, AND USE A MOUSE MODEL TO TEST WHETHER THE REINJECTION OF THESE KILLER CELLS CAN LEAD TO A FUNCTIONAL CURE FOR HIV. AN EXPERT IN PRODRUGS, ZELIKIN WILL DESIGN A TWO-COMPONENT COCKTAIL - ONE WILL GENTLY REAWAKEN THE LATENT HIV AND THE SECOND WILL SPECIFICALLY INITIATE THE KILLING OF VIRALLY INFECTED CELLS.

## ARCHE (AMFAR RESEARCH CONSORTIUM ON HIV ERADICATION)

IN OCTOBER 2015, AMFAR PROVIDED \$850,000 OF RENEWAL ARCHE FUNDING TO A CONSORTIUM OF EUROPEAN RESEARCHERS WHO AIM TO REPLICATE THE CASE OF THE "BERLIN PATIENT," THE FIRST AND ONLY PERSON KNOWN TO HAVE BEEN CURED OF HIV. DIAGNOSED WITH LEUKEMIA, THE PATIENT WAS GIVEN A STEM CELL TRANSPLANT WITH A TWIST: THE CELLS HE RECEIVED WERE TAKEN FROM A DONOR WITH A RARE GENETIC MUTATION CONFERRING RESISTANCE TO HIV INFECTION. LED BY DR. JAVIER MARTINEZ-PICADO OF IRSICAIXA IN SPAIN AND DR. ANNEMARIE WENSING OF UNIVERSITY MEDICAL CENTER UTRECHT IN THE NETHERLANDS, THE TEAM HAS ALREADY IDENTIFIED A GROUP OF PATIENTS WHO HAVE UNDERGONE TRANSPLANTS AND CONTINUES TO MONITOR THEIR PROGRESS IN THE HOPES OF GENERATING NEW KNOWLEDGE THAT CAN INFORM MORE WIDELY APPLICABLE INTERVENTIONS.

AMFAR ALSO AWARDED A \$672,000 ARCHE GRANT IN JUNE TO SUPPORT A RESEARCH TEAM LED BY DR. TIMOTHY SCHACKER OF THE UNIVERSITY OF MINNESOTA, MINNEAPOLIS. SCHACKER IS COLLABORATING WITH A PAIR OF LEADING INVESTIGATORS FROM THE AMFAR INSTITUTE FOR HIV CURE RESEARCH, DRS. STEVEN DEEKS AND PETER HUNT OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO (UCSF), TO ADDRESS ONE OF THE GREATEST CHALLENGES IN HIV CURE RESEARCH: HOW TO ESTABLISH WHETHER A PERSON HAS BEEN CURED.

#### MATHILDE KRIM FELLOWSHIPS

IN OCTOBER 2015, AMFAR AWARDED A TOTAL OF \$600,000 IN MATHILDE KRIM FELLOWSHIPS IN BASIC BIOMEDICAL RESEARCH, AN ANNUAL INITIATIVE THAT PROVIDES FUNDING FOR EXCEPTIONAL YOUNG RESEARCHERS WHO ARE NEW TO THE FIELD OF HIV/AIDS RESEARCH. THE PROGRAM, WHICH WAS CREATED IN 2008 IN HONOR OF AMFAR'S FOUNDING CHAIRMAN, HAS ACHIEVED SPECTACULAR RESULTS, INCLUDING NUMEROUS PUBLISHED STUDIES IN MAJOR SCIENTIFIC JOURNALS. EACH KRIM FELLOW RECEIVES \$150,000 IN FUNDING OVER TWO YEARS.

DR. LUIS AGOSTO OF BOSTON MEDICAL CENTER IS EXPLORING ONE OF THE MECHANISMS THAT PERPETUATES THE VIRAL RESERVOIR, WITH THE GOAL OF UNDERSTANDING HOW THE VIRUS EVADES THE IMMUNE SYSTEM. DR. LIANG SHAN OF YALE UNIVERSITY IN NEW HAVEN, CT, IS USING A HUMANIZED MOUSE MODEL TO TEST THE EFFICACY OF LATENCY REVERSING DRUGS, STUDYING THEIR ABILITY TO REACTIVATE HIV SO THAT THE IMMUNE SYSTEM CAN KILL THOSE CELLS THAT HARBOR THE VIRUS. DR. LOUISE SCHARF OF THE CALIFORNIA INSTITUTE OF TECHNOLOGY IN PASADENA IS STUDYING THE MOLECULAR STRUCTURE OF BROADLY NEUTRALIZING ANTIBODIES ISOLATED FROM TWO HIV-INFECTED PATIENTS TO BETTER UNDERSTAND HOW THESE POWERFUL ANTIBODIES CAN HELP IN THE DEVELOPMENT OF A VACCINE AGAINST THE VIRUS. AND DR. AMIT SHARMA OF THE FRED HUTCHINSON CANCER RESEARCH CENTER IN SEATTLE, WA, IS INVESTIGATING HOW RHESUS MACAQUES CAN BE BETTER UTILIZED AS AN ANIMAL MODEL IN HIV VACCINE STUDIES.

# PUBLISHED RESEARCH

RESEARCH STUDIES MAKE THE GREATEST IMPACT ON THE AIDS FIELD AND ON THE BROADER SCIENTIFIC COMMUNITY WHEN THEY ARE PUBLISHED IN SCIENTIFIC JOURNALS. IN FY2016, 64 SCIENTIFIC PUBLICATIONS RESULTED FROM AMFAR-FUNDED RESEARCH. EXAMPLES INCLUDE:

### HARNESSING THE POWER OF ANTIBODIES

WRITING IN THE MAY ISSUE OF THE JOURNAL SCIENCE, AMFAR KRIM FELLOW DR. STYLIANOS BOURNAZOS AND ASSOCIATES REPORTED USING A SINGLE BROADLY NEUTRALIZING ANTI-HIV ANTIBODY TO TARGET INFECTED CD4 T CELLS IN MICE WITH A HUMANIZED IMMUNE SYSTEM (I.E., MICE THAT HAVE BEEN INJECTED WITH HUMAN STEM CELLS). WORKING IN THE LABORATORY OF DR. JEFFREY RAVETCH OF THE ROCKEFELLER UNIVERSITY IN NEW YORK, THE RESEARCHERS DISCOVERED THAT THE ANTIBODY COULD GREATLY DECREASE THE SURVIVAL OF THESE INFECTED CELLS THROUGH A PROCESS INVOLVING AN IMMUNE RECEPTOR, FC GAMMA. THEIR MOUSE MODEL USED A VARIETY OF HIV STRAINS FROM PATIENTS; THE ANTIBODY WAS EFFECTIVE AGAINST ALL OF THEM. THE AUTHORS CONCLUDED: "THE FINDING THAT ANTIBODIES CAN CLEAR INFECTED CELLS IN VIVO HAS IMPORTANT IMPLICATIONS FOR THERAPIES AIMED AT HIV PREVENTION AND VIRAL RESERVOIR REDUCTION OR ELIMINATION."

THE SCIENCE AND ETHICS OF STOPPING ART THE BERLIN PATIENT IS THE FIRST AND ONLY PERSON KNOWN TO HAVE BEEN CURED

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OF HIV. DIAGNOSED WITH LEUKEMIA, HE RECEIVED A STEM CELL TRANSPLANT FROM A DONOR WITH A RARE GENETIC MUTATION CONFERRING RESISTANCE TO HIV INFECTION. AMFAR-FUNDED SCIENTISTS DR. TIMOTHY HENRICH OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, AND DR. SHARON LEWIN OF THE UNIVERSITY OF MELBOURNE, WITH ASSOCIATES FROM UCSF AND JOHNS HOPKINS UNIVERSITY, WROTE IN THE JANUARY 2016 ISSUE OF THE LANCET HIV THAT THE BEST WAY TO DETERMINE ANOTHER SUCH CURE REQUIRES THE PATIENT BE TAKEN OFF ANTI-HIV DRUGS. BUT THAT RISKS A VIRAL REBOUND, DEATH, AND THE EMERGENCE OF A DRUG-RESISTANT VIRUS. YET, THEY NOTE, "AN UNDERSTANDING OF THE MECHANISMS BY WHICH (THESE TRANSPLANTS) CAN RESULT IN SUSTAINED ART-FREE REMISSION OR THE REASONS WHY THEY FAIL TO DO SO COULD REVEAL KEY INFORMATION TO ADVANCE HIV CURE RESEARCH.

