

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

## 2013

Open to Public Inspection

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2013 calendar year, or tax year beginning <b>10/01, 2013</b> , and ending <b>09/30, 2014</b>													
<b>B</b> Check if applicable:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td>Address change</td> <td style="width: 10%;"><input type="checkbox"/></td> <td>Name change</td> <td style="width: 10%;"><input type="checkbox"/></td> <td>Initial return</td> <td style="width: 10%;"><input type="checkbox"/></td> <td>Terminated</td> <td style="width: 10%;"><input type="checkbox"/></td> <td>Amended return</td> <td style="width: 10%;"><input type="checkbox"/></td> <td>Application pending</td> </tr> </table>	<input type="checkbox"/>	Address change	<input type="checkbox"/>	Name change	<input type="checkbox"/>	Initial return	<input type="checkbox"/>	Terminated	<input type="checkbox"/>	Amended return	<input type="checkbox"/>	Application pending
<input type="checkbox"/>	Address change	<input type="checkbox"/>	Name change	<input type="checkbox"/>	Initial return	<input type="checkbox"/>	Terminated	<input type="checkbox"/>	Amended return	<input type="checkbox"/>	Application pending		
<b>C</b> Name of organization <b>THE FOUNDATION FOR AIDS RESEARCH</b>													
Doing Business As <b>AIDS RESEARCH FOUNDATION OR AMFAR</b>													
Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>120 WALL STREET 13TH FLOOR</b>													
City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10005-3908</b>													
<b>F</b> Name and address of principal officer: <b>KEVIN FROST</b> <b>120 WALL STREET 13TH FLOOR NEW YORK, NY 10005</b>													
<b>D</b> Employer identification number <b>13-3163817</b>													
<b>E</b> Telephone number <b>(212) 806-1600</b>													
<b>G</b> Gross receipts \$ <b>77,370,757.</b>													
<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)													
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527													
<b>J</b> Website: ▶ <b>WWW.AMFAR.ORG</b>													
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶													
<b>L</b> Year of formation: <b>1983</b> <b>M</b> State of legal domicile: <b>NY</b>													

Part I Summary			Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>AMFAR IS DEDICATED TO ENDING THE GLOBAL AIDS EPIDEMIC THROUGH INNOVATIVE RESEARCH.</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	20.	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	20.	
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	92.	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	160.	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	0	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)		38,582,579.	57,556,516.
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>COPY FOR PUBLIC INSPECTION</b>	0	0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		980,398.	1,225,465.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-9,648,345.	-10,881,866.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		29,914,632.	47,900,115.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,997,283.	9,928,384.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,333,804.	9,582,859.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		470,337.	569,004.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>5,153,653.</b>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,457,241.	14,312,877.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		29,258,665.	34,393,124.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		655,967.	13,506,991.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)		50,024,337.	57,895,971.
	<b>21</b> Total liabilities (Part X, line 26)		18,892,314.	13,585,624.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		31,132,023.	44,310,347.

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

<b>Sign Here</b>	 Signature of officer	Date
	Bradley Jensen Chief Financial Officer	June 25, 2015
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SCOTT THOMPSETT</b>	Preparer's signature 	Date <b>06.25.15</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00741490</b>
	Firm's name ▶ <b>GRANT THORNTON LLP</b>			Firm's EIN ▶ <b>36-6055558</b>	
	Firm's address ▶ <b>757 THIRD AVE., 2ND FLOOR NEW YORK, NY 10017-2013</b>			Phone no. <b>212-599-0100</b>	

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

**For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2013)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

4a (Code: ) (Expenses \$ 11,765,284. including grants of \$ 5,482,076. ) (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 NATIONAL INSTITUTES OF HEALTH. FOR FURTHER DETAILS, SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 6,754,069. including grants of \$ 3,275,924. ) (Revenue \$ 0 )

TREAT ASIA: AMFAR'S TREAT ASIA PROGRAM (THERAPEUTICS RESEARCH, EDUCATION, AND AIDS TRAINING IN ASIA) INVOLVES A NETWORK OF HOSPITALS, CLINICS, AND RESEARCH INSTITUTIONS WORKING WITH CIVIL SOCIETY TO ENSURE THE SAFE AND EFFECTIVE DELIVERY OF HIV/AIDS TREATMENTS ACROSS ASIA AND THE PACIFIC. THE TREAT ASIA NETWORK ENCOMPASSES 21 ADULT AND 18 PEDIATRIC SITES THROUGHOUT THE REGION, WHICH COLLABORATE ON A VARIETY OF PROJECTS. FOR FURTHER DETAILS, SEE SCHEDULE O.

4c (Code: ) (Expenses \$ 3,625,752. including grants of \$ 0 ) (Revenue \$ 0 )

EDUCATION AND 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 ON HIV/AIDS. FOR FURTHER DETAILS, SEE SCHEDULE O.

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

(Expenses \$ 4,621,886. including grants of \$ 1,170,384. ) (Revenue \$ 0 )

4e Total program service expenses 26,766,991.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-9 (governance questions).

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

Table with 3 columns: Question, Yes, No. Rows include 10a-16b (policy questions).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 3
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: BRADLEY JENSEN 120 WALL STREET 13TH FLOOR NEW YORK, NY 10005-3908 212-806-1703

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MATHILDE KRIM, PH.D. FOUNDING CHAIRMAN	1.00	X		X			0	0	0	
(2) KENNETH COLE CHAIRMAN OF THE BOARD	1.00	X		X			0	0	0	
(3) PATRICIA J. MATSON VICE CHAIRMAN	1.00	X		X			0	0	0	
(4) JOHN C. SIMONS VICE CHAIRMAN	1.00	X		X			0	0	0	
(5) WALLACE SHEFT, C.P.A. TREASURER	1.00	X		X			0	0	0	
(6) MERVYN F. SILVERMAN, M.D., M.P. SECRETARY	1.00	X		X			0	0	0	
(7) ARLEN H. ANDELSON TRUSTEE	1.00	X					0	0	0	
(8) HARRY BELAFONTE TRUSTEE (NON-VOTING)	1.00	X					0	0	0	
(9) DAVID BOHNETT TRUSTEE	1.00	X					0	0	0	
(10) ZEV BRAUN TRUSTEE (NON-VOTING)	1.00	X					0	0	0	
(11) JONATHAN S. CANNO TRUSTEE	1.00	X					0	0	0	
(12) DONALD CAPOCCIA TRUSTEE	1.00	X					0	0	0	
(13) R. MARTIN CHAVEZ, PH.D. TRUSTEE	1.00	X					0	0	0	
(14) JANE B. EISNER TRUSTEE (NON-VOTING)	1.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) T. RYAN GREENAWALT TRUSTEE	1.00	X					0	0	0	
( 16) REGAN HOFMANN TRUSTEE	1.00	X					0	0	0	
( 17) MICHAEL J. KLINGENSMITH TRUSTEE	1.00	X					0	0	0	
( 18) KEVIN MCCLATCHY TRUSTEE	1.00	X					0	0	0	
( 19) MICHELE V. MCNEILL, PHARM.D. TRUSTEE (NON-VOTING)	1.00	X					0	0	0	
( 20) EDWARD MILSTEIN TRUSTEE	1.00	X					0	0	0	
( 21) CINDY RACHOFSKY TRUSTEE	1.00	X					0	0	0	
( 22) VINCENT A. ROBERTI TRUSTEE	1.00	X					0	0	0	
( 23) BILL ROEDY TRUSTEE	1.00	X					0	0	0	
( 24) RAYMOND F. SCHINAZI, PH.D. TRUSTEE	1.00	X					0	0	0	
( 25) ALAN D. SCHWARTZ TRUSTEE (NON-VOTING)	1.00	X					0	0	0	
<b>1b Sub-total</b> .....							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							2,730,670.	0	576,872.	
<b>d Total (add lines 1b and 1c)</b> .....							2,730,670.	0	576,872.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 18

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 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 ▶ 7

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) DIANA L. TAYLOR TRUSTEE (NON-VOTING)	1.00	X					0	0	0	
( 27) KEVIN WENDLE TRUSTEE (NON-VOTING)	1.00	X					0	0	0	
( 28) KEVIN FROST CHIEF EXECUTIVE OFFICER	40.00			X			411,466.	0	140,181.	
( 29) BRADLEY JENSEN ASSISTANT TREASURER, CFO	40.00			X			225,977.	0	51,151.	
( 30) JOHN F. LOGAN, J.D., PH.D. ASST SEC, VP, GEN COUNSEL	40.00			X			210,168.	0	26,323.	
( 31) ROWENA JOHNSTON ASST SECRETARY, VICE PRESIDENT	40.00			X			173,783.	0	23,624.	
( 32) EDWARD DONNELLY ASST TREASURER, CONTROLLER	40.00			X			139,447.	0	20,664.	
( 33) ERIC MUSCATELL VICE PRESIDENT OF DEVELOPMENT	40.00				X		164,114.	0	23,146.	
( 34) CHRISTOPHER COLLINS VICE PRESIDENT, PUBLIC POLICY	40.00				X		190,478.	0	48,545.	
( 35) ANNETTE SOHN VICE PRESIDENT, TREAT ASIA PGM	40.00				X		200,792.	0	20,081.	
( 36) ANNMARIE SHANNAHAN VICE PRESIDENT, PUBLIC INFO.	40.00				X		200,861.	0	25,569.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**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 **▶**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 376,242.					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 39,937,861.					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b> 7,391,835.					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 9,850,578.					
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$ . . . . .	199,065.					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		57,556,516.				
<b>Program Service Revenue</b>	<b>2a</b>	_____ <b>Business Code</b> _____						
	<b>b</b>	_____						
	<b>c</b>	_____						
	<b>d</b>	_____						
	<b>e</b>	_____						
	<b>f</b>	All other program service revenue . . . . .						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		0				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		740,190.		740,190.		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0				
	<b>5</b>	Royalties . . . . .		64,176.		64,176.		
	<b>6a</b>	Gross rents . . . . .	(i) Real					
			(ii) Personal					
			<b>b</b>	Less: rental expenses . . . . .				
			<b>c</b>	Rental income or (loss) . . . . .				
	<b>d</b>	<b>Net rental income or (loss)</b> . . . . .		0				
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities					
			(ii) Other					
			<b>b</b>	Less: cost or other basis and sales expenses . . . . .				
			<b>c</b>	Gain or (loss) . . . . .				
	<b>d</b>	<b>Net gain or (loss)</b> . . . . .		485,275.		485,275.		
	<b>8a</b>	Gross income from fundraising events (not including \$ 39,937,861. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b> 1,448,865.					
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b> 12,639,445.					
<b>c</b>	<b>Net income or (loss) from fundraising events</b> . . . . .		-11,190,580.		-11,190,580.			
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b>	Less: direct expenses . . . . .	<b>b</b>						
<b>c</b>	<b>Net income or (loss) from gaming activities</b> . . . . .		0					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	239,927.					
		<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>				
		<b>c</b>	<b>Net income or (loss) from sales of inventory</b> . . . . .		239,927.		239,927.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11a</b>	LIST RENTALS . . . . .	900099	3,116.		3,116.			
<b>b</b>	MISCELLANEOUS INCOME . . . . .	900099	1,495.		1,495.			
<b>c</b>	_____							
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		4,611.					
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		47,900,115.			-9,656,401.		

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	5,087,056.	5,087,056.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	4,841,328.	4,841,328.		
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,289,885.	1,661,237.	305,219.	323,429.
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			
7 Other salaries and wages . . . . .	5,300,415.	3,564,555.	578,582.	1,157,278.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	312,266.	212,168.	38,939.	61,159.
9 Other employee benefits . . . . .	1,196,548.	775,429.	175,700.	245,419.
10 Payroll taxes . . . . .	483,745.	313,041.	61,023.	109,681.
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	142,109.	113,795.	22,025.	6,289.
c Accounting . . . . .	206,660.		206,660.	
d Lobbying . . . . .	54,005.	54,005.		
e Professional fundraising services. See Part IV, line 17 . . . . .	569,004.			569,004.
f Investment management fees . . . . .	181,719.		181,719.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	1,902,283.	1,373,365.	55,077.	473,841.
12 Advertising and promotion . . . . .	165,416.	158,464.	1,452.	5,500.
13 Office expenses . . . . .	70,568.	44,089.	7,134.	19,345.
14 Information technology . . . . .	206,908.	146,402.	27,883.	32,623.
15 Royalties . . . . .	0			
16 Occupancy . . . . .	1,283,349.	886,297.	164,549.	232,503.
17 Travel . . . . .	1,193,970.	654,496.	4,914.	534,560.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	834,225.	740,680.	12,908.	80,637.
20 Interest . . . . .	59.		59.	
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	324,970.	224,998.	41,773.	58,199.
23 Insurance . . . . .	251,444.	174,091.	32,322.	45,031.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM MATERIALS . . . . .	3,328,092.	3,328,092.		
b POSTAGE & SHIPPING . . . . .	801,242.	371,668.	5,081.	424,493.
c PROGRAM TECHNICAL SUPPORT . . . . .	947,234.	947,234.		
d PRINTING . . . . .	670,672.	222,662.	525.	447,485.
e All other expenses . . . . .	1,747,952.	871,839.	548,936.	327,177.
25 Total functional expenses. Add lines 1 through 24e	34,393,124.	26,766,991.	2,472,480.	5,153,653.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720) . . . . .	1,012,168.	380,896.		631,272.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	8,001,602.	<b>1</b>	4,961,745.
	<b>2</b> Savings and temporary cash investments	539,347.	<b>2</b>	323,338.
	<b>3</b> Pledges and grants receivable, net	205,706.	<b>3</b>	0
	<b>4</b> Accounts receivable, net	10,267,012.	<b>4</b>	5,045,656.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	133,906.	<b>8</b>	213,295.
	<b>9</b> Prepaid expenses and deferred charges	1,401,620.	<b>9</b>	1,475,828.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 5,731,579.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 3,500,879.	1,975,311.	<b>10c</b> 2,230,700.
	<b>11</b> Investments - publicly traded securities	23,656,458.	<b>11</b>	40,982,916.
	<b>12</b> Investments - other securities. See Part IV, line 11	3,169,232.	<b>12</b>	2,101,105.
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	674,143.	<b>15</b>	561,388.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	50,024,337.	<b>16</b>	57,895,971.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	1,688,090.	<b>17</b>	2,132,495.
	<b>18</b> Grants payable	2,200,512.	<b>18</b>	2,547,120.
	<b>19</b> Deferred revenue	13,321,993.	<b>19</b>	7,166,426.
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> 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	1,681,719.	<b>25</b>	1,739,583.
	<b>26 Total liabilities.</b> Add lines 17 through 25	18,892,314.	<b>26</b>	13,585,624.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	23,555,115.	<b>27</b>	38,819,754.
	<b>28</b> Temporarily restricted net assets	7,236,209.	<b>28</b>	5,143,351.
	<b>29</b> Permanently restricted net assets	340,699.	<b>29</b>	347,242.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	31,132,023.	<b>33</b>	44,310,347.
<b>34</b> Total liabilities and net assets/fund balances	50,024,337.	<b>34</b>	57,895,971.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	47,900,115.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	34,393,124.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	13,506,991.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	31,132,023.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-295,064.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-33,603.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	44,310,347.

**Part XII Financial Statements and Reporting**

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

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2013**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

<b>Name of the organization</b> THE FOUNDATION FOR AIDS RESEARCH	<b>Employer identification number</b> 13-3163817
---	---

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
  - 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
  - 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
  - 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
  - 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
  - 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
  - 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
    - a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH. 1; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 90.39%; 15 Public support percentage from 2012 Schedule A, Part II, line 14 15 93.37%; 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X; 16b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

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

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

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

**Part IV Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).ATTACHMENT 1

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
MISCELLANEOUS	67.	13,257.	2,261.	917.	1,065.	17,567.
LIST RENTALS	27,804.	26,881.	17,365.	5,477.	3,116.	80,643.
INVENTORY	438,392.	242,362.	215,910.	103,590.	239,927.	1,240,181.
SPECIAL EVENTS	2,289,889.	1,452,830.	1,389,430.	1,357,200.	1,448,865.	7,938,214.
STORE SALE					430.	430.
TOTALS	<u>2,756,152.</u>	<u>1,735,330.</u>	<u>1,624,966.</u>	<u>1,467,184.</u>	<u>1,693,403.</u>	<u>9,277,035.</u>

# Schedule of Contributors

2013

▶ 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](http://www.irs.gov/form990).

<b>Name of the organization</b> THE FOUNDATION FOR AIDS RESEARCH	<b>Employer identification number</b> 13-3163817
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization **THE FOUNDATION FOR AIDS RESEARCH**

Employer identification number  
13-3163817

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 7,502,260.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 4,760,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 4,499,884.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 2,281,491.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

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

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

Name of organization **THE FOUNDATION FOR AIDS RESEARCH**

Employer identification number

13-3163817

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

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	----- ----- -----
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	----- ----- -----
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	----- ----- -----
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	----- ----- -----

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>THE FOUNDATION FOR AIDS RESEARCH</b>	Employer identification number <b>13-3163817</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

Schedule C (Form 990 or 990-EZ) 2013

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities?	X		179,298
j	Total. Add lines 1c through 1i			179,298
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

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

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

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

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

**Part IV Supplemental Information**

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

SEE PAGE 4

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**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.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate contributions, aggregate grants, aggregate value, and two Yes/No questions regarding donor advisement.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, total acreage, and various monitoring and reporting details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes rows for reporting requirements under SFAS 116 (ASC 958) regarding art and historical treasures.

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

Schedule D (Form 990) 2013

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other DONATED ITEMS, INVENTORY ETC.

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

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

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

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

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

	Amount
c Beginning balance . . . . .	<b>1c</b>
d Additions during the year . . . . .	<b>1d</b>
e Distributions during the year . . . . .	<b>1e</b>
f Ending balance . . . . .	<b>1f</b>

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. . . . .  Yes  No

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	443,886.	520,804.	464,356.	561,083.	516,826.
b Contributions . . . . .	6,543.	3,211.	4,341.	5,978.	8,258.
c Net investment earnings, gains, and losses . . . . .	40,550.	20,742.	52,107.	-2,705.	35,999.
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .		100,871.		100,000.	
f Administrative expenses . . . . .					
g End of year balance . . . . .	490,979.	443,886.	520,804.	464,356.	561,083.

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

- a Board designated or quasi-endowment  %
  - b Permanent endowment  70.7244 %
  - c Temporarily restricted endowment  29.2756 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		2,210,687.	757,960.	1,452,727.
d Equipment . . . . .		309,029.	264,410.	44,619.
e Other . . . . .		3,211,863.	2,478,509.	733,354.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)). . . . .				2,230,700.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LONG TERM LEASE LIABILITY	1,526,258.
(3) SECTION 457 RETIREMENT LIABILITIES	213,325.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,739,583.

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



**Part XIII** Supplemental Information (continued)

## ENDOWMENTS

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, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE. AS OF SEPTEMBER 30, 2014, AMFAR DOES NOT BELIEVE THAT THERE ARE ANY UNCERTAIN TAX POSITIONS WITHIN ITS FINANCIAL STATEMENTS. 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 2011, 2012, 2013, AND 2014 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

## RECONCILIATION OF REVENUE

PART XI, LINE 2D

CHANGE IN VALUE FOR THIRD PARTY TRUST (\$33,603)

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

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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 F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING	N/A	74,955.
(2) EAST ASIA AND THE PACIFIC	1.	19.	PROGRAM SERVICES	THERAPEUTICS RESEARCH	2,186,834.
(3) EUROPE			FUNDRAISING	N/A	14,863,143.
(4) NORTH AMERICA			GRANTMAKING	N/A	266,518.
(5) RUSSIA/INDEPENDENT STATES			GRANTMAKING	N/A	25,000.
(6) SOUTH AMERICA			FUNDRAISING	N/A	1,687,171.
(7) SOUTH ASIA			FUNDRAISING	N/A	1,044,280.
(8) SUB-SAHARAN AFRICA			GRANTMAKING	N/A	254,310.
(9) EAST ASIA AND THE PACIFIC			GRANTMAKING	N/A	3,063,980.
(10) EUROPE			GRANTMAKING	N/A	824,303.
(11) NORTH AMERICA			FUNDRAISING	N/A	1,791.
(12) SOUTH AMERICA			GRANTMAKING	N/A	189,805.
(13) SOUTH ASIA			GRANTMAKING	N/A	142,457.
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total	1.	19.			24,624,547.
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)	1.	19.			24,624,547.

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

Schedule F (Form 990) 2013

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CARIBBEAN/CENTRAL AMERIC	GMT INITIATI	10,000.	WIRE TRANSFE			
(2)			CARIBBEAN/CENTRAL AMERIC	GMT INITIATI	19,955.	WIRE TRANSFE			
(3)			CARIBBEAN/CENTRAL AMERIC	GMT INITIATI	20,000.	WIRE TRANSFE			
(4)			CARIBBEAN/CENTRAL AMERIC	GMT INITIATI	25,000.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	TREAT ASIA	5,050.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	TREAT ASIA	5,175.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	5,175.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	5,250.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	TREAT ASIA	5,625.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	TREAT ASIA	5,625.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	TREAT ASIA	5,625.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	TREAT ASIA	5,625.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	TREAT ASIA	5,625.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	TREAT ASIA	5,845.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	TREAT ASIA	5,915.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	TREAT ASIA	5,948.	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. . . . . ▶ -----

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	TREAT ASIA	5,990.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	6,000.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	6,075.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	TREAT ASIA	6,600.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	TREAT ASIA	6,700.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	TREAT ASIA	6,825.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	7,500.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	7,500.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	TREAT ASIA	7,500.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	TREAT ASIA	7,545.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	TREAT ASIA	7,865.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	TREAT ASIA	7,898.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	TREAT ASIA	8,000.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	TREAT ASIA	8,135.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	TREAT ASIA	8,500.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	TREAT ASIA	8,960.	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. . . . . ▶ -----

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	TREAT ASIA	9,253.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	9,383.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	11,250.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	TREAT ASIA	11,250.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	TREAT ASIA	11,250.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	TREAT ASIA	11,787.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	12,020.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	12,220.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	TREAT ASIA	12,500.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	TREAT ASIA	12,510.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	TREAT ASIA	12,900.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	TREAT ASIA	13,270.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	TREAT ASIA	13,500.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	TREAT ASIA	13,500.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	TREAT ASIA	13,593.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	TREAT ASIA	14,850.	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. . . . . ▶ -----

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	TREAT ASIA	14,873.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	15,000.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	15,065.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	TREAT ASIA	15,100.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	TREAT ASIA	15,150.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	TREAT ASIA	15,500.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	15,600.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	15,830.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	TREAT ASIA	17,330.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	TREAT ASIA	18,486.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	TREAT ASIA	18,750.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	TREAT ASIA	19,150.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	TREAT ASIA	19,200.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	TREAT ASIA	19,574.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	TREAT ASIA	19,780.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	TREAT ASIA	20,000.	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. . . . . ▶ -----

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	TREAT ASIA	20,000.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	20,000.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	20,000.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	TREAT ASIA	20,000.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	TREAT ASIA	20,000.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	TREAT ASIA	20,000.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	20,000.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	20,923.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	GMT INITIATI	25,000.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	GMT INITIATI	25,000.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	GMT INITIATI	25,000.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	TREAT ASIA	25,000.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	TREAT ASIA	25,200.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	TREAT ASIA	26,850.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	TREAT ASIA	29,515.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	TREAT ASIA	30,024.	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. . . . . ▶ -----

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	TREAT ASIA	31,388.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	32,175.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	32,515.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	TREAT ASIA	33,010.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	TREAT ASIA	33,010.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	TREAT ASIA	34,010.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	34,035.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	35,000.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	TREAT ASIA	35,000.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	TREAT ASIA	41,158.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	TREAT ASIA	46,905.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	GMT INITIATI	50,000.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	TREAT ASIA	50,000.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	TREAT ASIA	54,000.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	TREAT ASIA	57,276.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	TREAT ASIA	75,579.	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. . . . . ▶ -----

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	TREAT ASIA	75,717.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	77,250.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	95,000.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	TREAT ASIA	104,839.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	TREAT ASIA	110,570.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	BASIC RESEAR	120,000.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	192,418.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	221,907.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	TREAT ASIA	227,908.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	TREAT ASIA	232,676.	WIRE TRANSFE			
(11)			EUROPE	BASIC RESEAR	39,066.	WIRE TRANSFE			
(12)			EUROPE	PUBLIC POLIC	39,948.	WIRE TRANSFE			
(13)			EUROPE	PUBLIC POLIC	50,000.	WIRE TRANSFE			
(14)			EUROPE	BASIC RESEAR	60,000.	WIRE TRANSFE			
(15)			EUROPE	BASIC RESEAR	60,000.	WIRE TRANSFE			
(16)			EUROPE	BASIC RESEAR	75,000.	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. . . . . ▶ -----

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE	BASIC RESEAR	75,000.	WIRE TRANSFE			
(2)			EUROPE	BASIC RESEAR	75,635.	WIRE TRANSFE			
(3)			EUROPE	BASIC RESEAR	81,852.	WIRE TRANSFE			
(4)			EUROPE	BASIC RESEAR	120,000.	WIRE TRANSFE			
(5)			EUROPE	BASIC RESEAR	147,802.	WIRE TRANSFE			
(6)			NORTH AMERICA (EXCL USA)	GMT INITIATI	18,000.	WIRE TRANSFE			
(7)			NORTH AMERICA (EXCL USA)	BASIC RESEAR	118,518.	WIRE TRANSFE			
(8)			NORTH AMERICA (EXCL USA)	PREVENTION S	130,000.	WIRE TRANSFE			
(9)			RUSSIA/NEWLY INDEPENDENT	GMT INITIATI	25,000.	WIRE TRANSFE			
(10)			SOUTH AMERICA	GMT INITIATI	19,885.	WIRE TRANSFE			
(11)			SOUTH AMERICA	GMT INITIATI	19,940.	WIRE TRANSFE			
(12)			SOUTH AMERICA	GMT INITIATI	19,980.	WIRE TRANSFE			
(13)			SOUTH AMERICA	GMT INITIATI	20,000.	WIRE TRANSFE			
(14)			SOUTH AMERICA	GMT INITIATI	20,000.	WIRE TRANSFE			
(15)			SOUTH AMERICA	GMT INITIATI	20,000.	WIRE TRANSFE			
(16)			SOUTH AMERICA	PREVENTION S	20,000.	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. . . . . ▶ -----