ANTIBODIES TO BLOCK MOTHER-TO-INFANT TRANSMISSION OF HIV AMFAR GRANTEE DR. NANCY HAIGWOOD AND ASSOCIATES AT OREGON HEALTH AND SCIENCE UNIVERSITY AND THE NATIONAL INSTITUTES OF HEALTH EXAMINED MOTHER-TO-CHILD TRANSMISSION IN MONKEYS USING A HYBRID OF AIDS KNOWN AS SHIV, WHICH CONTAINS ELEMENTS OF HIV AND THE SIMIAN AIDS VIRUS. IN THE APRIL 2016 ISSUE OF NATURE MEDICINE, THEY DETAILED AN "EARLY PASSIVE IMMUNOTHERAPY" STRATEGY BASED ON A COCKTAIL OF TWO POTENT MONOCLONAL ANTIBODIES, ISOLATED FROM HIV-INFECTED PATIENTS, CAPABLE OF NEUTRALIZING A BROAD SPECTRUM OF AIDS VIRUSES. THEY EXPOSED 1-MONTH OLD MACAQUES TO SHIV. SOME WERE THEN INJECTED WITH THE ANTIBODIES ONE, FOUR, SEVEN, AND 10 DAYS AFTER EXPOSURE. ALL WERE FOUND TO BE FREE OF THE VIRUS WITHIN TWO WEEKS AND THROUGHOUT A SIX-MONTH FOLLOW UP PERIOD. THE MONKEYS NOT GIVEN Page 2

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THE ANTIBODIES HAD THE VIRUS GROWING WITHIN THEM AS EARLY AS 24 HOURS FOLLOWING INFECTION. THE STUDY SUGGESTS THAT ANTIBODIES- A LESS TOXIC ALTERNATIVE TO ART- COULD BE EFFECTIVE IN PREVENTING EARLY HIV INFECTION IN HUMANS.

## CTLS: STORMTROOPERS OF THE IMMUNE SYSTEM

TRAINING CTLS - SPECIALIZED WHITE BLOOD CELLS THAT RECOGNIZE AND KILL VIRUS-INFECTED CELLS - TO BE BETTER AT ERADICATING HIV FACES SEVERAL CHALLENGES, ACCORDING TO AMFAR GRANTEE DR. BRAD JONES OF GEORGE WASHINGTON UNIVERSITY. JONES, ALONG WITH DR. BRUCE WALKER, REVIEWED THE POTENTIAL ROLE OF CTLS IN CLEARING THE LATENT RESERVOIR OF HIV IN THE FEBRUARY 2016 ISSUE OF THE JOURNAL OF CLINICAL INVESTIGATION. THAT RESERVOIR REPRESENTS THE MAIN BARRIER TO A CURE. CTLS CANNOT RECOGNIZE THE RESERVOIR BECAUSE OF ITS LATENT STATE, AND HIV MUTATES IN ORDER TO ESCAPE DETECTION. MOREOVER, CTLS BECOME "EXHAUSTED" WHEN FACED WITH PERSISTENT INFECTIONS LIKE HIV AND BECOME LESS EFFECTIVE AT ELIMINATING INFECTED CELLS. STILL, JONES WRITES THAT HE BELIEVES THE BEST CHANCE AT FINDING A CURE WILL COME FROM ENHANCING THE BODY'S NATURAL ANTIVIRAL WEAPONS, SUCH AS CTLS.

### MORE THAN ONE WAY TO ACTIVATE A VIRUS

IT HAS LONG BEEN KNOWN THAT COMMON VACCINES CAUSE "VIRAL BLIPS," OR TRANSIENT INCREASES IN HIV VIRAL LOAD IN INFECTED PATIENTS, REGARDLESS OF ANTIRETROVIRAL THERAPY (ART). WRITING IN THE SEPTEMBER ISSUE OF AIDS, AMFAR GRANTEE DR. MARTA MASSANELLA OF THE UNIVERSITY OF CALIFORNIA, SAN

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DIEGO, WITH COLLEAGUES FROM THE UNIVERSITY OF BARCELONA, REPORTED ON 26 SUCH INDIVIDUALS ON ART WHO RECEIVED A COMBINED FLU (OR PNEUMOCOCCAL) VACCINE WITH A HEPATITIS B VACCINE, OR A PLACEBO. THEY NOTED INCREASES IN ACTIVATED T CELLS, PARALLELED BY INCREASES IN MARKERS OF HIV INFECTION ALONG WITH ENHANCED IMMUNE RESPONSES AGAINST THE VIRUS. GIVEN THESE FINDINGS, THE AUTHORS CONCLUDE THAT SUCH IMMUNE STIMULATORY METHODS "MIGHT BE A USEFUL ADJUVANT AS PART OF A COMBINATION OR TIERED APPROACH TO HIV-1 ERADICATION."

### HIV CURE SUMMIT

IN DECEMBER 2015, AMFAR HELD ITS SECOND ANNUAL HIV CURE SUMMIT AT THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO (UCSF), WHERE LEADING AMFAR-FUNDED HIV CURE RESEARCHERS REPORTED ON THEIR PROGRESS AND DISCUSSED THE SCIENTIFIC CHALLENGES THAT CONTINUE TO STAND IN THE WAY OF A CURE. THE SUMMIT FOLLOWED A NOVEMBER 30 PRESS CONFERENCE WHERE AMFAR ANNOUNCED THE ESTABLISHMENT OF THE AMFAR INSTITUTE FOR HIV CURE RESEARCH, SUPPORTED BY A \$20 MILLION GRANT OVER FIVE YEARS TO UCSF.

FOUR SCIENTISTS EACH ADDRESSED ONE OF THE FOUR PILLARS OF HIV CURE RESEARCH: CHARTING THE LOCATIONS OF LATENT HIV RESERVOIRS; UNDERSTANDING HOW THESE POCKETS OF VIRUS ARE ESTABLISHED AND MAINTAINED; RECORDING THE AMOUNT OF VIRUS THEY CONTAIN; AND FINDING A WAY TO ELIMINATE THEM.

DR. WARNER GREENE DISCUSSED THE PRIMARY CURE STRATEGY BEING PURSUED BY THE RESEARCHERS AT THE AMFAR INSTITUTE: SHOCK AND KILL. THE IDEA IS TO

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FIND AGENTS THAT CAN EFFECTIVELY "SHOCK" LATENT VIRUS OUT OF ITS HIDING PLACES SO THAT IT CAN BE "KILLED" BY THE IMMUNE SYSTEM OR INTERVENTIONS SUCH AS THERAPEUTIC VACCINE OR BROADLY NEUTRALIZING ANTIBODIES.

DR. MIKE MCCUNE ADDRESSED THE CHALLENGE OF DETERMINING THE PRECISE LOCATIONS OF THE VIRAL RESERVOIRS. COMPREHENSIVE KNOWLEDGE OF THE DISTRIBUTION OF VIRUS THROUGHOUT THE ORGANS OF THE BODY AND THE DIFFERENT TYPES OF CELLS IN WHICH IT RESIDES WILL FACILITATE THE DELIVERY OF INTERVENTIONS TARGETED SPECIFICALLY AT THE RESERVOIR.

DR. SATISH PILLAI TALKED ABOUT THE MULTIPLE CHALLENGES INHERENT IN DETERMINING EXACTLY HOW MUCH VIRUS IS IN THE PERSISTENT HIV RESERVOIR. THIS IS CRITICAL FOR DETERMINING WHETHER EXPERIMENTAL THERAPIES ARE HAVING A MEANINGFUL IMPACT ON THE RESERVOIR. PILLAI AND HIS COLLEAGUES ARE USING ADVANCED IMAGING TECHNIQUES, SUCH AS DIGITAL DROPLET TECHNOLOGY, TO GREATLY INCREASE THEIR ABILITY TO DETECT TINY AMOUNTS OF VIRUS.

DR. STEVEN DEEKS ROUNDED OUT THE AFTERNOON WITH A PRESENTATION ON THE CLINICAL TRIALS HIS TEAM IS PURSUING TO TEST THE EFFECTIVENESS OF SOME PROMISING LATENCY REVERSING AGENTS (LRAS). LRAS ARE A CLASS OF DRUGS BEING TESTED TO SEE IF THEY CAN AWAKEN DORMANT VIRUS FROM ITS HIDING PLACES IN CELLS, RENDERING IT RECOGNIZABLE TO THE IMMUNE SYSTEM AND VULNERABLE TO ANTIRETROVIRAL DRUGS.

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#### THINK TANKS

CONSISTENT WITH AMFAR'S COMMITMENT TO INVESTIGATE EVERY AVENUE THAT MAY LEAD TO A CURE, THE FOUNDATION REGULARLY HOSTS THINK TANKS THAT BRING TOGETHER LEADING INVESTIGATORS IN VARIOUS FIELDS.