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	PREVENTION S	50,000.	WIRE TRANSFE			
(2)			SOUTH ASIA	TREAT ASIA	5,625.	WIRE TRANSFE			
(3)			SOUTH ASIA	TREAT ASIA	7,500.	WIRE TRANSFE			
(4)			SOUTH ASIA	TREAT ASIA	8,000.	WIRE TRANSFE			
(5)			SOUTH ASIA	TREAT ASIA	11,793.	WIRE TRANSFE			
(6)			SOUTH ASIA	TREAT ASIA	19,400.	WIRE TRANSFE			
(7)			SOUTH ASIA	TREAT ASIA	19,542.	WIRE TRANSFE			
(8)			SOUTH ASIA	TREAT ASIA	20,000.	WIRE TRANSFE			
(9)			SOUTH ASIA	TREAT ASIA	31,631.	WIRE TRANSFE			
(10)			SUB-SAHARAN AFRICA	GMT INITIATI	12,000.	WIRE TRANSFE			
(11)			SUB-SAHARAN AFRICA	GMT INITIATI	12,310.	WIRE TRANSFE			
(12)			SUB-SAHARAN AFRICA	GMT INITIATI	20,000.	WIRE TRANSFE			
(13)			SUB-SAHARAN AFRICA	GMT INITIATI	20,000.	WIRE TRANSFE			
(14)			SUB-SAHARAN AFRICA	GMT INITIATI	20,000.	WIRE TRANSFE			
(15)			SUB-SAHARAN AFRICA	GMT INITIATI	20,000.	WIRE TRANSFE			
(16)			SUB-SAHARAN AFRICA	GMT INITIATI	20,000.	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. . . . . ▶ -----

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	GMT INITIATI	20,000.	WIRE TRANSFE			
(2)			SUB-SAHARAN AFRICA	GMT INITIATI	25,000.	WIRE TRANSFE			
(3)			SUB-SAHARAN AFRICA	GMT INITIATI	25,000.	WIRE TRANSFE			
(4)			SUB-SAHARAN AFRICA	GMT INITIATI	25,000.	WIRE TRANSFE			
(5)			SUB-SAHARAN AFRICA	PUBLIC POLIC	25,000.	WIRE TRANSFE			
(6)									
(7)									
(8)									
(9)									
(10)									
(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. . . . . **▶** ----- 149 .

3 Enter total number of other organizations or entities. . . . . **▶** -----

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

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

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A).* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471).* . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).* . . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865).* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* . . . . .  Yes  No

**Part V Supplemental Information**

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 JURISDICTIONS. IN COLUMN D, THE ORGANIZATION HAS REPORTED THE BASIC PROGRAM THESE GRANTS SUPPORT; PLEASE REFER TO PART III FOR MORE

**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).

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 149 CHARITIES SUPPORTED ARE PRESUMED TO BE THE EQUIVALENT OF U.S. CHARITIES.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

**Part I**

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 AAB PRODUCTIONS	EVENTS PRODUCTION		X	31,238,437.	555,619.	30,682,818.
2 EIDOLON COMMUNICATIONS INC.	DIRECT MAIL		X	2,023,625.	228,493.	1,795,132.
3 PUBLIC INTEREST COMMUNICATIONS	TELE MARKETING		X	14,927.	39,032.	-24,105.
4 SANKY COMMUNICATIONS, INC.	TELE MARKETING		X	353,939.	57,810.	296,129.
5						
6						
7						
8						
9						
10						
<b>Total</b> .....				33,630,928.	880,954.	32,749,974.

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL,  
KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH,  
OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CANNES	DALLAS	17.	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts . . . . .	24,869,711.	3,074,959.	13,442,056.	41,386,726.
	<b>2</b> Less: Contributions . . . . .	24,424,711.	2,966,759.	12,546,391.	39,937,861.
	<b>3</b> Gross income (line 1 minus line 2). . . . .	445,000.	108,200.	895,665.	1,448,865.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	1,333,994.	283,704.	348,100.	1,965,798.
	<b>7</b> Food and beverages . . . . .	238,238.	178,033.	641,481.	1,057,752.
	<b>8</b> Entertainment . . . . .	1,218,319.	84,797.	1,804,451.	3,107,567.
	<b>9</b> Other direct expenses . . . . .	3,748,981.	481,108.	2,278,239.	6,508,328.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				12,639,445.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-11,190,580.	

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

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

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

**10 a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . .  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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 ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:
 

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

SCHEDULE G, PART I

THE FOUNDATION FOR AIDS RESEARCH ACTUALLY PAID OUT \$569,004 IN FUNDRAISING EXPENSES FOR THE YEAR ENDING SEPTEMBER 30, 2014. THIS AMOUNT IS REPORTED ON PART IX, LINE 11 (E). FOR PURPOSES OF SCHEDULE G, THE FOUNDATION IS REPORTING ALL AMOUNTS PAID TO THE CONSULTANTS LISTED ON PART I, REGARDLESS OF WHETHER SUCH AMOUNTS WERE PURE FUNDRAISING EXPENSES OR EVENT PRODUCTION COSTS. ON SCHEDULE G, THE TOTAL AMOUNT PAID TO THE

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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 ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

ORGANIZATIONS LISTED IS \$880,954. OF THAT \$880,954, ONLY \$569,004 WAS PAID FOR FUNDRAISING SERVICES, THE REMAINING \$311,950 WAS PAID FOR EVENT PRODUCTION SERVICES.

IN THE INTERESTS OF CLARITY, THE FOUNDATION WOULD ALSO LIKE TO MAKE CLEAR THAT THE COMPENSATION REPORTED AS HAVING BEEN PAID TO THE PROFESSIONAL FUNDRAISERS REPORTED ON SCHEDULE G IS REPORTED ON A FISCAL YEAR BASIS.

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 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 ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

SOME OF THOSE SAME FUNDRAISERS ARE REPORTED ON THE FOUNDATION'S TOP 5 HIGHEST PAID INDEPENDENT CONTRACTORS LIST (IN SCHEDULE O). IN COMPLIANCE WITH THE INSTRUCTIONS TO THE FORM 990, COMPENSATION REPORTED FOR PART VII (AND LISTED IN SCHEDULE O) IS REPORTED ON A CALENDAR YEAR BASIS. ACCORDINGLY, AMOUNTS ON PART VII AND SCHEDULE G WILL NOT RECONCILE.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

**Part I General Information 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?  Yes  No
- 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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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) 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) VACCINE & GENE THERAPY INSTITUTE OF FLORIDA 11350 SW VILLAGE PKWY PT ST LUCIE, FL 34987	36-4631835	501(C)(3)	5,209.				BASIC RESEARCH
(2) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVENUE SEATTLE, WA 98195-9472	91-6001537	501(C)(3)	5,209.				BASIC RESEARCH
(3) VACCINE & GENE THERAPY INSTITUTE OF FLORIDA 11350 SW VILLAGE PKWY PT ST LUCIE, FL 34987	36-4631835	501(C)(3)	5,209.				BASIC RESEARCH
(4) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501(C)(3)	5,209.				BASIC RESEARCH
(5) AIDS FOUNDATION OF CHICAGO 200 WEST JACKSON STE 2200 CHICAGO, IL 60606	36-3412054	501(C)(3)	10,000.				MSM INITIATIVES
(6) AIDS PROJECT LOS ANGELES (APLA) 611 S. KINGSLEY DRIVE LOS ANGELES, CA 90005	95-3842506	501(C)(3)	10,000.				MSM INITIATIVES
(7) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501(C)(3)	15,620.				BASIC RESEARCH
(8) AARON DIAMOND AIDS RESEARCH CENTER 455 1ST AVE, 7TH FL NEW YORK, NY 10016	13-3540234	501(C)(3)	15,626.				BASIC RESEARCH
(9) NEW ENGLAND PRIMATE RESEARCH CENTER HARVARD MEDICAL SCHOOL, 25 SHATTUCK STREET	04-2103580	501(C)(3)	15,626.				BASIC RESEARCH
(10) AIDS RESOURCE CENTER OHIO 15 W 4TH ST, NO. 200 DAYTON, OH 45402	31-1126780	501(C)(3)	20,000.				PUBLIC POLICY
(11) AIDS FOUNDATION OF CHICAGO 200 W. JACKSON, STE 2200 CHICAGO, IL 60606	36-3412054	501(C)(3)	20,000.				PUBLIC POLICY
(12) BARON EDMOND DE ROTHSCHILD CHEMICAL DEP 1ST AVE AT 16TH ST NEW YORK, NY 10003	13-5564930	501(C)(3)	22,500.				PUBLIC POLICY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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Department of the Treasury  
Internal Revenue Service

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

**Part I General Information 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?  Yes  No
- 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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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) 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) JOHN HOPKINS UNIVERSITY 733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501 (C) (3)	26,458.				TREAT ASIA
(2) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E. CALIFORNIA BLVD PASADENA, CA 91125	95-1643307	501 (C) (3)	41,600.				BASIC RESEARCH
(3) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501 (C) (3)	41,666.				BASIC RESEARCH
(4) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501 (C) (3)	41,666.				BASIC RESEARCH
(5) THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL 104 AIRPORT DR CHAPEL HILL, NC 27599	56-6001393	501 (C) (3)	43,754.				BASIC RESEARCH
(6) EMORY UNIVERSITY 1599 CLIFTON RD. ATLANTA, GA 30322-4250	58-0566256	501 (C) (3)	45,000.				BASIC RESEARCH
(7) JOHN HOPKINS UNIVERSITY 733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501 (C) (3)	45,571.				MSM INITIATIVES
(8) RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC 1015 RIVERSIDE DRIVE NEW YORK, NY 10032	14-1410842	501 (C) (3)	50,000.				MSM INITIATIVES
(9) BLACK AIDS INSTITUTE 1833 WEST 8TH ST LOS ANGELES, CA 90057	95-4742741	501 (C) (3)	50,000.				PUBLIC POLICY
(10) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02215	04-2103881	501 (C) (3)	50,361.				BASIC RESEARCH
(11) NEW HOPE FOR CAMBODIAN CHILDREN PO BOX 2490 KILLEEN, TX 76549	20-5301015	501 (C) (3)	53,790.				TREAT ASIA
(12) HARVARD MEDICAL SCHOOL 25 SHATTUCK STREET SOUTHBOROUGH, MA 01772	04-2697981	501 (C) (3)	59,600.				BASIC RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization <b>THE FOUNDATION FOR AIDS RESEARCH</b>	Employer identification number <b>13-3163817</b>
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**Part I General Information 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?  Yes  No
- 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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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) 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
<b>(1)</b> VACCINE & GENE THERAPY INSTITUTE OF FLORIDA 9801 SW DISCOVERY WAY PT ST LUCIE, FL 34987	36-4631835	501(C)(3)	59,994.				BASIC RESEARCH
<b>(2)</b> JOHN HOPKINS UNIVERSITY SCHOOL OF MEDICINE 733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	59,999.				BASIC RESEARCH
<b>(3)</b> VETERANS MEDICAL RESEARCH FOUNDATION 3350 LA JOLLA VILLAGE DRIVE (MC 151A)	33-0189397	501(C)(3)	60,000.				BASIC RESEARCH
<b>(4)</b> UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	501(C)(3)	60,000.				BASIC RESEARCH
<b>(5)</b> FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE N SEATTLE, WA 98109	23-7156071	501(C)(3)	62,502.				BASIC RESEARCH
<b>(6)</b> DANA-FARBER CANCER INSTITUTE, INC. 450 BROOKLINE AVE BOSTON, MA 02215	04-2263040	501(C)(3)	62,502.				BASIC RESEARCH
<b>(7)</b> THE SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)(3)	62,502.				BASIC RESEARCH
<b>(8)</b> COLORADO STATE UNIVERSITY 408 UNI. SVCS CTR FORT COLLINS, CO 80523	84-6000545	501(C)(3)	62,709.				BASIC RESEARCH
<b>(9)</b> OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SW SAM JACKSON RD PORTLAND, OR 97239	19-3176109	501(C)(3)	66,527.				BASIC RESEARCH
<b>(10)</b> MOUNT SINAI BETH ISRAEL 1ST AVE AT 16TH ST NEW YORK, NY 10003	13-5564934	501(C)(3)	67,500.				PUBLIC POLICY
<b>(11)</b> VACCINE & GENE THERAPY INSTITUTE OF FLORIDA 9801 SW DISCOVERY WAY PT ST LUCIE, FL 34987	36-4631835	501(C)(3)	74,940.				BASIC RESEARCH
<b>(12)</b> EMORY UNIVERSITY 954 GATEWOOD ROAD, NE ATLANTA, GA 30329	58-0566256	501(C)(3)	75,000.				BASIC RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----

3 Enter total number of other organizations listed in the line 1 table ▶ -----

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

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2013**

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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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Department of the Treasury  
Internal Revenue Service

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

**Part I General Information 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?  Yes  No
- 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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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) 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) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	75,000.				BASIC RESEARCH
(2) THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL 104 AIRPORT DR CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	75,000.				BASIC RESEARCH
(3) UNIVERSITY OF CALIFORNIA, LOS ANGELES 11000 KINROSS AVE LOS ANGELES, CA 90095	95-6006143	501(C)(3)	75,000.				BASIC RESEARCH
(4) UNIVERSITY OF SOUTHERN CALIFORNIA 2001 NORTH SOTO ST LOS ANGELES, CA 90089	95-1642394	501(C)(3)	90,000.				BASIC RESEARCH
(5) EMORY UNIVERSITY 1599 CLIFTON RD. ATLANTA, GA 30322-4250	58-0566256	501(C)(3)	90,000.				BASIC RESEARCH
(6) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	90,000.				BASIC RESEARCH
(7) JOHN HOPKINS UNIVERSITY 733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	90,000.				BASIC RESEARCH
(8) JOHN HOPKINS UNIVERSITY 733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	117,555.				BASIC RESEARCH
(9) OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SW SAM JACKSON RD PORTLAND, OR 97239	93-1176109	501(C)(3)	119,864.				BASIC RESEARCH
(10) VACCINE & GENE THERAPY INSTITUTE OF FLORIDA 9801 SW DISCOVERY WAY PT ST LUCIE, FL 34987	36-4631835	501(C)(3)	119,957.				BASIC RESEARCH
(11) OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SW SAM JACKSON RD PORTLAND, OR 97239	93-1176109	501(C)(3)	119,994.				BASIC RESEARCH
(12) JOHN HOPKINS UNIVERSITY 733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	120,000.				BASIC RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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Department of the Treasury  
Internal Revenue Service

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

**Part I General Information 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?  Yes  No
- 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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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) 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) VACCINE & GENE THERAPY INSTITUTE OF FLORIDA 9801 SW DISCOVERY WAY PT ST LUCIE, FL 34987	36-4631835	501(C)(3)	120,000.				BASIC RESEARCH
(2) NORTHWESTERN UNIVERSITY 303 E. SUPERIOR ST CHICAGO, IL 60611	36-2167817	501(C)(3)	120,000.				BASIC RESEARCH
(3) REGENTS OF THE UNIVERSITY OF CALIFORNIA 3333 CALIFORNIA ST SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	120,000.				BASIC RESEARCH
(4) JOHN HOPKINS UNIVERSITY 733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	120,000.				BASIC RESEARCH
(5) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501(C)(3)	120,000.				BASIC RESEARCH
(6) BLOOD SYSTEMS, INC. 270 MASONIC AVE SAN FRANCISCO, CA 94118	86-0098929	501(C)(3)	126,580.				BASIC RESEARCH
(7) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501(C)(3)	140,507.				BASIC RESEARCH
(8) VACCINE & GENE THERAPY INSTITUTE OF FLORIDA 9801 SW DISCOVERY WAY PT ST LUCIE, FL 34987	36-4631835	501(C)(3)	146,029.				BASIC RESEARCH
(9) UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH, PA 15213	25-0965591	501(C)(3)	167,804.				MSM INITIATIVES
(10) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501(C)(3)	185,130.				BASIC RESEARCH
(11) THE BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	191,039.				BASIC RESEARCH
(12) UNIVERSITY OF CALIFORNIA, LOS ANGELES 11000 KINROSS AVE LOS ANGELES, CA 90095	95-6006143	501(C)(3)	200,000.				BASIC RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

**Part I General Information 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?  Yes  No
- 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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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) 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) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501 (C) (3)	212,441.				BASIC RESEARCH
(2) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE. CLEVELAND, OH 44106	34-1018992	501 (C) (3)	233,309.				BASIC RESEARCH
(3) VACCINE & GENE THERAPY INSTITUTE OF FLORIDA 9801 SW DISCOVERY WAY PT ST LUCIE, FL 34987	36-4631835	501 (C) (3)	393,524.				BASIC RESEARCH
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							
(9) -----							
(10) -----							
(11) -----							
(12) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 63.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2013)

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(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
1					
2					
3					
4					
5					
6					
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.

GRANTS AND ASSISTANCE

PART I, LINE 2

AMFAR PROVIDES GRANTS AND FELLOWSHIPS TO INDEPENDENT NOT-FOR-PROFIT ORGANIZATIONS THROUGH A PEER-REVIEW PROCESS. GRANT APPLICATIONS ARE FIRST REVIEWED BY THE FOUNDATION'S VOLUNTEER SCIENTIFIC ADVISORY COMMITTEE, WHICH COMPRISES RECOGNIZED EXPERTS IN THE MEDICAL, SCIENTIFIC, AND SOCIAL SCIENCES DISCIPLINES RELEVANT TO HIV AND AIDS.

THE SCIENTIFIC ADVISORY COMMITTEE THEN SENDS ITS EVALUATIONS TO ONE OF THE THREE COMMITTEES (RESEARCH, GLOBAL INITIATIVES OR PUBLIC POLICY) OF

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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
1					
2					
3					
4					
5					
6					
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.

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 THE APPLICATIONS, IT PRESENTS ITS FUNDING RECOMMENDATIONS TO AMFAR'S EXECUTIVE COMMITTEE AND/OR THE FULL BOARD OF TRUSTEES FOR FINAL APPROVAL AND FUNDING AUTHORIZATION.

GRANTS AND FELLOWSHIPS ARE PAYABLE OVER A ONE-TO-THREE-YEAR PERIOD, AND ARE REVOCABLE AT AMFAR'S OPTION IF THE RECIPIENT'S PERFORMANCE OR USE OF FUNDS IS NOT CONSISTENT WITH THE TERMS OF THE GRANT OR FELLOWSHIPS. IN CERTAIN CASES, THE ACTUAL AMOUNTS PAID UNDER GRANTS AND FELLOWSHIP AWARDS

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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
1					
2					
3					
4					
5					
6					
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.

MAY BE LESS THAN THE ORIGINAL AWARD IF THE RECIPIENT DOES NOT USE THE FULL AMOUNT AWARDED. THEREFORE, A RESERVE FOR UNEXPENDED GRANTS AND FELLOWSHIPS HAS BEEN RECORDED.

SUBAWARDS ARE GRANTS AWARDED TO NOT-FOR-PROFIT ORGANIZATIONS TO SUPPORT THE COSTS OF 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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(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
1					
2					
3					
4					
5					
6					
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.

IF THE RECIPIENTS' PERFORMANCE OR USE OF FUNDS IS NOT CONSISTENT WITH THE  
SUBAWARD TERMS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KEVIN FROST CHIEF EXECUTIVE OFFICER	(i)	374,093.	0	37,373.	94,850.	45,331.	551,647.	37,373.
	(ii)	0	0	0				
2 BRADLEY JENSEN ASSISTANT TREASURER, CFO	(i)	225,977.	0	0	16,089.	35,062.	277,128.	
	(ii)	0	0	0				
3 JOHN F. LOGAN, J.D., PH ASST SEC, VP, GEN COUNSEL	(i)	210,168.	0	0	14,904.	11,419.	236,491.	
	(ii)	0	0	0				
4 ROWENA JOHNSTON ASST SECRETARY, VICE PRESIDENT	(i)	173,783.	0	0	12,205.	11,419.	197,407.	
	(ii)	0	0	0				
5 EDWARD DONNELLY ASST TREASURER, CONTROLLER	(i)	139,447.	0	0	10,188.	10,476.	160,111.	
	(ii)	0	0	0				
6 ERIC MUSCATELL VICE PRESIDENT OF DEVELOPMENT	(i)	164,114.	0	0	11,727.	11,419.	187,260.	
	(ii)	0	0	0				
7 CHRISTOPHER COLLINS VICE PRESIDENT, PUBLIC POLICY	(i)	190,478.	0	0	13,483.	35,062.	239,023.	
	(ii)	0	0	0				
8 ANNETTE SOHN VICE PRESIDENT, TREAT ASIA PGM	(i)	200,792.	0	0	14,505.	5,576.	220,873.	
	(ii)	0	0	0				
9 ANNMARIE SHANNAHAN VICE PRESIDENT, PUBLIC INFO.	(i)	200,861.	0	0	14,150.	11,419.	226,430.	
	(ii)	0	0	0				
10 ANDREW MCINNESS DIRECTOR, PUBLICATIONS	(i)	142,695.	0	0	10,271.	35,062.	188,028.	
	(ii)	0	0	0				
11 ANTHONY ANCONA VICE PRESIDENT, HUMAN RESOURCE	(i)	158,957.	0	0	11,373.	11,419.	181,749.	
	(ii)	0	0	0				
12 SUSAN DOSTER CHIEF TECHNOLOGY OFFICER	(i)	132,756.	0	0	9,604.	15,885.	158,245.	
	(ii)	0	0	0				
13 BENNAH SERFATY SR DIRECTOR OF COMMUNICATION	(i)	113,800.	0	0	8,164.	35,062.	157,026.	
	(ii)	0	0	0				
14 RAOUL NORMAN TENAZAS CREATIVE DIRECTOR	(i)	110,187.	0	0	8,037.	35,062.	153,286.	
	(ii)	0	0	0				
15 GREGORY L. BOROFF VP, DEVELOPMENT	(i)	155,189.	0	0	11,017.	6,632.	172,838.	
	(ii)	0	0	0				
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

## COMPENSATION

## PART I, LINE 4

CHIEF EXECUTIVE OFFICER, KEVIN FROST, PARTICIPATED IN A SUPPLEMENTAL  
NONQUALIFIED RETIREMENT PLAN. AMFAR CONTRIBUTED \$59,500 INTO MR. FROST'S  
NON-QUALIFIED RETIREMENT PLAN; IN ADDITION MR. FROST RECEIVED \$37,373  
DISTRIBUTION FROM THE PLAN THAT IS REPORTED IN COLUMN (B) (III).

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2013**

**Open To Public  
Inspection**

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
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	18.	199,065.	SALES PRICE
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 by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

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

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

Schedule M (Form 990) (2013)

JSA

3E1298 1.000

**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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

PROGRAM SERVICE ACCOMPLISHMENTS (1)

PART III, LINE 4A-4D(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 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 TREATMENT, PREVENTION, AND CURE OF HIV/AIDS. IN FY2014, AMFAR AWARDED NEARLY \$7 MILLION IN GRANTS AND FELLOWSHIPS TO SUPPORT 34 RESEARCH PROJECTS.

Name of the organization THE FOUNDATION FOR AIDS RESEARCH	Employer identification number 13-3163817
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SIX RESEARCHERS RECEIVED MATHILDE KRIM FELLOWSHIPS IN BASIC BIOMEDICAL RESEARCH, AN INITIATIVE THAT PROVIDES FUNDING FOR EXCEPTIONAL YOUNG RESEARCHERS WHO ARE NEW TO THE FIELD OF HIV/AIDS RESEARCH. THE INITIATIVE HAS ALREADY ACHIEVED SPECTACULAR RESULTS, INCLUDING NUMEROUS PUBLISHED STUDIES IN MAJOR SCIENTIFIC JOURNALS. THE 2014 KRIM FELLOWS—EACH OF WHOM RECEIVED \$150,000—ARE WORKING ON PROJECTS FOCUSED ON HIV/AIDS CURE AND EPIDEMIOLOGICAL RESEARCH AND VACCINE AND TREATMENT DEVELOPMENT.

AMONG THE 2014 FELLOWS IS DR. DAMIEN TULLY OF MASSACHUSETTS GENERAL HOSPITAL, CAMBRIDGE, MA, WHO IS USING HIS AMFAR FUNDING TO STUDY TISSUE FROM MOUSE MODELS AND RECENTLY INFECTED PEOPLE TO BETTER UNDERSTAND HOW THE VIRUS SPREADS ONCE INFECTION OCCURS. HIV IS USUALLY TRANSMITTED THROUGH MUCOSAL MEMBRANES, SUCH AS AT THE VAGINA OR RECTUM, BUT EVENTUALLY THE VIRUS WREAKS ITS HAVOC IN THE INTESTINES. UNDER THE GUIDANCE OF MENTOR DR. TODD ALLEN, DR. TULLY AIMS TO UNDERSTAND HOW THE VIRUS SPREADS AND EVOLVES IN THE BODY AND TO GENERATE VITAL INFORMATION FOR THE DEVELOPMENT OF A VACCINE AND POSSIBLY A CURE.

#### CURE-FOCUSED STUDIES

THE SEARCH FOR A CURE FOR HIV/AIDS IS AT THE CENTER OF AMFAR'S RESEARCH EFFORTS. IN FY2014, THROUGH THE AMFAR RESEARCH CONSORTIUM ON HIV ERADICATION (ARCHE) PROGRAM AND OTHER TARGETED GRANTS, THE FOUNDATION AWARDED OVER \$6 MILLION TOWARD CURE-FOCUSED RESEARCH.

#### COUNTDOWN TO A CURE FOR AIDS

Name of the organization THE FOUNDATION FOR AIDS RESEARCH	Employer identification number 13-3163817
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IN FEBRUARY 2014, AMFAR LAUNCHED THE COUNTDOWN TO A CURE FOR AIDS, A RESEARCH INITIATIVE AIMED AT DEVELOPING THE SCIENTIFIC BASIS FOR A CURE FOR HIV BY 2020. IN SUPPORT OF THE COUNTDOWN, AMFAR PLANS TO STRATEGICALLY INVEST \$100 MILLION IN CURE RESEARCH OVER THE NEXT SIX YEARS.

AMFAR RESEARCH CONSORTIUM ON HIV ERADICATION

THE FOUNDATION LAUNCHED ARCHE IN 2010 TO ENCOURAGE TEAMS OF DISTINGUISHED SCIENTISTS FROM ACROSS THE GLOBE TO WORK COLLABORATIVELY ON CURE-FOCUSED RESEARCH AND TO PROVIDE THEM WITH THE RESOURCES TO DO SO. SINCE ITS INCEPTION, ARCHE FUNDING HAS SUPPORTED THE WORK OF 86 RESEARCH TEAMS PURSUING CURE-FOCUSED STUDIES AT 51 INSTITUTIONS ON FIVE CONTINENTS.