IN MARCH 2016, AMFAR HOSTED A THINK TANK IN MEMPHIS, TN, WITH 10 EXPERTS ON MEASURING THE LATENT HIV RESERVOIR. ONE OF THE CENTRAL CHALLENGES IN DETERMINING WHETHER A PERSON HAS BEEN CURED IS MEASURING SMALL AMOUNTS OF VIRUS IN DIFFICULT TO FIND NICHES. THE RESEARCHERS DISCUSSED MULTIPLE APPROACHES TO ADDRESS THE ISSUE AND HELPED DESIGN A PROJECT THAT AMFAR FUNDED IN JUNE, WHICH IS BEING LED BY THINK TANK PARTICIPANT AND AMFAR GRANTEE DR. TIMOTHY SCHACKER OF THE UNIVERSITY OF MINNESOTA, MINNEAPOLIS.

AMFAR HOSTED ANOTHER THINK TANK IN PORTLAND, OR, IN JUNE ON GENE THERAPY APPROACHES TO CURING HIV. WHILE PHARMACOLOGICAL AND IMMUNOLOGICAL APPROACHES REMAIN THE DOMINANT CURE STRATEGIES, THE CASE OF THE "BERLIN PATIENT" - THE FIRST AND ONLY PERSON KNOWN TO HAVE BEEN CURED OF HIV -POINTS TO THE PROMISE OF GENE THERAPY. THE 10 RESEARCHERS DISCUSSED THE VARIOUS GENE THERAPY STRATEGIES CURRENTLY BEING PURSUED AND DEVELOPED RECCOMENDATIONS FOR FURTHER ADVANCING.

PROGRAM SERVICE ACCOMPLISHMENTS (2) LINE 4B: TREAT ASIA: AMFAR'S TREAT ASIA (THERAPEUTICS RESEARCH, EDUCATION, AND AIDS TRAINING IN ASIA) PROGRAM IS A NETWORK OF HOSPITALS, CLINICS, AND RESEARCH INSTITUTIONS WORKING WITH CIVIL SOCIETY TO ENSURE THE SAFE AND EFFECTIVE DELIVERY OF HIV TREATMENTS TO ADULTS AND CHILDREN ACROSS THE ASIA-PACIFIC THROUGH RESEARCH, EDUCATION, AND ADVOCACY OF EVIDENCE-BASED HIV-RELATED POLICIES. THE TREAT ASIA NETWORK ENCOMPASSES 21 ADULT AND 19 PEDIATRIC SITES THROUGHOUT THE REGION, WHICH COLLABORATE ON A VARIETY OF PROJECTS. TREAT ASIA SCIENTISTS PRODUCED A RECORD 34 PUBLICATIONS IN PEER-REVIEWED MEDICAL JOURNALS IN 2016.

IN 2016, AMFAR SUCCESSFULLY RE-COMPETED FOR FUNDING FOR A NEW FIVE-YEAR CYCLE (2016-2021) THAT WILL BE SUPPORTED BY THE NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID), THE EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT (NICHD), THE NATIONAL CANCER INSTITUTE (NCI), AND FOR THE FIRST TIME THE NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH) AND THE NATIONAL INSTITUTE ON DRUG ABUSE (NIDA). THE RENEWAL APPLICATION INCLUDES MULTIPLE STUDIES THAT WILL BE CONDUCTED ACROSS 58 INSTITUTIONS IN 13 COUNTRIES. THE STUDIES WILL HELP THE PROGRAM ADDRESS EMERGING AND CRITICAL ISSUES FACING PEOPLE LIVING WITH HIV WHO ARE TRANSITIONING FROM PEDIATRIC TO ADOLESCENT CARE, AND AGING INTO OLDER ADULTS.

#### TREAT ASIA HIV OBSERVATIONAL DATABASE (TAHOD)

TREAT ASIA PIONEERED THE REGION'S FIRST ADULT OBSERVATIONAL DATABASE FOR HIV/AIDS, WHICH NOW INCLUDES ANONYMOUS DATA COLLECTED FROM APPROXIMATELY 9,000 PATIENTS AT 20 CLINICAL SITES IN 12 COUNTRIES. THE INFORMATION GATHERED AND ANALYZED THROUGH THE DATABASE INFORMS THE DEVELOPMENT OF MORE EFFECTIVE RESEARCH AND TREATMENT PROGRAMS, AND HELPS DEFINE

TREATMENT STANDARDS SPECIFIC TO HIV/AIDS IN ASIA.

INTERNATIONAL AIDS DATABASE

TREAT ASIA MANAGES THE ASIA-PACIFIC SECTION OF THE INTERNATIONAL EPIDEMIOLOGIC DATABASES TO EVALUATE AIDS (IEDEA), A GLOBAL COLLABORATION ESTABLISHED BY THE U.S. NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES. IN FY2016, THE IEDEA CONSORTIUM FUNDED THE SECOND YEAR OF A STUDY AIMING TO MEASURE AND BETTER UNDERSTAND TREATMENT ADHERENCE AMONG YOUNG PEOPLE WITH HIV. THE STUDY, WHICH WAS CONDUCTED AT THE THREE PARTICIPATING IEDEA SITES IN KENYA, SOUTH AFRICA, AND THAILAND, EVALUATED FACTORS THAT INCREASE THE RISK OF NON-ADHERENCE AND ASSESSED THE IMPACT ON TREATMENT FAILURE AND CLINIC DROPOUT.

# TREAT ASIA PEDIATRIC NETWORK

TREAT ASIA'S PEDIATRIC NETWORK INCLUDES 19 SITES IN SIX COUNTRIES; THESE SITES SHARE INFORMATION AND BEST PRACTICES IN AN EFFORT TO IMPROVE THE QUALITY OF PEDIATRIC CARE IN THE REGION. THE TREAT ASIA PEDIATRIC HIV OBSERVATIONAL DATABASE (TAPHOD) WAS MODELED ON THE ADULT DATABASE AND INCLUDES DATA FROM APPROXIMATELY 6,000 PEDIATRIC PATIENTS IN CAMBODIA, INDIA, INDONESIA, MALAYSIA, THAILAND, AND VIETNAM.

TREAT ASIA HAS BEEN FOLLOWING A PROSPECTIVE COHORT OF 248 HIV-INFECTED ADOLESCENTS TO EVALUATE MULTIPLE SOCIAL, CULTURAL, AND BEHAVIORAL FACTORS THAT AFFECT TREATMENT ADHERENCE USING AN AUDIO COMPUTER-ASSISTED SELF-INTERVIEW (ACASI) INSTRUMENT AT NINE TAPHOD SITES IN MALAYSIA,

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THAILAND, AND VIETNAM. AMONG THE STUDY FINDINGS SO FAR ARE THAT ADOLESCENTS WITH EFFECTIVE VIROLOGIC SUPPRESSION ARE LESS LIKELY TO REPORT HIGH-RISK SEXUAL BEHAVIORS, SUCH AS INCONSISTENT CONDOM USE. THIS EMPHASIZES THE NEED TO PROMOTE AND SUPPORT STRATEGIES TO ACHIEVE VIRAL SUPPRESSION AS A KEY PRIORITY FOR ADOLESCENTS WHO ARE STRUGGLING TO ADHERE TO ANTIRETROVIRAL THERAPY. THIS STUDY WAS SUPPORTED BY THE AIDS LIFE FOUNDATION.

### ADDITIONAL ADOLESCENT RESEARCH

IN 2016, AMFAR WAS AWARDED A DEVELOPMENTAL RESEARCH GRANT BY THE NATIONAL INSTITUTES OF HEALTH TO IMPROVE HOW DATA ON ADOLESCENTS LIVING WITH HIV ARE COLLECTED IN RESOURCE-LIMITED SETTINGS. THE CO-PRINCIPAL INVESTIGATORS- TREAT ASIA DIRECTOR DR. ANNETTE SOHN AND DR. MARY-ANN DAVIES OF THE UNIVERSITY OF CAPE TOWN, SOUTH AFRICA - ARE LEADING A TEAM TO ESTABLISH A DATA COLLECTION AND MANAGEMENT PLATFORM THAT CAN GUIDE CLINICAL PROGRAMS AS TO THE SOCIO-ECONOMIC, CLINICAL, AND LABORATORY DATA NEEDED TO CHARACTERIZE HOW ADOLESCENTS WITH HIV ARE TRANSITIONING TO ADULT HIV CARE. THE INITIATIVE, CALLED GRADUATE: A GLOBAL FRAMEWORK OF DATA COLLECTION USED FOR ADOLESCENT HIV TRANSITION EVALUATION, WILL BE IMPLEMENTED IN MALAWI, SOUTH AFRICA, AND THAILAND OVER THE NEXT TWO YEARS.

EXPANDING PRE-EXPOSURE PROPHYLAXIS (PREP) FOR FEMALE SEX WORKERS IN THAILAND

IN 2016, AMFAR FUNDED A STUDY TO ASSESS COMBINATION HIV PREVENTION NEEDS,

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INCLUDING PRE-EXPOSURE PROPHYLAXIS (PREP), AMONG FEMALE SEX WORKERS IN BANGKOK AND PATTAYA, THAILAND. THE RESEARCH TEAM BRINGS TOGETHER EXPERTS FROM THE SERVICE WORKERS IN GROUP (SWING) FOUNDATION, A THAI ADVOCACY ORGANIZATION FOR SEX WORKERS; INSTITUTE FOR POPULATION AND SOCIAL RESEARCH AT MAHIDOL UNIVERSITY IN BANGKOK; JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH IN BALTIMORE, MD; AND AMFAR. THE RESEARCHERS HAVE COLLECTED DATA USING FOCUS GROUPS, KEY INFORMANT INTERVIEWS, AND A QUESTIONNAIRE AMONG 180 FEMALE SEX WORKERS TO EXAMINE PREP KNOWLEDGE AND ACCEPTABILITY AND TO DOCUMENT BEHAVIORAL, SOCIAL, AND STRUCTURAL FACTORS KNOWN TO PLACE WOMEN AT RISK FOR HIV.

## ADDRESSING UNMET NEEDS IN HIV CARE

IN JANUARY 2016, TREAT ASIA EMBARKED ON A THINK TANK PROJECT TO IDENTIFY AND ADDRESS GAPS IN THE MANAGEMENT OF HIV IN ASIA. THE PROJECT IS BRINGING TOGETHER OVER 20 EXPERTS IN HIV AND OTHER SUB-SPECIALTIES FROM AUSTRALIA, CHINA AND HONG KONG SAR, INDIA, INDONESIA, THE PHILIPPINES, SOUTH KOREA, TAIWAN, THAILAND, CAMBODIA, JAPAN, MALAYSIA, AND VIETNAM. THE THINK TANKS ARE FOCUSING ON THREE PRIORITY AREAS: HIV AND CARDIOVASCULAR DISEASE, HIV AND LIVER DISEASE, AND HIV AND DRUG RESISTANCE.

BUILDING COMMUNITY TREATMENT LITERACY AND PROMOTING ADVOCACY FOR TREATMENT ACCESS TREAT ASIA WORKS CLOSELY WITH REGIONAL ORGANIZATIONS TO SUPPORT TREATMENT

LITERACY ACTIVITIES, INCLUDING THE PRODUCTION OF "COMMUNITY-FRIENDLY"

EDUCATIONAL BROCHURES ON HIV TREATMENT STANDARDS IN LOCAL LANGUAGES.

IN FEBRUARY AND MAY 2016, TREAT ASIA HELD TWO YOUTH ACATA (ASIA COMMUNITY FOR AIDS TREATMENT AND ADVOCACY) WORKSHOPS IN BANGKOK FOR YOUNG PEOPLE LIVING WITH HIV FROM CAMBODIA, INDONESIA, AND THAILAND. IN 2013, APPROXIMATELY 190,000 CHILDREN AND ADOLESCENTS WERE LIVING WITH HIV IN THE REGION. LAUNCHED IN 2015 WITH SUPPORT FROM VIIV HEALTHCARE'S POSITIVE ACTION FOR ADOLESCENTS PROGRAM, YOUTH ACATA AIMS TO EDUCATE PARTICIPANTS ABOUT HIV AND ANTIRETROVIRAL THERAPY AND CONNECTS THEM TO OTHER HIV-POSITIVE YOUTH IN THE REGION.

IN DECEMBER 2015, ADAM'S LOVE, THE ONLINE HIV OUTREACH INITIATIVE TARGETING GAY MEN, OTHER MEN WHO HAVE SEX WITH MEN (MSM), AND TRANSGENDER INDIVIDUALS (COLLECTIVELY, GMT) CUT THE RIBBON ON ITS NEW CLINIC IN THE HEART OF BANGKOK. THE CLINIC, ESTABLISHED WITH SUPPORT FROM AMFAR, AIMS TO APPEAL TO DISCREET, HARDER-TO-REACH GMT INDIVIDUALS WHO MIGHT BE HESITANT TO VISIT PUBLIC GOVERNMENT CLINICS FOR HIV TESTING AND CARE. PART OF AN AMFAR IMPLEMENTATION SCIENCE STUDY, IT WILL TEST THREE INNOVATIVE HIV OUTREACH AND CARE MODELS- EACH TARGETING A DIFFERENT SUBSET OF THE GMT POPULATION.

IN ADDITION, TREAT ASIA CONTINUED TO PUBLISH LAY-LANGUAGE ARTICLES ON AIDS RESEARCH, POLICY, AND COMMUNITY ISSUES FACING THE TREAT ASIA NETWORK AND THE ASIA-PACIFIC AS A WHOLE. THE ARTICLES AND EDUCATIONAL PIECES APPEAR IN THE TREAT ASIA REPORT, A BIMONTHLY E-NEWSLETTER, AND ON TREAT

ASIA'S WEBSITE, WWW.TREATASIA.ORG.

## TREATING HIV AND HEPATITIS C CO-INFECTION

IN MAY, TREAT ASIA CO-SPONSORED A ONE-AND-A-HALF-DAY TRAINING IN BANGKOK FOR CLINICIANS ON TREATING HEPATITIS C AND HIV CO-INFECTION WITH DIRECT-ACTING ANTIVIRALS (DAAS). MORE THAN 30 PRIMARY CARE AND INFECTIOUS DISEASE PHYSICIANS, PATIENTS, AND TREATMENT ACCESS ADVOCATES FROM SIX COUNTRIES IN SOUTH AND SOUTHEAST ASIA ATTENDED. THE AGENDA INCLUDED UNDERSTANDING STEPS FOR DIAGNOSING HEPATITIS C INFECTION, MANAGING TREATMENT SIDE EFFECTS, AND REVIEWING CLINICAL CARE AND TREATMENT RESPONSES AMONG PEOPLE WHO INJECT DRUGS. TREAT ASIA CONDUCTED THE TRAINING IN COLLABORATION WITH THE INTERNATIONAL NETWORK FOR HEPATITIS IN SUBSTANCE USERS (INHSU) AND THE AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE (ASHM).

# EXPANDED ACCESS TO HEPITATIS C TREATMENTS

IN AUGUST, TREAT ASIA HOSTED ITS FOURTH REGIONAL STRATEGIC MEETING ON HEPATITIS C VIRUS TREATMENT ACCESS IN BANGKOK, WITH 22 PARTICIPANTS FROM CAMBODIA, CHINA, INDONESIA, INDIA, MALAYSIA, NEPAL, THAILAND, AND VIETNAM. THE MEETING INCLUDED REPRESENTATIVES FROM KEY POPULATION REGIONAL NETWORKS, INCLUDING MÉDECINS SANS FRONTIÈRES (MSF) ACCESS CAMPAIGN, THE DRUGS FOR NEGLECTED DISEASES INITIATIVE (DNDI), AND THE LAWYERS COLLECTIVE (A PUBLIC INTEREST SERVICE PROVIDER IN INDIA). PARTICIPANTS AGREED TO WORK WITH NATIONAL PARTNERS TO INCREASE ACCESS TO DIRECT-ACTING ANTIVIRALS BY REDUCING REGULATORY BARRIERS AND ENSURING Page 2

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AFFORDABLE PRICING.

#### 15TH ANNUAL NETWORK MEETING

THE 2015 TREAT ASIA ANNUAL NETWORK MEETING WAS HELD OCTOBER 15-17 IN BANGKOK, WHERE MORE THAN 100 PARTICIPANTS FROM AROUND THE WORLD ASSEMBLED TO HEAR UPDATES ON THE NETWORK'S RESEARCH, EDUCATION, AND ADVOCACY ACCOMPLISHMENTS. DR. NICOLAS DURIER, TREAT ASIA'S DIRECTOR OF RESEARCH, PRESENTED A NEW NETWORK STUDY INVESTIGATING RESISTANCE TO SECOND-LINE ART AMONG ADULTS. THE DATA WILL BE USED TO ADVOCATE FOR WIDER AVAILABILITY OF THIRD-LINE ART ACROSS THE REGION. INVESTIGATORS FROM BANGKOK'S SIRIRAJ HOSPITAL ALSO PRESENTED THEIR STUDY ASSESSING THE SAFETY AND EFFICACY OF SWITCHING CHILDREN WITH HIV FROM EFAVIRENZ-BASED ART REGIMENS TO THOSE WITH RILPIVIRINE, WHICH HAVE BEEN SHOWN TO HAVE FEWER ADVERSE SIDE EFFECTS AND COULD POTENTIALLY IMPROVE ADHERENCE. OTHER PRESENTATIONS COVERED NETWORK STUDIES ON NON-COMMUNICABLE DISEASES AND HIV, SMOOTHLY TRANSITIONING ADOLESCENTS FROM PEDIATRIC TO ADULT HEALTH CARE, AND STRATEGIES USING THE INTERNET AND SOCIAL MEDIA TO IMPROVE HIV OUTREACH AMONG MEN WHO HAVE SEX WITH MEN AND TRANSGENDER INDIVIDUALS.