IN JULY, MORE THAN \$2.4 MILLION IN FUNDING WENT TO SEVEN COLLABORATIVE TEAMS OF RESEARCHERS WORKING IN COUNTRIES INCLUDING THE UNITED STATES, THE UNITED KINGDOM, THE NETHERLANDS, FINLAND, FRANCE, GERMANY, SPAIN, SWEDEN, THAILAND, AND AUSTRALIA ON STUDIES EXPLORING POTENTIAL STRATEGIES FOR CHARACTERIZING VIRAL RESERVOIRS-A MAJOR OBSTACLE TO A CURE-AND ELIMINATING HIV INFECTION FROM THE BODY.

THE LARGEST AWARD IN THIS ROUND OF GRANTS IS SUPPORTING A CONSORTIUM OF EUROPEAN RESEARCHERS STUDYING THE OUTCOMES OF HIV PATIENTS WHO UNDERGO DIFFERENT TYPES OF STEM CELL TRANSPLANTS. TIMOTHY BROWN, THE FIRST AND ONLY PERSON KNOWN TO HAVE BEEN CURED OF HIV, RECEIVED A STEM CELL TRANSPLANT FROM A DONOR WITH A RARE GENETIC MUTATION CONFERRING

Name of the organization THE FOUNDATION FOR AIDS RESEARCH	Employer identification number 13-3163817
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RESISTANCE TO HIV INFECTION. THE RESEARCH TEAM, LED BY DR. JAVIER MARTINEZ-PICADO OF IRSI CAIXA IN SPAIN AND DR. ANNEMARIE WENSING OF UNIVERSITY MEDICAL CENTER UTRECHT IN THE NETHERLANDS, ANTICIPATE HAVING SEVERAL HIV PATIENTS IN NEED OF STEM CELL TRANSPLANTS AND HOPE TO GENERATE NEW KNOWLEDGE THAT CAN INFORM MORE WIDELY APPLICABLE INTERVENTIONS.

A TEAM OF RESEARCHERS IN THE U.S. WILL RECEIVE FUNDING TO ADDRESS ONE OF THE MOST PRESSING CHALLENGES IN HIV RESEARCH: DETERMINING WHETHER PEOPLE WHOSE HIV HAS DROPPED TO AN UNDETECTABLE LEVEL HAVE BEEN CURED, OR WHETHER CURRENT TESTS ARE SIMPLY NOT SENSITIVE ENOUGH TO DETECT EVERY LAST REMNANT OF VIRUS. IN A RECENT AMFAR-FUNDED STUDY, DR. TIMOTHY HENRICH OF BRIGHAM AND WOMEN'S HOSPITAL IN BOSTON DESCRIBED TWO PATIENTS WHO HAD RECEIVED STEM CELL TRANSPLANTS TO TREAT THEIR CANCER AND IN WHOM HIV COULD NO LONGER BE DETECTED USING THE MOST SOPHISTICATED TESTS CURRENTLY AVAILABLE. WHEN THE PATIENTS STOPPED TAKING ANTIRETROVIRAL THERAPY, THEIR VIRUS EVENTUALLY RETURNED, INDICATING THAT THEY HAD NOT BEEN CURED. DR. HENRICH IS COLLABORATING WITH DR. RAMESH AKKINA OF COLORADO STATE UNIVERSITY IN AN EFFORT TO INFUSE CELLS TAKEN FROM THE BOSTON PATIENTS PRIOR TO VIRAL REBOUND INTO MICE ENGINEERED TO CONTAIN HUMAN IMMUNE SYSTEMS. IF THE MICE BECOME INFECTED, THIS WOULD REPRESENT A MORE SENSITIVE TEST OF HIV PERSISTENCE THAN ANY OTHER TEST CURRENTLY AVAILABLE.

TARGETED GRANTS FOR HIV CURE RESEARCH

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

IN FEBRUARY 2014, AMFAR AWARDED 12 TARGETED GRANTS TOTALING MORE THAN \$2.15 MILLION TO LEADING RESEARCHERS FROM AROUND THE WORLD WHO ARE WORKING ON A VARIETY OF CUTTING-EDGE, CURE-FOCUSED STUDIES. THESE PROJECTS INCLUDE RESEARCH AIMED AT THERAPEUTIC VACCINE DEVELOPMENT, EXPANDING OUR UNDERSTANDING OF LATENT VIRAL RESERVOIRS, AND EXAMINING PHARMACOLOGICAL AND GENE THERAPY APPROACHES TO CURING HIV.

DR. NANCY HAIGWOOD AND HER COLLEAGUES AT OREGON HEALTH AND SCIENCE UNIVERSITY IN PORTLAND ARE TESTING THE ABILITY OF ANTIBODIES TO LIMIT THE ESTABLISHMENT OF THE VIRAL RESERVOIR IN NEWBORNS INFECTED WITH HIV. IN A STUDY THAT COULD INFORM OUR UNDERSTANDING OF HOW AND WHEN THE RESERVOIR IS ESTABLISHED, DR. HAIGWOOD'S TEAM IS TESTING IN INFANT MACAQUES THE EFFECTS OF ANTIBODIES FOUND TO BE EFFECTIVE IN CONTROLLING HIV IN HUMANS.

AT THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, DR. HIROYU HATANO AND COLLEAGUES ARE RECRUITING SUBJECTS FROM ONGOING STUDIES OF PREP (PRE-EXPOSURE PROPHYLAXIS). BECAUSE THESE STUDY PARTICIPANTS ARE FREQUENTLY TESTED FOR HIV, DR. HATANO BELIEVES HER TEAM WILL BE ABLE TO IDENTIFY SUBJECTS IN THE FIRST COUPLE OF WEEKS OF INFECTION, WHEN THE VIRAL RESERVOIRS ARE ESTABLISHED. THIS WILL ALLOW THE RESEARCHERS TO DISCOVER WHICH CELLS HIV INFECTS AT VARIOUS STAGES DURING ACUTE INFECTION AND HOW VERY EARLY TREATMENT MIGHT AFFECT THE SIZE OR DISTRIBUTION OF THE RESERVOIR.

Name of the organization THE FOUNDATION FOR AIDS RESEARCH	Employer identification number 13-3163817
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A TEAM OF RESEARCHERS AT THE UNIVERSITY OF TORONTO LED BY DR. MARIO OSTROWSKI IS PURSUING AN ENTIRELY DIFFERENT STRATEGY: THERAPEUTIC VACCINATION. DR. OSTROWSKI AND COLLEAGUES ARE CONDUCTING A SMALL PILOT CLINICAL TRIAL OF A THERAPEUTIC VACCINE TO DETERMINE WHETHER IT CAN REDUCE THE SIZE OF THE RESERVOIR. THE VACCINE WILL BE TESTED IN SUBJECTS WHO STARTED ANTIRETROVIRAL THERAPY WITHIN SIX MONTHS OF ACQUIRING HIV AND IS INTENDED TO INDUCE CELLULAR IMMUNITY, ONE ARM OF THE IMMUNE SYSTEM RESPONSIBLE FOR KILLING CELLS THAT ARE INFECTED WITH THE VIRUS.

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 THE PAST YEAR, AT LEAST 49 SCIENTIFIC PUBLICATIONS RESULTED FROM AMFAR-FUNDED RESEARCH.

KILLER IMMUNITY AND HIV RESERVOIRS

IN THE JANUARY ISSUE OF THE JOURNAL OF ACQUIRED IMMUNE DEFICIENCY SYNDROMES, AMFAR GRANTEE DR. MATHIAS LICHTERFELD REPORTED ON THE IMMUNE RESPONSES OF "ELITE CONTROLLERS," PEOPLE INFECTED WITH HIV BUT CAPABLE OF MAINTAINING LOW VIRAL LOADS AND HIGH T CELL COUNTS WITHOUT THE AID OF ANTIRETROVIRAL THERAPY. DR. LICHTERFELD, WORKING AT HARVARD UNIVERSITY AND MASSACHUSETTS GENERAL HOSPITAL, ALONG WITH COLLEAGUES THERE AND AT CHINA MEDICAL UNIVERSITY IN SHENYANG, FOCUSED ON A MAJOR PLAYER IN THE T CELL IMMUNE SYSTEM: THE CD8+ CYTOTOXIC CELL. THESE "KILLER T CELLS" ARE CAPABLE OF DESTROYING CELLS INFECTED WITH VIRUSES. THE RESEARCH TEAM

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FOUND THAT THE CD8+ T CELLS' ABILITY TO KILL HIV-INFECTED CELLS WAS SIGNIFICANTLY GREATER IN ELITE CONTROLLERS THAN IN PATIENTS REQUIRING ANTIRETROVIRAL THERAPY TO SUPPRESS VIRUS. OF EVEN GREATER INTEREST, FURTHER STUDIES SHOWED A CONSISTENT RELATIONSHIP AMONG A GENETIC MARKER CALLED MHC-1 B57, HIGH KILLER T CELL ACTIVITY, AND LOW VIRUS RESERVOIR. IN ADDITION, THE EFFECT WAS MOST PRONOUNCED IN NAÏVE T CELLS-A TYPE OF IMMUNE CELL THAT CONSTITUTES THE RESERVOIR BUT HAS BEEN LESS OF A FOCUS FOR RESEARCHERS THAN THE MEMORY T CELL.

TESTING "SHOCK AND KILL"

TWO YEARS AGO, AS PART OF A RESEARCH PROJECT LED BY DR. ROBERT SILICIANO UNDER THE AUSPICES OF THE ARCHE PROGRAM, IT WAS DISCOVERED THAT DISULFIRAM, AN FDA-APPROVED DRUG FOR THE TREATMENT OF ALCOHOLISM, COULD ACTIVATE LATENT HIV IN THE TEST TUBE. WRITING IN THE MARCH ISSUE OF CLINICAL INFECTIOUS DISEASES, ARCHE-FUNDED DRS. ADRIANA ANDRADE, ADAM SPIVAK, ROBERT AND JANET SILICIANO, AND STEVEN DEEKS, ALONG WITH THEIR COLLEAGUES, DESCRIBE A PILOT STUDY TESTING DISULFIRAM (ALSO KNOWN AS ANTABUSE) IN A SMALL GROUP OF HIV-POSITIVE INDIVIDUALS. THE TEAM FOUND THAT, OVERALL, DISULFIRAM HAD NO SIGNIFICANT EFFECT ON THE SIZE OF THE LATENT RESERVOIR. HOWEVER, IN A SMALL SUBSET OF THE VOLUNTEERS, LOW LEVELS OF VIRUS INCREASED ALMOST FOURFOLD AFTER THE FIRST DOSE OF DRUG. THIS INCREASE IN DETECTABLE VIREMIA SUGGESTS THAT DISULFIRAM MIGHT HAVE BEEN HAVING THE INTENDED EFFECT-SHOCKING PREVIOUSLY LATENT VIRUS OUT OF INFECTED CELLS. THE RESEARCHERS CONCLUDED THAT TOO SMALL A DOSE OF DRUG MAY HAVE BEEN USED TO FULLY REVERSE LATENCY IN MORE OF THE STUDY

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## PARTICIPANTS.

UNRAVELING THE MECHANISMS OF MALE-TO-FEMALE HIV TRANSMISSION AN IMPORTANT STEP IN THE PROCESS OF IDENTIFYING SUITABLE BIOMEDICAL HIV INTERVENTION CANDIDATES IS TO DERIVE A DETAILED UNDERSTANDING OF THE CELLULAR MECHANISMS BY WHICH THE VIRUS IS TRANSMITTED SEXUALLY. A KEY COMPONENT IN RECTAL TRANSMISSION IS THE DENDRITIC CELL (DC). FOUR YEARS AGO, DR. PHILLIP SMITH AND COLLEAGUES AT THE UNIVERSITY OF ALABAMA AT BIRMINGHAM FOUND THAT DCS IN THE INTESTINAL MUCOSA RAPIDLY CAPTURE HIV ON THEIR LONG TENTACLE-LIKE MEMBRANE STRUCTURES, THEN DIRECTLY TRANSMIT IT TO CELLS CAPABLE OF BECOMING INFECTED, SUCH AS THE T CELLS OF THE BLOOD AND GUT. WRITING IN THE JULY ISSUE OF THE JOURNAL OF VIROLOGY, THEY REPORT ON A DC-BASED PROCESS IN VAGINAL MUCOSA VERY SIMILAR TO WHAT THEY HAD DOCUMENTED IN THE INTESTINES. THE RESEARCHERS SHOWED THAT VAGINAL DCS COULD CAPTURE HIV AND TRANSPORT IT THROUGH VAGINAL MUCOSA TO INFECT VAGINAL AND BLOOD T CELLS. THEY WERE THE ONLY VAGINAL CELLS CAPABLE OF DOING SO. TOGETHER, THESE FINDINGS SUGGEST THAT VAGINAL DCS COULD PLAY A KEY ROLE IN HIV TRANSMISSION DURING HETEROSEXUAL SEX.