2016 CONFERENCE ON RETROVIRUSES AND OPPORTUNISTIC INFECTIONS TREAT ASIA WAS WELL REPRESENTED AT THE 2016 CONFERENCE ON RETROVIRUSES AND OPPORTUNISTIC INFECTIONS (CROI), HELD FEBRUARY 22-25 IN BOSTON. DR. LINDA AURPIBUL OF CHIANG MAI UNIVERSITY IN THAILAND PRESENTED A STUDY THAT FOUND A SIGNIFICANT RATE OF HEPATITIS B (HBV) COINFECTION IN HIV-POSITIVE CHILDREN AND ADOLESCENTS FROM VIETNAM, THAILAND, CAMBODIA, MALAYSIA, INDONESIA, AND INDIA. ANOTHER STUDY, PRESENTED BY CHIANG MAI UNIVERSITY INVESTIGATOR DR. TAVITIYA SUDJARITRUK, EXAMINED PERINATALLY HIV-INFECTED ASIAN ADOLESCENTS WHOSE VIRAL LOADS HAD INCREASED AFTER BEING SUPPRESSED TO UNDETECTABLE LEVELS. SEVERAL ADDITIONAL PRESENTATIONS USED DATA FROM THE INTERNATIONAL EPIDEMIOLOGIC DATABASES TO EVALUATE AIDS, INCLUDING THREE THAT ANALYZED THE RISKS OF HIV-ASSOCIATED CANCERS SUCH AS KAPOSI'S SARCOMA.

21ST INTERNATIONAL AIDS CONFERENCE IN DURBAN, SOUTH AFRICA TREAT ASIA HAD A STRONG PRESENCE AT THE 21ST INTERNATIONAL AIDS CONFERENCE (AIDS), HELD JULY 18-22 IN DURBAN, SOUTH AFRICA. DR. ANNETTE SOHN, DIRECTOR OF TREAT ASIA, PARTICIPATED IN A SESSION ON CLINICAL MODELS OF HIV CARE FOR ADOLESCENTS, PRESENTING A TALK TITLED, TRANSITION OF THAI HIV-INFECTED ADOLESCENTS TO ADULT CARE. A RELATED SESSION FEATURED TREAT ASIA'S YOUTH ACATA PROGRAM (SEE ABOVE).

# PROGRAM SERVICE ACCOMPLISHMENTS (3)

LINE 4C: PUBLIC INFORMATION: AMFAR SEEKS TO TRANSLATE AND DISSEMINATE INFORMATION ON IMPORTANT AIDS-RELATED RESEARCH, TREATMENT, PREVENTION, AND POLICY ISSUES FOR DIVERSE AUDIENCES AND TO INCREASE BROAD AWARENESS AND KNOWLEDGE OF THE PANDEMIC. AMFAR ALSO PUBLISHES A WIDE RANGE OF EDUCATIONAL MATERIALS, MAINTAINS AN INFORMATIVE WEBSITE, AND ENGAGES RESPECTED PUBLIC FIGURES, HIV/AIDS SCIENTISTS, AND POLICYMAKERS IN COMMUNICATING THE NEED FOR CONTINUED RESEARCH TO DEVELOP NEW METHODS OF PREVENTION, TREATMENT, AND, ULTIMATELY, A CURE FOR AIDS. Name of the organization THE FOUNDATION FOR AIDS RESEARCH

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# EDUCATIONAL MATERIALS

AMFAR PRODUCES A RANGE OF PERIODICALS IN BOTH PRINT AND ELECTRONIC FORMATS, INCLUDING ITS NEWSLETTER INNOVATIONS, PUBLISHED TWICE A YEAR AND DISTRIBUTED TO MORE THAN 45,000 PEOPLE; THE TREAT ASIA REPORT, AN E-MAIL NEWSLETTER DISTRIBUTED SIX TIMES A YEAR TO MORE THAN 4,000 READERS IN THE INTERNATIONAL HEALTH COMMUNITY; AND A MONTHLY E-MAIL NEWSLETTER DISTRIBUTED TO NEARLY 100,000 PEOPLE. THE FOUNDATION'S WEBSITE FEATURES NEWS, INTERVIEWS, BLOG POSTS, AND ORIGINAL ARTICLES COVERING AIDS RESEARCH, POLICY, THE GLOBAL EPIDEMIC, AND AMFAR PROGRAMS AND ACTIVIITES. THE WEBSITE ATTRACTS AN AVERAGE OF 40,000 VISITORS PER MONTH.

AMFAR ALSO CREATES AND DISTRIBUTES PROGRAM REPORTS, PRESS RELEASES, AND UPDATES ON MAJOR HIV/AIDS ISSUES AND CONDUCTS PUBLIC SERVICE ADVERTISING CAMPAIGNS THAT HAVE BEEN INSTRUMENTAL IN EDUCATING POLICYMAKERS, HEALTHCARE PROFESSIONALS, PEOPLE LIVING WITH HIV/AIDS, AND THE GENERAL PUBLIC.

### SOCIAL MEDIA

AMFAR VIGOROUSLY EXPANDED ITS PRESENCE IN THE SOCIAL MEDIA ARENA, REACHING LARGE NUMBERS OF PEOPLE, INCLUDING A YOUNGER DEMOGRAPHIC THAT IS OFTEN LESS EDUCATED ABOUT HIV AND THE AIDS EPIDEMIC. THE FOUNDATION REGULARLY ADDS CONTENT TO ITS FACEBOOK PAGE, LIVE TWEETS FROM EVENTS, AND POSTS IMAGES ON INSTAGRAM FROM FUNDRAISING AND PROGRAM EVENTS. AMFAR HAS 72,000 LIKES ON FACEBOOK, 40,000 TWITTER FOLLOWERS, AND MORE THAN 108,000 INSTAGRAM FOLLOWERS.

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# MEDIA OUTREACH

AMFAR CONTINUED TO WORK CLOSELY WITH THE MEDIA TO RAISE THE PROFILE OF HIV/AIDS, BOTH DOMESTICALLY AND INTERNATIONALLY, AND TO HELP ENSURE THE ACCURACY OF AIDS-RELATED PRESS COVERAGE. ARTICLES AND REPORTS INVOLVING AMFAR-MANY OF WHICH INCLUDED INTERVIEWS WITH AMFAR STAFF AND SPOKESPEOPLE-WERE CARRIED IN NUMEROUS MEDIA OUTLETS, INCLUDING THE NEW YORK TIMES, FORBES, THE ADVOCATE, CBS RADIO, REUTERS, BLOOMBERG NEWS, AND THE SOUTH CHINA MORNING POST.

# CELEBRITY SUPPORT

AMFAR'S PUBLIC AWARENESS EFFORTS ARE GREATLY ENHANCED BY THE COMMITTED SUPPORT OF PUBLIC FIGURES WHO LEND THEIR VOICES AND DONATE THEIR TIME, TALENTS, AND RESOURCES TO HELP SUSTAIN THE FOUNDATION'S MISSION. SUPPORT OF AMFAR BY PROMINENT PUBLIC FIGURES BEGAN WITH THE LATE DAME ELIZABETH TAYLOR, AMFAR'S FOUNDING INTERNATIONAL CHAIRMAN, AND OTHERS HAVE FOLLOWED IN HER FOOTSTEPS. AMFAR IS PROFOUNDLY GRATEFUL FOR THE CONTINUING STEADFAST SUPPORT OF GLOBAL CAMPAIGN CHAIR SHARON STONE.

IN 2016, A COLLECTION OF 1980S CLASSIC HITS WAS UPDATED BY CONTEMPORARY ARTISTS FOR THE TIME IS NOW!, A 14-TRACK COMPILATION ALBUM TO BENEFIT AMFAR. THE ALBUM FEATURES A SOULFUL RENDITION OF MICHAEL JACKSON'S "BILLIE JEAN" BY SINGER-SONGWRITER ALOE BLACC AND A RENDITION OF NEW ORDER'S "BIZARRE LOVE TRIANGLE" PERFORMED BY SUGAR FOR SUGAR, CONSISTING OF SCARLETT JOHANSSON, JULIA HALTIGAN HOLLY MIRANDA, AND KENDRA MORRIS. THE BAND LOWER DENS, POP ROCK GROUP DNCE, DITA VON TEESE AND SEBASTIEN TELLIER, AND SONGWRITING DUO MARIAN HILL ARE ALSO FEATURED ON THE ALBUM.

OTHER CELEBRITY SUPPORTERS INCLUDED AMFAR AMBASSADORS MILLA JOVOVICH, MICHELLE YEOH, AND CHEYENNE JACKSON, KATHY BATES, ANGELA BASSETT, JULIA ROBERTS, MATT BOMER, JAMIE LEE CURTIS, DIANE VON FURSTENBERG, GWYNETH PALTROW, CHIARA FERRAGNI, RYAN MURPHY, KEVIN SPACEY, LADY GAGA, DIANE KRUGER, UMA THURMAN, DAME HELEN MIRREN, FAYE DUNAWAY, KATY PERRY, KATE MOSS, MARC JACOBS, RICKY MARTIN, AMFAR TRUSTEE JAY ELLIS, LEA MICHELE, MICHELLE RODRIGUEZ, WHOOPI GOLDBERG, AMFAR TRUSTEE HARRY BELAFONTE, NAOMI CAMPBELL, HEIDI KLUM, RICCARDO TISCI, ADRIEN BRODY, EVA LONGORIA, HARVEY KEITEL, HARVEY WEINSTEIN, LEONARDO DICAPRIO, ROBERT DE NIRO, ROBIN THICKE, ANDREA BOCELLI, DEAN AND DAN CATEN, CHRIS TUCKER, JENNIFER GARNER, DONATELLA VERSACE, AND CARINE ROITFELD.

PROGRAM SERVICE ACCOMPLISHMENTS (4)

LINE 4D: THE GMT INITIATIVE:

SINCE 2007, AMFAR HAS BEEN SERVING THE HIV-RELATED NEEDS OF GAY MEN, OTHER MEN WHO HAVE SEX WITH MEN (MSM), AND TRANSGENDER INDIVIDUALS (COLLECTIVELY, GMT) THROUGHOUT THE DEVELOPING WORLD THROUGH ITS GMT INITIATIVE. THROUGH SMALL, TARGETED GRANTS TO GRASSROOTS GROUPS, AMFAR HAS EXPANDED ACCESS TO HIV EDUCATION AND PREVENTION SERVICES; SUPPORTED ADVOCACY AIMED AT INCREASING FUNDING FOR PREVENTION AND TREATMENT SERVICES; AND WORKED TO END THE STIGMA, DISCRIMINATION, AND VIOLENCE THAT THREATEN THE LIVES OF GMT AND FUEL THE SPREAD OF HIV/AIDS. Name of the organization THE FOUNDATION FOR AIDS RESEARCH Employer identification number 13-3163817

IN SEPTEMBER 2015, AMFAR AWARDED AN 18-MONTH GRANT TO THE KIRBY INSTITUTE AT THE UNIVERSITY OF NEW SOUTH WALES IN SYDNEY, AUSTRALIA, TO EXTEND THE OPPOSITES ATTRACT STUDY UNDERWAY IN BRAZIL AND THAILAND. THE STUDY IS BEING LED BY DR. ANDREW E. GRULICH OF THE KIRBY INSTITUTE AND IS EVALUATING THE ROLE OF COMBINATION ANTIRETROVIRAL THERAPY AS A "TREATMENT OF PREVENTION" STRATEGY AMONG SERODISCORDANT MALE HOMOSEXUAL COUPLES IN AUSTRALIA, BRAZIL, AND THAILAND. THE SAME FUNDING WAS USED TO SUPPORT CLINICS AT THE INSTITUTO DE PESQUISA CLÍNICA EVANDRO CHAGAS (IPEC) IN RIO DE JANEIRO AND THE THAI RED CROSS AIDS RESEARCH CENTRE IN BANGKOK, WHICH HAVE BEEN PARTICIPATING IN THE STUDY SINCE MAY 2014.

# IMPLEMENTATION SCIENCE AWARDS

IN FY2016, AMFAR'S GRANT MAKING THROUGH THE GMT INITIATIVE EVOLVED TO SUPPORT LARGER IMPLEMENTATION SCIENCE PROJECTS AIMED AT IDENTIFYING BARRIERS TO HIV TESTING, TREATMENT, AND CARE AND STUDYING THE IMPACT OF INNOVATIVE HIV SERVICE DELIVERY MODELS FOR GMT IN LOW- AND MIDDLE-INCOME COUNTRIES. AMFAR HAS AWARDED \$2.6 MILLION OVER THREE YEARS TO SUPPORT THREE SUCH STUDIES.

DR. CHRIS BEYRER OF JOHNS HOPKINS UNIVERSITY IS LEADING A TEAM OF RESEARCHERS AND COMMUNITY-BASED SERVICES (IN COLLABORATION WITH THE INTERNATIONAL HIV/AIDS ALLIANCE MYANMAR) IN EVALUATING THE EFFECTIVENESS OF PROMISING INTERVENTIONS FOR GMT IN MYANMAR, WHERE INCREASED HIV TESTING AND TREATMENT OPPORTUNITIES ARE BECOMING AVAILABLE. THE RESEARCHERS ARE ASSESSING THE EFFECTIVENESS OF HIV SELF-TESTING DONE IN

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THE PRIVACY OF ONE'S HOME, POINT-OF-CARE CD4 TESTING, AND THE USE OF "PEER NAVIGATORS" FAMILIAR WITH THE LOCAL HEALTH SYSTEM TO HELP THOSE NEWLY DIAGNOSED GAIN ACCESS TO HIV TREATMENT AND CARE.

IN LIMA, PERU, DR. JAVIER LAMA OF ASOCIACIÓN CIVIL IMPACTA SALUD Y EDUCACIÓN AND HIS TEAM ARE AIMING TO IMPROVE THE CONTINUUM OF CARE AMONG TRANSGENDER WOMEN BY USING AN INNOVATIVE MODEL THAT INTEGRATES HIV PREVENTION AND TREATMENT SERVICES WITH TRANSGENDER-AFFIRMING MEDICAL CARE. WORKING IN COLLABORATION WITH THE BOSTON-BASED FENWAY INSTITUTE AND TWO COMMUNITY GMT ORGANIZATIONS, IMPACTA AND EPICENTRO, DR. LAMA AND HIS TEAM ARE INTEGRATING ROUTINE CROSS-SEX HORMONE THERAPY INTO HIV AND SEXUALLY TRANSMITTED INFECTION PREVENTION, TESTING, AND TREATMENT SERVICES AND IMPLEMENTING HEALTH SERVICES AND PEER CASE MANAGEMENT FOR 200 TRANSGENDER WOMEN.

AND IN BANGKOK, THAILAND, DR. NITTAYA PHANUPHAK AND HER TEAM AT THE THAI RED CROSS AIDS RESEARCH CENTRE ARE WORKING TO SHOW HOW INNOVATIVE TECHNOLOGIES SUCH AS GMT-TARGETED WEBSITES USING ONLINE COUNSELING AND SUPPORT CAN BE UTILIZED TO INCREASE RATES OF HIV TESTING AND REFERRALS TO PREVENTION AND TREATMENT PROGRAMS. WORKING IN COLLABORATION WITH ADAM'S LOVE, A WEB-BASED HEALTH PLATFORM FOR GMT INDIVIDUALS, AND TWO COMMUNITY-BASED ORGANIZATIONS (SERVICE WORKERS IN GROUP/SWING AND THE RAINBOW SKY ASSOCIATION OF THAILAND), THE TEAM ARE COMPARING THE EFFECTIVENESS OF ONLINE SERVICES AND SUPPORT INTERVENTIONS WITH TRADITIONAL CLINIC-BASED HIV SERVICES, AND A HYBRID MODEL THAT COMBINES Page 2

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ELEMENTS OF BOTH STRATEGIES.

#### AMFAR HIV SCHOLARS PROGRAM

IN FY2016, AMFAR SUPPORTED FOUR YOUNG RESEARCHERS FROM PARAGUAY, BRAZIL, SOUTH AFRICA, AND INDONESIA UNDERGOING FIVE MONTHS OF GRADUATE-LEVEL PUBLIC HEALTH STUDY AT THE CENTER FOR LGBT HEALTH RESEARCH OF THE GRADUATE SCHOOL OF PUBLIC HEALTH AT THE UNIVERSITY OF PITTSBURGH AS PART OF THE AMFAR HIV SCHOLARS PROGRAM. THE PROGRAM AIMS TO STRENGTHEN GMT COMMUNITY-BASED RESEARCH AND RESPONSES TO HIV, OFTEN IN AREAS WHERE LITTLE DATA ABOUT HIV AMONG GMT CURRENTLY EXIST AND WHERE STIGMA AND DISCRIMINATION DETER MANY FROM SEEKING HIV TESTING AND SERVICES.

THE 2016 AMFAR HIV SCHOLARS ARE DR. ANTONIO SPAGNOLO OF THE NATIONAL UNIVERSITY OF ASUNCIÓN IN PARAGUAY; DANIEL DUTRA DE BARROS OF SANTA CASA DE SÃO PAULO SCHOOL OF MEDICAL SCIENCES IN BRAZIL; KABELO MALEKE OF PROJECT BOITHATO AT THE ANOVA HEALTH INSTITUTE IN RURAL SOUTH AFRICA; AND ADI NUGROHO OF THE GWL-INA NETWORK IN JAKARTA, INDONESIA.