## NEW TARGETED RFP

AMFAR ISSUED A REQUEST FOR PROPOSALS (RFP) IN SEPTEMBER 2014 FOR BIOMEDICAL RESEARCH PROJECTS RELEVANT TO EXPLORING THE MECHANISMS FOR HIV PERSISTENCE AND THE POTENTIAL FOR HIV ERADICATION.

THINK TANKS, SYMPOSIA, AND CONFERENCES

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IN MAY 2014, AMFAR HELD A THINK TANK IN MUNICH, GERMANY, TITLED "RESEARCH TOWARD A CURE FOR AIDS: STEM CELL-BASED THERAPIES IN THE CONTEXT OF A EUROPEAN CONSORTIUM." THE 12 PARTICIPANTS WERE CHARGED WITH PROPOSING A MECHANISM TO STUDY STEM CELL TRANSPLANTS PERFORMED IN HIV-POSITIVE PEOPLE IN EUROPE USING SOPHISTICATED IMMUNOLOGIC AND VIROLOGIC TECHNIQUES. THE AIM OF THE MECHANISM IS TO DOCUMENT THE ROLE OF TRANSPLANTS IN CURING HIV. THE THINK TANK LED TO THE ESTABLISHMENT THE EUROPEAN PROJECT TO GUIDE AND INVESTIGATE THE POTENTIAL FOR HIV CURE BY STEM CELL TRANSPLANTATION (EPISTEM), WHICH IS FUNDED BY AMFAR. AT LEAST TWO HIV-POSITIVE INDIVIDUALS HAVE BEEN SUCCESSFULLY TRANSPLANTED UNDER THIS PROTOCOL, USING DONORS WITH THE GENETIC MUTATION CONFERRING RESISTANCE TO HIV INFECTION.

AT THE CONFERENCE ON RETROVIRUSES AND OPPORTUNISTIC INFECTIONS (CROI) IN MARCH 2014, SEVERAL SCIENTISTS REPORTED NEW FINDINGS RESULTING FROM RESEARCH SUPPORTED BY AMFAR. HIGHLIGHTS INCLUDED A REPORT FROM DR. MATHIAS LICHTERFELD OF MASSACHUSETTS GENERAL HOSPITAL, BOSTON, ON HIS PROGRESS IN CHARACTERIZING A SUBSET OF T CELLS, STEM CELL MEMORY T CELLS, THAT HAVE RECENTLY BEEN IDENTIFIED AS PARTICULARLY IMPORTANT RESERVOIRS OF LATENT HIV. DR. HIROYU HATANO OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, DISCUSSED HER EFFORTS TO IDENTIFY RESEARCH SUBJECTS IN THE FIRST COUPLE OF WEEKS OF INFECTION. AND DR. GREG LAIRD PROVIDED AN UPDATE ON DRUGS THAT COULD BE USED TO "SHOCK" HIV OUT OF LATENT RESERVOIRS SO THAT IT CAN BE "KILLED" BY ANTIRETROVIRAL TREATMENT OR BY THE IMMUNE SYSTEM.

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AMFAR VICE PRESIDENT AND DIRECTOR OF RESEARCH DR. ROWENA JOHNSTON AND MULTIPLE AMFAR-FUNDED RESEARCHERS PARTICIPATED AND PRESENTED DURING THE 20TH INTERNATIONAL AIDS CONFERENCE IN MELBOURNE, AUSTRALIA. SIX OF THESE RESEARCHERS, DR. SHARON LEWIN, DR. DEBORAH PERSAUD, DR. DAN BAROUCH, DR. OLE SØGAARD, DR. NICOLAS CHOMONT, AND DR. STEVEN DEEKS, SAT ON A SEVEN-MEMBER PANEL DISCUSSING THE LATEST BREAKTHROUGHS IN HIV VACCINE AND CURE RESEARCH DURING THE "TOWARDS A CURE" PRESS CONFERENCE.

PROGRAM SERVICE ACCOMPLISHMENTS (2)

PART III, LINE 4A-4D (2)

LINE 4B: TREAT ASIA: AMFAR'S TREAT ASIA PROGRAM (THERAPEUTICS RESEARCH, EDUCATION, AND AIDS TRAINING IN ASIA) IS A NETWORK OF HOSPITALS, CLINICS, AND RESEARCH INSTITUTIONS WORKING WITH CIVIL SOCIETY TO ENSURE THE SAFE AND EFFECTIVE DELIVERY OF HIV/AIDS TREATMENTS ACROSS ASIA AND THE PACIFIC. THE TREAT ASIA NETWORK ENCOMPASSES 21 ADULT AND 18 PEDIATRIC SITES THROUGHOUT THE REGION, WHICH COLLABORATE ON A VARIETY OF PROJECTS.

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 21 CLINICAL SITES IN 12 COUNTRIES. THE INFORMATION GATHERED AND ANALYSED THROUGH THE DATABASE INFORMS THE DEVELOPMENT OF MORE EFFECTIVE RESEARCH AND TREATMENT PROGRAMS, AND HELPS DEFINE

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TREATMENT STANDARDS SPECIFIC TO HIV/AIDS IN ASIA.

IN FY2014, THE TAHOD NETWORK LAUNCHED A MULTI-SITE CLINICAL STUDY IN ASIA THAT ADDRESSES OBSTACLES TO TREATING HEPATITIS C AMONG THOSE CO-INFECTED WITH HIV IN FOUR COUNTRIES: INDONESIA, MALAYSIA, THAILAND, AND VIETNAM. THE STUDY BEGAN WITH A SCREENING TO ASSESS HOW MANY HIV-POSITIVE PATIENTS IN TREAT ASIA PARTICIPATING CLINICS IN THESE COUNTRIES NEEDED TO START TREATMENT FOR HEPATITIS C. AT THE END OF SEPTEMBER, THE STUDY HAD ENROLLED APPROXIMATELY 135 PATIENTS IN TREATMENT, AND WILL CONTINUE TO ENROLL UP TO 200 PATIENTS. THE STUDY AIMS TO DEVELOP A PILOT MODEL OF CARE FOR TREATING HEPATITIS C IN RESOURCE-LIMITED SETTINGS THAT CAN BE REPLICATED THROUGHOUT THE REGION, WHERE TREATMENT FOR THE DISEASE IS COSTLY AND OFTEN INACCESSIBLE.

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.

TREAT ASIA PEDIATRIC NETWORK

TREAT ASIA'S PEDIATRIC NETWORK INCLUDES 18 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

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INCLUDES DATA FROM APPROXIMATELY 5,500 PEDIATRIC PATIENTS AT 18 CLINICAL SITES IN CAMBODIA, INDIA, INDONESIA, MALAYSIA, THAILAND, AND VIETNAM.

IN FY2014, THE TREAT ASIA STUDIES TO EVALUATE RESISTANCE, PEDIATRICS (TASER-P) COMPLETED CORE ACTIVITIES OF A THREE-YEAR STUDY ON HOW CHILDREN AND ADOLESCENTS WHO HAD DEVELOPED RESISTANCE TO FIRST-LINE ANTIRETROVIRALS (ARV) RESPONDED AND ADHERED TO SECOND-LINE TREATMENT. ONGOING ANALYSIS HAS PROVIDED INSIGHTS INTO HOW TO IMPROVE LONG-TERM ARV MANAGEMENT IN CHILDREN AND ADOLESCENTS. TREAT ASIA WILL CONTINUE TO FOLLOW APPROXIMATELY 60 CHILDREN WHO HAVE DEVELOPED RESISTANCE TO SECOND-LINE TREATMENT FOR ANOTHER TWO YEARS IN ORDER TO BETTER UNDERSTAND WHICH THIRD-LINE ARVS WILL BE MOST NEEDED IN THE REGION.

#### ADOLESCENT RESEARCH

IN FY2014, TREAT ASIA CONDUCTED SEVERAL STUDIES ON HOW HIV AFFECTS ADOLESCENTS PHYSICALLY, SOCIALLY, AND EMOTIONALLY. TREAT ASIA'S PEDIATRIC SITES CONDUCTED LOCAL STUDIES AMONG THEIR ADOLESCENT HIV PATIENTS TO INVESTIGATE HIV'S IMPACT ON THEIR HEALTH AND DEVELOPMENTAL NEEDS. AMONG OTHER ISSUES, THEY INVESTIGATED ADOLESCENTS' REPRODUCTIVE AND SEXUAL HEALTH NEEDS, LIVER FUNCTION, TREATMENT FAILURE, TREATMENT ADHERENCE, AND THE IMPACT OF ORPHANHOOD, DISCLOSURE, AND SCHOOL ATTENDANCE ON ANTIRETROVIRAL OUTCOMES.

IN ADDITION, TREAT ASIA IS CONDUCTING AN ONGOING STUDY USING AN AUDIO-COMPUTER-ASSISTED SURVEY INSTRUMENT (ACASI) TO BETTER UNDERSTAND

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HOW ADOLESCENTS EXPERIENCE LIVING WITH HIV BY ALLOWING THEM TO ANONYMOUSLY RESPOND TO QUESTIONS USING A COMPUTER INTERFACE ABOUT WHETHER THEY ARE TAKING THEIR MEDICINES; IF THEY HAVE TRIED ALCOHOL, TOBACCO, OR OTHER DRUGS; THEIR SEXUAL BEHAVIOR; AND STIGMA THEY MAY HAVE EXPERIENCED AT SCHOOL OR AT HOME.

EXPLORING LINKS BETWEEN HIV AND CANCER

AMONG HIV-POSITIVE MEN WHO HAVE SEX WITH MEN (MSM), THE RISK OF ANAL CANCER IS TWICE THE LEVEL OF THOSE WHO ARE HIV-NEGATIVE, BUT LITTLE RESEARCH HAS BEEN DONE ON THIS ISSUE IN ASIA. IN 2009, USING FUNDING FROM IEDEA, TREAT ASIA BEGAN SUPPORTING AN INNOVATIVE RESEARCH STUDY EXPLORING THE LINKS BETWEEN HIV AND ANAL CANCER AND LOOKING AT CANCER BIOMARKERS IN AN ATTEMPT TO BETTER IDENTIFY MSM WITH PRE-CANCEROUS ANAL LESIONS.

RESEARCH ON HUMAN PAPILLOMAVIRUS (HPV) AND ANAL CANCER RISK AMONG MSM IS ONGOING AT SITES IN BANGKOK, BALI, AND JAKARTA.

BUILDING RESEARCH AND TREATMENT CAPACITY

TREAT ASIA HAS IMPLEMENTED A RESEARCH EDUCATION PROGRAM TO HELP NETWORK MEMBERS STRENGTHEN THEIR SKILLS IN CONDUCTING CLINICAL RESEARCH AND TO BOOST THE OVERALL QUALITY OF CARE IN THE REGION. TREAT ASIA ORGANIZED 10 WORKSHOPS AND TRAINING SESSIONS IN FY2014, INCLUDING SESSIONS FOR HEALTH PROVIDERS ON MANAGING HIV AND HEPATITIS C CO-INFECTION, TREATING MEN WHO HAVE SEX WITH MEN, CLINICAL MANAGEMENT OF PEDIATRIC HIV, RIGHTS AND LEGAL PROTECTIONS FOR WOMEN LIVING WITH HIV, AND COMMUNICATION SKILLS TO PROMOTE EARLY HIV TESTING AND TREATMENT.

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BUILDING COMMUNITY TREATMENT LITERACY AND PROMOTING ADVOCACY FOR  
TREATMENT ACCESS

COMMUNICATING TREATMENT INFORMATION ABOUT A DISEASE AS COMPLEX AS  
HIV/AIDS CAN BE DAUNTING, BUT PATIENTS' LIVES DEPEND ON IT. 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 FY2014, TREAT ASIA DEVELOPED THREE FICTIONAL VIDEOS ON THE SEXUAL AND  
REPRODUCTIVE HEALTH AND RIGHTS OF WOMEN LIVING WITH HIV THAT PROVIDE  
EXAMPLES OF BOTH POSITIVE AND NEGATIVE ADVICE THAT HIV-POSITIVE PREGNANT  
WOMEN MIGHT RECEIVE FROM HEALTHCARE PROFESSIONALS. THE VIDEOS ARE IN THAI  
AND HAVE ENGLISH SUBTITLES. THEY ARE AVAILABLE ON TREAT ASIA'S WEBPAGE  
AND ITS PUBLIC YOUTUBE CHANNEL.

IN ADDITION, TREAT ASIA RELEASED A POLICY BRIEF TITLED HEPATITIS C AND  
HIV: ADDRESSING THE DUAL EPIDEMIC, WHICH SUMMARIZES HEPATITIS C DISEASE  
PROGRESSION, TREATMENT, AND ADVOCACY PRIORITIES. IT ALSO PRODUCED A FACT  
SHEET PROVIDING A SUMMARY OF THE KEY RECOMMENDATIONS IN THE FIRST WORLD  
HEALTH ORGANIZATION GUIDELINES ON THE SCREENING, CARE, AND TREATMENT OF  
PERSONS WITH HEPATITIS C INFECTION. TREAT ASIA ALSO HELD A REGIONAL  
MEETING ON IMPROVING ACCESS TO HEPATITIS C TREATMENT, WHICH WAS ATTENDED  
BY 20 ADVOCATES FROM SIX SOUTH AND SOUTHEAST ASIAN COUNTRIES.

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TREAT ASIA ALSO 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 APPEAR IN THE TREAT ASIA REPORT, A BIMONTHLY E-NEWSLETTER, AND ON TREAT ASIA'S WEBSITE, WWW.TREATASIA.ORG.

20TH INTERNATIONAL AIDS CONFERENCE

TREAT ASIA WAS WELL REPRESENTED AT THE MAIN AND PRE-CONFERENCE EVENTS IN JULY 2014 IN MELBOURNE, AUSTRALIA. TREAT ASIA STAFF AND NETWORK INVESTIGATORS PARTICIPATED IN PRE-CONFERENCE WORKSHOPS ON HIV PEDIATRIC AND HIV CURE RESEARCH. AT THE PEDIATRIC WORKSHOP, PRESENTATIONS WERE MADE ON TWO TREAT ASIA STUDIES AND ONE IEDEA MULTI-REGIONAL ANALYSIS (DURATION OF INITIAL ANTIRETROVIRAL THERAPY). AT THE MAIN CONFERENCE, ADDITIONAL TREAT ASIA STUDIES WERE PRESENTED ON ADHERENCE TO TREATMENT AND EXPERIENCES OF STIGMA AMONG ADOLESCENTS, HEPATITIS C CO-INFECTION AND LIVER DISEASE, AND 10-YEAR TREATMENT OUTCOMES IN TREAT ASIA'S REGIONAL ADULT HIV COHORT. DR. ANNETTE SOHN, AMFAR VICE PRESIDENT AND DIRECTOR OF THE TREAT ASIA PROGRAM, WAS INVITED TO GIVE ORAL PRESENTATIONS ON KEY AT-RISK POPULATIONS IN ASIA, NON-COMMUNICABLE DISEASES IN RESOURCE-LIMITED SETTINGS, AND PEDIATRIC AND ADOLESCENT HIV.

PROGRAM SERVICE ACCOMPLISHMENTS (3)

PART III, LINE 4A-4D (3)

LINE 4C: EDUCATION AND 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

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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.

#### 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 OTHER ORIGINAL ARTICLES COVERING SCIENCE, POLICY, THE GLOBAL EPIDEMIC, AND AMFAR PROGRAMS AND ACTIVITIES.

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

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OFTEN LESS EDUCATED ABOUT HIV AND THE AIDS EPIDEMIC. THE FOUNDATION REGULARLY ADDED CONTENT TO ITS FACEBOOK PAGE AND LIVE TWEETED AND POSTED IMAGES ON INSTAGRAM FROM FUNDRAISING AND PROGRAM EVENTS. AMFAR HAS 57,000 LIKES ON FACEBOOK, 29,000 TWITTER FOLLOWERS, AND NEARLY 33,000 INSTAGRAM FOLLOWERS.

#### 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 SPOKESPEOPLE—WERE CARRIED IN NUMEROUS MEDIA OUTLETS, INCLUDING THE NEW YORK TIMES, THE WALL STREET JOURNAL, THE WASHINGTON POST, AND THE HUFFINGTON POST, AND NEWS AGENCIES SUCH AS THE ASSOCIATED PRESS, CNN, BLOOMBERG NEWS, AND REUTERS.

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, AND OTHERS HAVE FOLLOWED IN HER FOOTSTEPS. AMFAR IS PROFOUNDLY GRATEFUL FOR THE CONTINUING STEADFAST SUPPORT OF GLOBAL FUNDRAISING CHAIRMAN SHARON STONE. IN FY2014, CELEBRITY SUPPORTERS INCLUDED AMFAR AMBASSADORS CHEYENNE JACKSON, JANET JACKSON, MILLA JOVOVICH, LIZA MINNELLI, AND MICHELLE YEOH, AS WELL AS DAME SHIRLEY BASSEY, JUSTIN BIEBER, MARY J. BLIGE, JESSICA CHASTAIN, SOFIA COPPOLA, ALAN CUMMING,

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WILLEM DAFOE, LEONARDO DICAPRIO, JANE FONDA, GRACE JONES, HEIDI KLUM, JULIANNA MARGULIES, KYLIE MINOGUE, AISHWARYA RAI AND ABHISHEK BACHCHAN, LANA DEL REY, MICHELLE RODRIGUEZ, DIANA ROSS, AND DITA VON TEESE, AMONG MANY OTHERS.

PROGRAM SERVICE ACCOMPLISHMENTS (4)

PART III, LINE 4A-4D (4)

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 HELPS EXPAND ACCESS TO HIV EDUCATION AND PREVENTION SERVICES; SUPPORTS ADVOCACY AIMED AT INCREASING FUNDING FOR PREVENTION AND TREATMENT SERVICES; AND WORKS TO END THE STIGMA, DISCRIMINATION, AND VIOLENCE THAT THREATEN THE LIVES OF GMT AND FUEL THE SPREAD OF HIV/AIDS.

COMMUNITY AWARDS

IN FY2014, AMFAR AWARDED APPROXIMATELY \$300,000 TO 15 GROUPS IN AFRICA AND LATIN AMERICA FOR A WIDE RANGE OF PROJECTS ADDRESSING HIV PREVENTION, OUTREACH, EDUCATION, ADVOCACY, TESTING, RESEARCH, AND CAPACITY BUILDING.

SAMPLE FUNDED PROJECTS INCLUDE:

AFRICA

ALTERNATIVES-CAMEROUN (DOUALA, CAMEROON)

ALTERNATIVES USED ITS FIFTH YEAR OF GMT INITIATIVE SUPPORT TO INTEGRATE

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PEER-LED STRATEGIES WITH CLINICAL SERVICES TO INCREASE LGBT INDIVIDUALS' ACCESS TO HIV PREVENTION, CARE, AND TREATMENT IN DOUALA. ALTERNATIVES MOBILIZED THEIR PEER EDUCATORS ACROSS THE CITY TO HOLD DISCUSSIONS ON HIV/AIDS AND STI PREVENTION AND TREATMENT, WHILE ALSO PROMOTING THE SERVICES AT ITS ACCESS CENTER TO INCREASE THE PATIENT ROSTER. IN ADDITION TO THE COMPREHENSIVE MEDICAL SERVICES OFFERED AT THE ACCESS CENTER, ALTERNATIVES OFFERED MOBILE TESTING AND ORGANIZED TESTING AWARENESS DAYS TO REACH A BROADER NUMBER OF LGBT THROUGH HIV TESTING.

ACTION HUMANITAIRE POUR LA SANTÉ ET LE DÉVELOPPEMENT COMMUNAUTAIRE (AHUSADEC) (BUKAVU, DEMOCRATIC REPUBLIC OF THE CONGO) IN ITS SECOND YEAR OF AMFAR SUPPORT, AHUSADEC IMPROVED ITS REFERRAL SYSTEM FOR GMT-FRIENDLY PUBLIC HEALTHCARE CENTERS IN BUKAVU TO IMPROVE THE ABILITY OF GMT TO ACCESS HEALTH SERVICES AND HIV TESTING AND TREATMENT. IT ALSO EMPOWERED GMT SEX WORKERS BY PROVIDING HIV PREVENTION INFORMATION. IN ADDITION, AHUSADEC HOSTED TRAINING WORKSHOPS FOR HEALTHCARE WORKERS AT THE GMT-FRIENDLY TESTING CENTERS TO ENSURE A STIGMA-FREE ENVIRONMENT AND LAUNCHED A MEDIA CAMPAIGN ADDRESSING HIV-RELATED ISSUES.

LATIN AMERICA  
ASOCIACIÓN DE TRAVESTIS, TRANSEXUALES, Y TRANSGENEROS DE ARGENTINA  
ASOCIACIÓN CIVIL (ATTTA) (BUENOS AIRES, ARGENTINA)  
ATTTA CONDUCTED A SURVEY ON ATTITUDES, BEHAVIORS, AND PRACTICES REGARDING SEXUAL HEALTH AND HIV PREVENTION AND RISKS FOR 180 TRANSGENDER WOMEN AND

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40 OF THEIR STABLE PARTNERS IN BUENOS AIRES, ARGENTINA. THE SURVEY RESULTS WERE USED TO ESTABLISH BASELINE BEHAVIORAL DATA TO INFORM POLICIES AND PROGRAMS FOR TRANSGENDER WOMEN. IN ADDITION, ATTTA ESTABLISHED BASELINE HIV PREVALENCE DATA BY OFFERING RAPID HIV TESTING AND COUNSELING TO ALL CLIENTS SEEKING SERVICES AT THEIR MOBILE HEALTH UNIT. THE GROUP ALSO EVALUATED THE ACCEPTABILITY OF THESE SERVICES AND REFERRED ALL THOSE WITH POSITIVE RESULTS DIRECTLY TO PARTNER CLINICS.

RED NACIONAL DE MUJERES TRAVESTIS, TRANSEXUALES Y TRANSGENEROS DE BOLIVIA (RED TREBOL) (COCHABAMBA, BOLIVIA)

RED TREBOL USED ITS THIRD CONSECUTIVE GRANT FROM AMFAR TO CREATE THE FIRST TRANS-SPECIFIC HEALTH CENTER IN COCHABAMBA. RED TREBOL ESTABLISHED A PHYSICAL SPACE FOR THE CLINIC AND BEGAN TO TRAIN PEER EDUCATORS TO PROMOTE THE CLINIC AND ITS SERVICES AND DISTRIBUTE REFERRALS FOR THE CLINIC TO CREATE DEMAND. A MEDICAL TEAM THAT PROVIDES SERVICES FOR RED TREBOL AT THEIR MOBILE UNIT PROGRAM BEGAN OFFERING HIV TESTING AND COUNSELING, HORMONES AND HORMONAL GUIDANCE, STI PREVENTION AND TREATMENT SERVICES, AND MENTAL HEALTH SERVICES AT THE CLINIC.

#### "IN ACTION" AWARDS

USING TWO-YEAR FUNDING FROM THE ARCUS FOUNDATION, THE GMT INITIATIVE SUPPORTED FOUR ORGANIZATIONS AS PART OF ITS ADVOCACY IN ACTION PROGRAM, WHICH ENGAGES GMT-LED COMMUNITY-BASED ORGANIZATIONS THAT WISH TO INFLUENCE THE POLICIES OF GOVERNMENTS AND EXTERNAL DONORS. TEN ORGANIZATIONS WERE SUPPORTED THROUGH ITS EVIDENCE IN ACTION PROGRAM,

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WHICH DOCUMENTS AND EVALUATES THE IMPACT OF COMMUNITY-BASED PROGRAMS WITH THE ULTIMATE GOAL OF IMPLEMENTING THE MOST WORKABLE STRATEGIES FOR STOPPING THE SPREAD OF HIV/AIDS. EVIDENCE IN ACTION WAS DEVELOPED WITH SUPPORT FROM VIIV HEALTHCARE'S POSITIVE ACTION PROGRAM AND THE ELTON JOHN AIDS FOUNDATION.

#### 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 REPORTS ON HIV AND GMT. IN FY2014, THE GMT INITIATIVE PUBLISHED TWO REPORTS IN ITS "LESSONS FROM THE FRONT LINES" SERIES. THE FIRST, LESSONS FROM THE FRONT LINES: RESEARCH IMPACT ANALYSIS, OUTLINED SOME OF THE MOST SUCCESSFUL COMMUNITY-LED RESEARCH STUDIES GMT GRANTEE PARTNERS HAVE IMPLEMENTED TO IMPROVE HIV TESTING, TREATMENT, AND AWARENESS IN FIVE REGIONS—AFRICA, ASIA-PACIFIC, THE CARIBBEAN, EASTERN EUROPE AND CENTRAL ASIA, AND LATIN AMERICA. THE SECOND, LESSONS FROM THE FRONT LINES: TRANS HEALTH AND RIGHTS, PRODUCED IN COLLABORATION WITH GLOBAL ACTION FOR TRANS EQUALITY (GATE), EXAMINED THE CHALLENGES FACED BY 10 GRANTEE PARTNERS—MANY OF WHICH WERE LED BY TRANSGENDER INDIVIDUALS—AND ASSESSED THEIR PROGRESS.

THE GMT INITIATIVE ALSO CREATED A SERIES OF FACT SHEETS IN ENGLISH, FRENCH, AND SPANISH ON EMERGING HIV PREVENTION TECHNOLOGIES THAT EXPLAIN EACH TECHNOLOGY AND SERVE AS A TOOL TO HELP GMT ADVOCATES ADVOCATE FOR

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THE INTERVENTIONS' INCREASED AVAILABILITY WORLDWIDE.

SYMPOSIA AND CONFERENCES

IN JANUARY 2014, THE GMT INITIATIVE SUPPORTED AND ATTENDED A MEETING HOSTED BY THE UNIVERSITY OF WEST INDIES (UWI) AND COLUMBIA UNIVERSITY ENGAGING GMT COMMUNITY ORGANIZATION GRANTEE PARTNERS, RESEARCHERS, GOVERNMENT OFFICIALS, AND OTHER KEY STAKEHOLDERS TO DEVELOP A FORMALIZED GMT-RELATED RESEARCH AGENDA FOR JAMAICA. BASED ON A SIMILAR PROGRAM AMFAR FUNDED IN SOUTH AFRICA, UWI AND COLUMBIA UNIVERSITY USED THE MEETING TO FORMULATE A RESEARCH PLAN FOR SUBMISSION TO THE U.S. NATIONAL INSTITUTES OF HEALTH FOR FUNDING. IN MAY, AMFAR PARTNERED WITH THE GAY AND LESBIAN COALITION OF KENYA (GALCK) AND THE INTERNATIONAL AIDS VACCINE INITIATIVE (IAVI) TO SPONSOR A MEETING BETWEEN LGBT COMMUNITY MEMBERS AND SOCIAL/BEHAVIORAL RESEARCHERS IN KENYA TO FORMULATE A COMMUNITY-LED RESEARCH AGENDA ON LGBT HEALTH.