### PUBLICATIONS

AS PART OF ITS EFFORTS TO RAISE AWARENESS AMONG GOVERNMENTS, DONORS, AND INTERNATIONAL NONGOVERNMENTAL ORGANIZATIONS ABOUT THE SPREAD OF HIV AMONG GMT INDIVIDUALS AND TO ADVOCATE FOR EFFECTIVE STRATEGIES TO ADDRESS IT, AMFAR PUBLISHES A RANGE OF REPORTS ON HIV AND GMT.

IN NOVEMBER 2015, AMFAR - ALONG WITH THE INTERNATIONAL AIDS VACCINE

INITIATIVE (IVAI), THE JOHNS HOPKINS UNIVERSITY- CENTER FOR PUBLIC HEALTH AND HUMAN RIGHTS (JHU-CPHHR), AND THE UNITED NATIONS DEVELOPMENT PROGRAM (UNDP)- RELEASED UPDATED GUIDELINES TO RESPECT, PROTECT, FULFILL, A DOCUMENT THAT OFFERS PRACTICAL ADVICE ON HOW TO ENGAGE GAY MEN AND OTHER MSM IN EPIDEMIOLOGIC AND INTERVENTION RESEARCH, INCLUDING HIV PREVENTION AND TREATMENT TRIALS.

FIRST RELEASED IN 2011, THE GUIDANCE HELPS RESEARCHERS AND COMMUNITY-BASED ORGANIZATIONS MAXIMIZE THE BENEFITS AND MINIMIZE ANY POTENTIAL RISKS OF WORKING TOGETHER ON CRITICALLY NEEDED RESEARCH INVOLVING THIS POPULATION.

THE REVISED RESPECT, PROTECT, FULFILL WAS COMPILED THROUGH A PARTICIPATORY PROCESS THAT ENLISTED INPUT FROM RESEARCHERS AND COMMUNITY LEADERS AND ORGANIZATIONS THROUGHOUT THE WORLD.

# PROGRAM SERVICE ACCOMPLISHMENTS (5)

LINE 4D: PUBLIC POLICY: INFORMED BY THOROUGH RESEARCH AND ANALYSIS, AMFAR IS A HIGHLY RESPECTED ADVOCATE OF RATIONAL AND COMPASSIONATE AIDS-RELATED PUBLIC POLICY. THE FOUNDATION IS ENGAGED IN EFFORTS TO SECURE NECESSARY INCREASES IN FUNDING FOR HIV/AIDS RESEARCH; IMPLEMENT THE U.S. NATIONAL HIV/AIDS STRATEGY; EXPAND ACCESS TO CARE AND TREATMENT; AND PROTECT THE CIVIL RIGHTS OF ALL PEOPLE AFFECTED BY HIV/AIDS.

#### SHAPING THE DOMESTIC RESPONSE TO HIV/AIDS

AMFAR HAS LONG ADVOCATED THE IMPLEMENTATION OF A COMPREHENSIVE NATIONAL

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HIV/AIDS STRATEGY TO ADDRESS THE EPIDEMIC IN THE U.S., WHERE MORE THAN 1.2 MILLION PEOPLE ARE LIVING WITH THE VIRUS.

IN FEBRUARY 2016, AMFAR PUBLISHED AN INFOGRAPHIC TITLED, SMALL INCREASE, BIG IMPACT, ILLUSTRATING THE DECLINING PURCHASING POWER OF THE NATIONAL INSTITUTES OF HEALTH'S (NIH) HIV/AIDS RESEARCH DOLLARS. IN 2016, THE NIH BUDGET WAS INCREASED BY \$2 BILLION, AND PRESIDENT OBAMA PROPOSED A FURTHER INCREASE OF \$825 MILLION FOR 2017. HOWEVER, HIV RESEARCH FUNDING REMAINED AT 2015 LEVELS. AN INCREASE IN HIV RESEARCH FUNDING IN LINE WITH THE INCREASE IN TOTAL NIH FUNDING WOULD HAVE MEANT AN ADDITIONAL \$76.6 MILLION FOR HIV RESEARCH FOR 2017. SUCH AN INCREASE WOULD HAVE ALLOWED THE NIH TO FUND 180 HIV/AIDS STUDIES THAT COULD SIGNIFICANTLY ADVANCE HIV PREVENTION, TREATMENT OR CURE RESEARCH; FUND 51 CLINICAL TRIALS FOCUSED ON CURING HIV; OR FUND A BREAKTHROUGH PREVENTION TRIAL.

#### KEY POPULATIONS

AMFAR IS DEDICATED TO ADDRESSING THE NEEDS OF THE PEOPLE MOST VULNERABLE TO HIV INFECTION: MEN WHO HAVE SEX WITH MEN, SEX WORKERS, PEOPLE WHO INJECT DRUGS, AND TRANSGENDER PEOPLE.

IN OCTOBER 2015, AMFAR PUBLISHED TOWARDS DEFINING AN HIV IMPLEMENTATION SCIENCE AGENDA FOR KEY POPULATIONS IN LOW- AND MIDDLE-INCOME COUNTRIES BASED ON A MEETING THE FOUNDATION HOSTED IN MAY 2015 TO BRAINSTORM HOW IMPLEMENTATION SCIENCE RESEARCH MIGHT IMPROVE HIV OUTCOMES FOR KEY POPULATIONS IN RESOURCE-LIMITED SETTINGS. WHILE SIGNIFICANT PROGRESS HAS

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BEEN MADE IN THE FIGHT AGAINST AIDS, THERE REMAINS A CONSIDERABLE GAP BETWEEN THE POTENTIAL OF EXISTING PREVENTION AND TREATMENT TOOLS AND THEIR ACTUAL IMPACT ON PEOPLE AFFECTED BY THE VIRUS.

AMFAR PUBLISHED FOLLOWING THE MONEY TO KEY POPULATIONS, NATIONAL PRIORITIES, AND EVIDENCE-BASED BUDGETING IN JUNE, A QUALITATIVE ASSESSMENT OF HOW KENYA AND SOUTH AFRICA USE HEALTH DATA FOR BUDGETARY RESOURCE ALLOCATION. THE FOUNDATION, ALONG WITH THE CENTRE FOR ECONOMIC GOVERNANCE AND AIDS IN AFRICA (CEGAA) AND AVAC, REVIEWED RESOURCE ALLOCATION FOR HEALTH AND HIV INTERVENTIONS, IDENTIFIED EPIDEMIOLOGICAL DATA CURRENTLY IN USE, HIGHLIGHTED INFORMATION AND PROCEDURAL GAPS IN RESOURCE ALLOCATION FOR KEY POPULATIONS, AND DEVELOPED RECOMMENDATIONS FOR FUTURE RESEARCH.

IN JULY, AMFAR PUBLISHED THE REPORT IS PEPFAR FUNDING FOR KEY POPULATIONS ALIGNED WITH THE EPIDEMIOLOGIC BURDEN? BASED ON AN EVALUATION OF THE U.S. PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR). WORLDWIDE, 40-50% OF ALL HIV INFECTIONS IN ADULTS AGED 15-49 OCCUR AMONG KEY POPULATIONS. THE REPORT CONCLUDED THAT THE DISPROPORTIONATE HIV RISK ALONG WITH POOR QUALITY HEALTH SERVICES UNDERSCORE THE CONTINUING IMPORTANCE OF PRIORITIZING RESOURCES AND TARGETED INTERVENTIONS.

# GLOBAL HEALTH

IN FY2016, AMFAR PUBLISHED THE WORLD WITHOUT PEPFAR, AN INFOGRAPHIC HIGHLIGHTING SIGNIFICANT ADVANCES IN GLOBAL HIV/AIDS TREATMENT AND

PREVENTION MADE POSSIBLE BY THE U.S. PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR). LAUNCHED IN 2003, PEPFAR MADE BILLIONS OF DOLLARS AVAILABLE FOR HIV PROGRAMS IN DEVELOPING COUNTRIES AND FUNDAMENTALLY CHANGED THE COURSE OF THE GLOBAL EPIDEMIC.

AMFAR ALSO ADDED NEW FEATURES AND DATA TO ITS PEPFAR COUNTRY/REGIONAL OPERATIONAL PLAN DATABASE, A COMPREHENSIVE, NAVIGABLE DATABASE OF PEPFAR'S PLANNED FUNDING OF HIV/AIDS ACTIVITIES FROM 2007 TO 2015. LAUNCHED IN 2015, THE DATABASE IS DESIGNED TO HELP CIVIL SOCIETY ORGANIZATIONS, MINISTRIES OF HEALTH AND FINANCE, RESEARCHERS, AND OTHER STAKEHOLDERS ACCESS AND UNDERSTAND PEPFAR'S PROGRAMS AND PRIORITIES ON A DEEPER LEVEL THAN WAS POSSIBLE USING OTHER PLATFORMS.