THE GMT INITIATIVE PLAYED AN ACTIVE ROLE AT THE 2014 INTERNATIONAL AIDS CONFERENCE AND THE MSM PRE-CONFERENCE IN MELBOURNE, AUSTRALIA. EIGHTEEN GMT ACTIVISTS AND GRANTEE PARTNERS RECEIVED SUPPORT FROM AMFAR TO ATTEND THE CONFERENCE. ALL HAD AT LEAST ONE PRESENTATION DURING THE CONFERENCE, WITH MANY SPEAKING ON MULTIPLE PANELS AND POSTER SESSIONS. GMT INITIATIVE STAFF CONVENED NINE SESSIONS ON TOPICS INCLUDING THE RESULTS AND LESSONS LEARNED FROM ITS EVIDENCE IN ACTION PROGRAM, TRANSGENDER HEALTH AND RIGHTS, INFORMATION AND COMMUNICATION TECHNOLOGY USE IN HIV EFFORTS TARGETING GMT INDIVIDUALS, LUBRICANT ACCESS, AND SAFETY AND SECURITY IN

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CONDUCTING HIV RESEARCH WITH GMT IN RIGHTS-CONSTRAINED SETTINGS. IN ADDITION, THE GMT INITIATIVE HOSTED A DONOR MEETING ON TRANSGENDER ISSUES AND A GRANTEE EXCHANGE MEETING (IN CONJUNCTION WITH THE PUBLIC POLICY OFFICE) FOR 24 REPRESENTATIVES FROM CURRENT GRANTEE PARTNERS.

PROGRAM SERVICE ACCOMPLISHMENTS (5)

PART III, LINE 4A-4D (5)

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.

CAPITOL HILL BRIEFINGS

THE ROLE OF HIV RESEARCH IN ENDING AIDS: NEW DEVELOPMENTS IN HIV VACCINE AND PREVENTION SCIENCE, NOVEMBER 18, 2013

AMFAR CO-SPONSORED THIS BRIEFING WITH AVAC: GLOBAL ADVOCACY FOR HIV PREVENTION, THE CENTER FOR GLOBAL HEALTH POLICY, AND THE INTERNATIONAL AIDS VACCINE INITIATIVE, IN COOPERATION WITH CONGRESSWOMAN BARBARA LEE. SPEAKERS INCLUDED CARL DIEFFENBACH, DIRECTOR OF NIAID'S DIVISION OF AIDS; FRED SAWE, DEPUTY DIRECTOR OF KENYA MEDICAL RESEARCH INSTITUTE/WALTER REED PROJECT; CHRISTINA POLYAK, RESEARCH PHYSICIAN AT THE MILITARY HIV RESEARCH PROGRAM, WALTER REED ARMY INSTITUTE OF RESEARCH; AND MARGARET MCGLYNN, PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE INTERNATIONAL AIDS VACCINE INITIATIVE. CHRISTINE LUBINSKI, EXECUTIVE DIRECTOR OF THE CENTER

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FOR GLOBAL HEALTH POLICY, AND KEVIN FISHER, POLICY DIRECTOR OF AVAC:  
GLOBAL ADVOCACY FOR HIV PREVENTION, ACTED AS MODERATORS.

MAKING AIDS HISTORY: FROM SCIENCE TO SOLUTIONS, APRIL 30, 2014

AMFAR CONVENED A PANEL OF LEADING GOVERNMENT, RESEARCH, POLICY, AND  
ADVOCACY EXPERTS IN WASHINGTON, D.C., TO DISCUSS RECENT PROGRESS IN THE  
FIGHT AGAINST HIV/AIDS, BOTH DOMESTICALLY AND GLOBALLY. PARTICIPANTS  
INCLUDED DR. JIM YONG KIM, PRESIDENT OF THE WORLD BANK GROUP; DR. ANTHONY  
FAUCI, DIRECTOR OF THE NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS  
DISEASES AT THE NATIONAL INSTITUTES OF HEALTH; DR. DEBORAH BIRX,  
AMBASSADOR-AT-LARGE AND U.S. GLOBAL AIDS COORDINATOR; MICHEL SIDIBÉ,  
EXECUTIVE DIRECTOR OF UNAIDS; JUDY WOODRUFF, CO-ANCHOR OF PBS NEWSHOUR;  
DR. PAUL FARMER, CO-FOUNDER OF PARTNERS IN HEALTH AND CHAIR OF HARVARD  
MEDICAL SCHOOL'S DEPARTMENT OF GLOBAL HEALTH AND SOCIAL MEDICINE; AND  
DOUGLAS BROOKS, DIRECTOR OF THE WHITE HOUSE OFFICE OF NATIONAL AIDS  
POLICY; AMONG OTHERS. MEMBERS OF CONGRESS, INCLUDING HOUSE DEMOCRATIC  
LEADER NANCY PELOSI, SENATOR TOM HARKIN, AND CONGRESSMAN JIM HIMES, ALSO  
SPOKE AT THE BRIEFING ORGANIZED BY DR. SUSAN BLUMENTHAL, AMFAR'S SENIOR  
POLICY AND MEDICAL ADVISOR AND FORMER U.S. ASSISTANT SURGEON GENERAL.

SHAPING THE DOMESTIC RESPONSE TO HIV/AIDS

AMFAR HAS LONG ADVOCATED THE IMPLEMENTATION OF A COMPREHENSIVE NATIONAL  
HIV/AIDS STRATEGY TO ADDRESS THE EPIDEMIC IN THE U.S., WHERE MORE THAN 1  
MILLION PEOPLE ARE LIVING WITH THE VIRUS. IN FY2014, AMFAR PRODUCED A  
NUMBER OF OPINION PIECES, ISSUE BRIEFS, SPECIAL REPORTS, AND INFOGRAPHICS

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ADDRESSING IMPORTANT DOMESTIC TOPICS, SUCH AS FUNDING FOR AIDS RESEARCH AND U.S. HIV/AIDS PROGRAMS, MEDICAID EXPANSION'S EFFECT ON HIV HEALTH SERVICES IN THE U.S., AND HIV PREVENTION AMONG KEY POPULATIONS, SPECIFICALLY TRANSGENDER INDIVIDUALS AND BLACK MSM.

IN DECEMBER 2013, AMFAR PARTNERED WITH THE TREATMENT ACTION GROUP (TAG) TO ISSUE A REPORT TITLED FILLING THE GAPS IN THE U.S. HIV TREATMENT CASCADE: DEVELOPING A COMMUNITY DRIVEN RESEARCH AGENDA THAT OUTLINED RESEARCH NEEDED TO IMPROVE OUTCOMES ON THE DOMESTIC HIV TREATMENT CASCADE AND ENSURE MORE PEOPLE ARE ENGAGED AND RETAINED IN HIV CARE. THE TWO GROUPS THEN JOINTLY HELD A SERIES OF MEETINGS WITH GOVERNMENT OFFICIALS ON NEXT STEPS TO ENACT THE AGENDA.

AS ONE OF THE EARLIEST SUPPORTERS OF COMPREHENSIVE HARM REDUCTION PROGRAMS FOR PEOPLE WHO INJECT DRUGS (PWID), INCLUDING SYRINGE EXCHANGE, AMFAR HAS PLAYED A LEADING ROLE IN ADVOCATING THE IMPLEMENTATION OF THESE LIFESAVING HIV PREVENTION PROGRAMS. IN FY2014, AMFAR CONTINUED TO ADVOCATE OVERTURNING THE BAN ON FEDERAL FUNDING OF SYRINGE SERVICES PROGRAMS.

#### GLOBAL HEALTH

AMFAR PRODUCED A SPECIAL REPORT WITH AVAC: GLOBAL ADVOCACY FOR HIV PREVENTION OUTLINING THE NEED FOR A NEW APPROACH TO TRACKING DATA TO GUIDE THE KEY DECISIONS THAT SHAPE THE GLOBAL RESPONSE TO THE HIV/AIDS EPIDEMIC. THE REPORT, TITLED DATA WATCH: CLOSING A PERSISTENT GAP IN THE

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AIDS RESPONSE, UPDATES AMFAR'S AND AVAC'S 2012 ACTION AGENDA TO END AIDS, WHICH MADE THE CASE FOR A MORE BUSINESSLIKE APPROACH TO ENDING THE EPIDEMIC AND PROPOSED A MULTI-YEAR PLAN WITH CONCRETE STRATEGIES, TARGETS, AND TIMELINES. AMFAR ALSO PARTNERED WITH AVAC TO PLACE AN OPINION PIECE WRITTEN BY CHRIS COLLINS, FORMER AMFAR VICE PRESIDENT AND DIRECTOR OF PUBLIC POLICY, AND MITCHELL WARREN, EXECUTIVE DIRECTOR OF AVAC, TITLED "TIME TO TIP THE SCALES IN FAVOR OF ENDING AIDS" IN THE HUFFINGTON POST TO ACCOMPANY THE REPORT. THE EDITORIAL WAS ALSO POSTED ON POZ.COM AND THE KAISER DAILY SUMMARY.

ADDITIONALLY, IN FY2014, AMFAR REPORTED ON THE NEED FOR FUNDING FOR THE GLOBAL AIDS RESPONSE THROUGH OPINION PIECES, ISSUE BRIEFS, AND INFOGRAPHICS, WITH SPECIFIC ATTENTION TO HOW FUNDING CUTS TO THE PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR) AND THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA WOULD UNDERMINE A DECADE'S WORTH OF PROGRESS IN SCALING UP TREATMENT AND CARE. IN JANUARY 2014, DR. SUSAN BLUMENTHAL, AMFAR SENIOR POLICY AND MEDICAL ADVISOR, PLACED AN OPINION PIECE IN THE HUFFINGTON POST TITLED "OUR SHARED RESPONSIBILITY: ENDING AIDS, TUBERCULOSIS, AND MALARIA."

PUBLIC POLICY ALSO CONTINUED TO ADVOCATE FOR SOUND, EVIDENCE-BASED POLICIES TO ADDRESS HIV AMONG KEY POPULATIONS GLOBALLY. IN FY2014, KALI LINDSEY, DEPUTY DIRECTOR OF THE PUBLIC POLICY OFFICE, TRAVELED TO KENYA AND VIETNAM TO DISCUSS EFFORTS TO SCALE UP ACCESS TO SYRINGE EXCHANGE, METHADONE, AND ARV FOR PWID. GAY MEN, OTHER MEN WHO HAVE SEX WITH MEN,

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AND TRANSGENDER INDIVIDUALS—COLLECTIVELY REFERRED TO AS GMT—REMAIN ONE OF THE HARDEST HIT AND MOST UNDERSERVED POPULATIONS IN THE GLOBAL HIV/AIDS EPIDEMIC. AMFAR'S POLICY OFFICE WORKS CLOSELY WITH THE FOUNDATION'S GMT INITIATIVE TO ADVOCATE FOR EXPANDED ACCESS TO HIV PREVENTION AND TREATMENT SERVICES FOR GMT WORLDWIDE, AND TO FIGHT THE STIGMA AND DISCRIMINATION THAT MAKE GMT MORE VULNERABLE TO HIV INFECTION AND INHIBIT EQUAL ACCESS TO CARE. IN MARCH, AMFAR FOUNDING CHAIRMAN DR. MATHILDE KRIM AND AMFAR TRUSTEE HARRY BELAFONTE EXPRESSED THEIR GRAVE CONCERN OVER NEW ANTI-LGBT LAWS IN UGANDA AND NIGERIA IN AN OPINION PIECE FOR CNN.COM.

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.

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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

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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 5

CHANGE IN VALUE OF THIRD PARTY TRUST..... (\$33,603)

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TOTAL LINE 9 (\$33,603)

ATTACHMENT 1FORM 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, THAILAND. ON MARCH 7, 2005, THE BOARD OF TRUSTEES OF THE AMERICAN FOUNDATION FOR AIDS RESEARCH APPROVED A CHANGE IN LEGAL NAME TO "THE

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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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.

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<u>ATTACHMENT 2</u>	

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
GMT INITIATIVE	875,445.	2,388,396.	0
PUBLIC POLICY	294,939.	2,233,490.	0
TOTALS	<u>1,170,384.</u>	<u>4,621,886.</u>	<u>0</u>

ATTACHMENT 3FORM 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,

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
JOSH WOODS PRODUCTION 39 WEST 14TH STREET, SUITE 504 NEW YORK, NY 10011	EVENTS PRODUCTION	425,200.
AAB PRODUCTIONS 64 ALLEN STREET, 5TH FLOOR NEW YORK, NY 10002	EVENTS PRODUCTION	338,942.
THE MORRIS + KING COMPANY LLC 101 FIFTH AVENUE, 8TH FLOOR NEW YORK, NY 10003	PUBLIC RELATIONS	162,000.
STAMP EVENT MANAGEMENT, LLC 247 CENTRE STREET, 7TH FLOOR NEW YORK, NY 10013	EVENTS PRODUCTION	124,418.
GLOBAL HEALTH INSTITUTE 5530 WISCONSIN AVENUE, SUITE 1255 CHEVY CHASE, MD 20815	CONSULTING	120,000.