#### POLICIES

#### FORM 990, PART VI, SECTION B

LINE 11 - THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO THE FULL BOARD OF TRUSTEES FOR DISCUSSION AND COMMENT. EACH BOARD MEMBER WAS PROVIDED AMPLE OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

LINE 12 - EACH OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEE OF AMFAR ("FOUNDATION") IS REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY VIRTUE OF EMPLOYMENT, BOARD SERVICE, OR POSITION WITH THE FOUNDATION. THE FOUNDATION MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH AN ANNUAL QUESTIONNAIRE/DISCLOSURE STATEMENT THAT IS DISTRIBUTED TO THESE INDIVIDUALS. POTENTIAL CONFLICTS ARE INVESTIGATED IMMEDIATELY.

LINE 15 - AMFAR ("FOUNDATION FOR AIDS RESEARCH") UNDERTAKES A THOROUGH PROCESS TO ENSURE THAT THE COMPENSATION IT PAYS TO ITS TOP MANAGEMENT OFFICIAL AND ALL OF ITS OFFICERS AND KEY EMPLOYEES IS REASONABLE GIVEN THE MARKET IN WHICH THE FOUNDATION OPERATES. AN INDEPENDENT CONSULTING FIRM QUALIFIED IN THE AREA OF NONPROFIT COMPENSATION PREPARES AN ANALYSIS OF MARKET COMPENSATION RANGES BY JOB FUNCTION AND PRESENTS IT TO THE COMPENSATION COMMITTEE OF THE BOARD. ON THE BASIS OF THIS INFORMATION, STAFF COMPENSATION IS DETERMINED ACCORDING TO SALARY RANGES APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD, IN CONSULTATION WITH THE CEO AND CFO. CEO COMPENSATION IS REVIEWED AND DETERMINED BY THE COMPENSATION COMMITTEE OF THE BOARD UTILIZING THE INDEPENDENT CONSULTANT ANALYSIS.

#### DISCLOSURE

### FORM 990, PART VI, SECTION C

LINE 19 - AMFAR MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS AND ON ITS WEBSITE, WWW.AMFAR.ORG. THE FORM 990 IS LIKEWISE PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG. THE FOUNDATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE IN ITS ANNUAL REPORT AND ON ITS WEBSITE. THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY MADE AVAILABLE TO THE PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.

### FUNCTIONAL EXPENSES

PART IX, LINES 1 & 3 THE FOUNDATION FOR AIDS RESEARCH REPORTS ITS GRANTS NET OF GRANT RETURNS OR RECOVERIES. PERIODICALLY, GRANTS REMITTED TO CHARITABLE ORGANIZATIONS ARE RETURNED TO AMFAR FOR A VARIETY OF REASON. ON SCHEDULES F & I, GRANTS ARE REPORTED IRRESPECTIVE OF WHETHER THEY WERE ULTIMATELY RETURNED TO AMFAR SINCE CATEGORIZING THE "RETURNED" AMOUNTS WOULD BE TIME CONSUMING. THEREFORE, AMOUNTS REPORTED ON PART IX, LINE 1 WILL NOT TIE TO TOTAL GRANTS ON SCHEDULE I; AMOUNTS REPORTED ON PART IX, LINE 3 WILL NOT TIE TO TOTAL GRANTS ON SCHEDULE F.

OTHER CHANGES IN NET ASSETS

FORM 990, SECTION XI, LINE 9

CHANGE IN VALUE OF THIRD PARTY TRUST..... \$2,183

TOTAL LINE 9

#### \$2,183

ATTACHMENT 1

# FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE FOUNDATION FOR AIDS RESEARCH IS AN INTERNATIONAL NOT-FOR-PROFIT ORGANIZATION INCORPORATED IN NEW YORK IN 1989. AMFAR WAS FORMED THROUGH THE UNIFICATION IN 1985 OF TWO NOT-FOR-PROFIT ORGANIZATIONS, THE AIDS MEDICAL FOUNDATION ("AMF"), INCORPORATED IN NEW YORK IN APRIL 1983, AND THE NATIONAL AIDS RESEARCH FOUNDATION, INCORPORATED IN CALIFORNIA IN AUGUST 1985. FIRST BASED IN CALIFORNIA, AMFAR TRANSFERRED ITS LEGAL DOMICILE TO NEW YORK IN 1989, USING THE INITIAL INCORPORATION DOCUMENTS OF AMF, MAKING IT AMF'S LEGAL SUCCESSOR. AMFAR HAS OFFICES IN NEW YORK, NY, WASHINGTON, D.C., AND BANGKOK, Page 2

ame of the organization THE FOUNDATION FOR AIDS RESEARCH	Employer identification number 13-3163817
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	ATTACHMENT 1 (CONT'D)
HAILAND. ON MARCH 7, 2005, THE BOARD OF TRUSTEES OF THE AMERICAN	
FOUNDATION FOR AIDS RESEARCH APPROVED A CHANGE IN LEGAL NAME TO "TH	E
FOUNDATION FOR AIDS RESEARCH." ON OCTOBER 18, 2005, THE NEW YORK	
STATE DEPARTMENT OF STATE APPROVED THIS CHANGE. IN ADDITION, THE	
FOUNDATION HAS SECURED APPROVAL FOR DOING BUSINESS AS (DBA) THE	
FOLLOWING:	
- AMERICAN FOUNDATION FOR AIDS RESEARCH	
- AMFAR	
- AIDS RESEARCH FOUNDATION	
AMFAR IS DEDICATED TO ENDING THE GLOBAL AIDS EPIDEMIC THROUGH	
INNOVATIVE RESEARCH. THE FOUNDATION ACCOMPLISHES THIS MISSION	
THROUGH:	
- RESEARCH TO EXPLORE SCIENTIFIC APPROACHES TO HIV PREVENTION,	
TREATMENT, AND POTENTIAL CURES, AND TO ENHANCE THE HEALTH AND	
SURVIVAL OF PEOPLE WITH HIV/AIDS;	
- INTERNATIONAL INITIATIVES TO FACILITATE THE DEVELOPMENT AND	
IMPLEMENTATION OF EFFECTIVE RESEARCH, TREATMENT, PREVENTION, AND	
EDUCATION STRATEGIES IN DEVELOPING COUNTRIES;	
- PUBLIC POLICY ANALYSIS AND THE ADVOCACY OF RATIONAL AND	
COMPASSIONATE POLICIES THAT PROMOTE PUBLIC HEALTH AND PROTECT THE	
RIGHTS OF PEOPLE THREATENED BY HIV/AIDS;	

- EDUCATIONAL INITIATIVES TO BUILD AWARENESS OF THE CONTINUED THREAT HIV/AIDS POSES AND TO PUBLISH UPDATES ABOUT THE LATEST MEDICAL, SCIENTIFIC, AND PREVENTION ADVANCES FOR PEOPLE WITH HIV/AIDS, HEALTHCARE PROFESSIONALS, AND THE PUBLIC.

Schedule O (Form 990 or 990-EZ) 2015			Page <b>2</b>	
Name of the organization		Employer identification number		•
THE FOUNDATION FOR AIDS RESEARCH		13-3163817		
		ATTACHMENT 2		_
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES				-
DESCRIPTION	GRANTS	EXPENSES	REVENUE	
PUBLIC POLICY	234,816.	2,161,783.		0.
GMT INITIATIVE	1,087,074.	1,732,068.		0.
TOTALS	1,321,890.	3,893,851.		0.

FORM 990, PART VI, LINE 17 - STATES

AL,AK,AR,CA,CO,CT,

FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,

MN,MS,NH,NJ,NM,NY,NC,OH,OK,OR,PA,

RI,SC,TN,UT,VA,WV,WI,

	ATTACHME	NT 4
990, PART VII- COMPENSATION OF THE FIVE HIGHEST PA	AID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
AAB PRODUCTION, INC. 64 ALLEN STREET, 5TH FLOOR NEW YORK, NY 10002	EVENTS PRODUCTION	628,096.
JOSH WOODS PRODUCTION 39 WEST 14TH STREET, SUITE 504 NEW YORK, NY 10011	EVENTS PRODUCTION	533,000.
S&Y YARD 25 BROADWAY, 2ND FL. NEW YORK, NY 10004	MARKETING CONSULTANT	380,241.
EIDOLON COMMUNICATIONS, INC. 15 MAIDEN LANE, SUITE 1401 NEW YORK, NY 10038	DIRECT MAIL/CONSULT.	273,300.
KING + COMPANY 101 FIFTH AVENUE, 8TH FLOOR NEW YORK, NY 10003	PUBLIC RELATIONS	208,000.

ATTACHMENT 3